



**CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION  
FAXED PERMIT APPLICATION (certain restrictions apply)**

Tax # 916-264-1901

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 a quick fee

DATE: \_\_\_\_\_  
OS/16/16  
Area 2

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

JOB ADDRESS: 581 Oakl River W/      UNIT # 1      ⇒ CONTACT PERSON: April Espinoza      ⇒ CONTACT PHONE: 3102-2822

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Property Owner: Ledric Blake      Contractor: New Century Air      License # 718744  
 Address: 581 Oakl River W/      Address: 3129 FIVE CIRCLE #130  
 City/State/Zip: Sac CA 95831      City/State/Zip: Sac CA 95827  
 Phone: 977-2664      Phone: 3102-2822      FAX: 3102-9011

**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"/> HOUSE <input type="checkbox"/> GARAGE <input type="checkbox"/> SQUARES _____ Material: _____ <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 checked="" 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 checked="" 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 duct work: _____ Equipment \$ _____ Cut-in: \$ _____	<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 TERMITTE 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) CITY OF SACRAMENTO AUG 05 08 PM MUD NEIGHBORHOODS, PARKING AND DEVELOPMENT SERVICES *NOTE: Correction Notice items will require an additional building permit
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DESCRIPTION OF WORK: HVAC, H/P SPLIT REPLACEMENT NOT IN D.S.  
Parcel # 031-0710-008-0008  
 031-0710-008

Note: Design Review approval may be required in certain areas.

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