



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

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:

05/1583
Area 2

PROPERTY ADDRESS: 1434 Oregon DR UNIT # _____ CONTRACT PRICE: 8000-

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 <input type="checkbox"/> U-wood <input type="checkbox"/> DT-111 <input type="checkbox"/> U-foam <input type="checkbox"/> U-vinyl <input type="checkbox"/> U-silicone	<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 ELECTRIC 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-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION (Residential and single apartment buildings ONLY) AUG 04 2009 SMUJ NEIGHBORHOODS, PLANNING AND PERMIT SERVICES *NOTE: Correction Notice items will require an additional building permit
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DESCRIPTION OF WORK: Trevo ff / Resheet / 30 yr ELK