



CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION  
PERMIT APPLICATION (certain restrictions apply)  
Fax # 916-264-1901

DATE:

Permit request must be received in this office by 3:00 pm to be processed the following work day.  
Note: Contractors must have a current certificate of Worker's Compensation Insurance.  
Note: Work started before a Building Permit is issued will be subject to grand fee

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

05/583  
Area 2

PROPERTY ADDRESS: 1434 Oregon DR UNIT # \_\_\_\_\_ CONTRACT PRICE: 8000-  
 RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (Industrial)

CONTACT PERSON: Les CONTACT PHONE: 826-3279

PROPERTY OWNER: Ishida License # 383288

ADDRESS: 1434 Oregon Dr. Address: 2388 Harley Way

CITY/STATE/ZIP: Sac Ca 95822 CITY/STATE/ZIP: Sac Ca 95825

PHONE: \_\_\_\_\_ PHONE: 485-9859 FAX: Same

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<input checked="" type="checkbox"/> REPAIR/REPLACE (excluding tile) <input checked="" type="checkbox"/> TEAR-OUT <input checked="" type="checkbox"/> RESURFACE <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE SQUARES: 24 MATERIAL: 30 YR ELK <input type="checkbox"/> SIDING Ld wood <input type="checkbox"/> DT-111 <input type="checkbox"/> Ld <input type="checkbox"/> vinyl <input type="checkbox"/> stone	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Round mount <input type="checkbox"/> Out-in <input type="checkbox"/> Heat pump or elect. unit in gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below)	<input type="checkbox"/> WATER HEATER (residential ONLY) <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"/> MINOR ELECTRICAL and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # amps _____ CITY OF SACRAMENTO <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Ice-plant <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION (Residential and single apartment buildings ONLY) AUG 04 2009 SMUD NEIGHBORHOODS, PLUMBING AND POWER SERVICES *NOTE: Correction Notice items will require an additional building permit
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DESCRIPTION OF WORK: Repair of 30 yr Elk Resheet / 30 yr Elk