



FAXBACK PERMIT APPLICATION
(certain restrictions apply)

Faxed request received in this office before 3:00 p.m. will be processed the following work day. Contractors must have a current certificate of Worker's Compensation Insurance. Work started before a Building Permit is issued will be subject to quad fees.

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information **MUST** be provided:

Job Address: 2976 KROY WAY
 Parcel Number: 01-0322-007
 CONTACT PERSON: PAUL
 Property Owner: ELISA RICCI
 Address: 2976 KROY WAY
 City/State/Zip: SACRAMENTO, CA 95828
 Phone: 383-7354
 Contract Price: \$7,000
 CONTACT PHONE: 451-1696
 Contractor: Paul A. Schirmer
 License # 457996
 City/State/Zip: SACRAMENTO, CA 95828
 Phone: 383-7354
 FAX: 383-8232

Credit Card Info on File? Yes No RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

Job Address: 2976 KROY WAY	Contract Price: \$7,000	UNIT #
Parcel Number: 01-0322-007	CONTACT PERSON: PAUL	
CONTACT PERSON: PAUL	Property Owner: ELISA RICCI	
Property Owner: ELISA RICCI	Address: 2976 KROY WAY	
Address: 2976 KROY WAY	City/State/Zip: SACRAMENTO, CA 95828	
City/State/Zip: SACRAMENTO, CA 95828	Phone: 383-7354	
Phone: 383-7354	FAX: 383-8232	

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)

Description of Work: COVER LAY

<input checked="" type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> GARAGE <input checked="" type="checkbox"/> HOUSE # SQUARES: 10 # Stories: 1 Material: 30 yr Dimensional	(Residential ONLY) <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Spill system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ Equipment: \$ Cut-in: \$ * Design Review approval may be required.	(Residential ONLY) <input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mud/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior * Design Review approval may be required. <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E *NOTE: Correction Notice items will require an additional building permit.	(Residential ONLY) MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste
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