

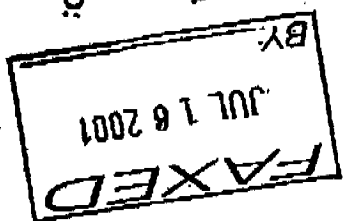


CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)
Fax # 916-264-1901

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

HW

DATE: 7-16-01



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

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

JOB ADDRESS: 3099 Great Falls way UNIT # _____ CONTRACT PRICE \$ 18,500

CONTACT PERSON: Jim Mura CONTACT PHONE: 381-8050

Property Owner: V FORG UNITED

Address: _____

City/State/Zip: _____

Phone: _____

Contractor: HESTER ROOFING License # 290478

Address: 8120 35th AVE

City/State/Zip: SAC. CA. 95829

Phone: 381-8050 FAX: 381-8086

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

<input checked="" type="checkbox"/> HEROOF (including tile) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHIBET <input type="checkbox"/> GARAGE #SQUARES 27 Material: B.V.P.	<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"/> Coil-id <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: \$ _____ Cutoff: \$ _____	<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: _____ <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 apartment units ONLY) <input type="checkbox"/> SMCUD <input type="checkbox"/> PGE *NOTE: Correction Notice items will require an additional building permit
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DESCRIPTION OF WORK: T.S.A.C.D.F. existing Replace w/ 27 sq B.V.P.

079-0153-006