

IBF\0001



CITY OF SACRAMENTO
 PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION
 www.cityofsacramento.org
 Help Line: 1-916-264-5858 OR 1-888-EZ-PERMIT
 Inspection: 1-916-908-4877



Date:

7/26/05
0511425

TOTAL P.02

Downtown Permit Center 1-916-264-6887
 1231 I Street, Suite 200, Sacramento, CA 95814

North Permit Center 1-916-908-2354
 2101 Avana Blvd., Suite 200, Sacramento, CA 95834

Fax # 916-264-1901

FAXED PERMIT APPLICATION
 (Certain restrictions apply)

Faxed 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 audit fee.

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

Job Address: 398 BUDY WAY Unit # Contract Price \$ 4270.00
 Contact Person: PEETE MEYLING Contract Phone: 916-952-8409
 Property Owner: FRED MUELLER Contractor: ITTES HEATING/AIR License # 591548
 Address: 398 BUDY WAY Address: 1717 KATHLEEN AVENUE
 City/State/Zip: SACRAMENTO, CA 95831 City/State/Zip: SACRAMENTO, CA 95815
 Phone: 916-395-3253 Phone: 916-925-7611 FAX: 916-925-1103

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"/> Reseal <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: <input type="checkbox"/> Shingles <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Shakes	<input checked="" type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> New <input checked="" 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"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Other (describe below) Value of dist. work: _____ Equipment \$: _____ Labor \$: _____	<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"/> Dry Rot or Termite Damage Repair (Describe Locations Below)	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # _____ amps <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"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<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.
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DESCRIPTION OF WORK:

HWC

*Design Review approval may be required.

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