

City of Sacramento



FAXBACK PERMIT APPLICATION
(certain restrictions apply)

MTN

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.

0516610

Permits requiring plan review are not eligible for FAXBACK

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

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
Unit # _____

Fax # (916) 264-1901

Inspection Request # (916) 264-7622

Credit Card Info on File? Yes No

Job Address: 1738-012-0131-024
 Parcel Number: 012-0131-024
 CONTACT PERSON: Tom Vane
 Property Owner: Kathleen O'Connell
 Address: 1738 3rd Ave Sacramento CA 95818
 City/State/Zip: Sacramento CA 95818
 Phone: (916) 443-8414
 CONTRACT PRICE \$ 2000
 CONTACT PHONE: (916) 417-0884
 Contractor: Armstrong Plumbing License # 304321
 Address: 2753 Ordsby Way Sacramento CA 95815
 City/State/Zip: Sacramento CA 95815
 Phone: (916) 441-0880
 FAX: 44-0889

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)
new gas line to new meter location at garage

Description of Work: <i>new gas line to new meter location at garage</i>	
<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES 2 <input type="checkbox"/> GARAGE # SQUARES 3+	<input type="checkbox"/> HVAC INSTALLATIONS (Residential ONLY) <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT Heat Pump Package Split system Roof mount Cut-in Heat pump or elect. unit to gas.
<input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC Change-out Electric to Gas Relocate New
<input type="checkbox"/> # Stories 1 2 3+ Material:	<input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR Flooring/Joists Roof Structure Exterior Mud/sill/Studs
<input type="checkbox"/> Value of duct work: \$ Equipment: \$ Cut-in: \$	MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Charge # amps <input type="checkbox"/> New electric circuits <input checked="" type="checkbox"/> Re-write Replacement <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input checked="" type="checkbox"/> Gas Line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste

* Design Review approval may be required.

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*NOTE: Correction Notice items will require an additional building permit.

N/A Faxback Permit updated 12/09/01