



CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXEMPT PERMIT APPLICATION (certain restrictions apply)
Fax # 916-264-1901

Faced request must be received in this office by 3:00 p.m. 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 a special fee

DATE: 1-5-05

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

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

JOB ADDRESS: 421 40TH ST UNIT # _____ CONTRACT PRICE \$ 3,200.00

CONTACT PERSON: Joe Arney CONTRACT PHONE: _____

Property Owner: <u>SOON MORGOLD</u> Address: <u>421 40TH ST</u> City/State/Zip: <u>SACRAMENTO CA. 95819</u> Phone: <u>(916) 457-7528</u>	Contractor: <u>ALLSTATE PLUMBING</u> License # <u>576561</u> Address: <u>5785 HENDEL ST</u> City/State/Zip: <u>SACTO, CA. 95841</u> Phone: <u>(916) 454-0992</u> FAX: <u>(916) 338-9444</u>
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NATURE OF REQUEST: Indicate from the selections below & provide details under description of work

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> BOUSE <input type="checkbox"/> GARAGE SQUARES _____ Material: _____	<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"/> Roof mount <input type="checkbox"/> Out-id <input type="checkbox"/> Heat pump or local unit to 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 \$ range _____ <input type="checkbox"/> New electric circuit <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"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single operation) units ONLY) <input type="checkbox"/> OSMUD <input type="checkbox"/> PGE
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Value of duct work: \$ _____
Equipment: \$ _____
Cabin: \$ _____

Note: Design Review approval may be required for roof work.
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DESCRIPTION OF WORK: Replacing Sewer line from House to City Tap

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