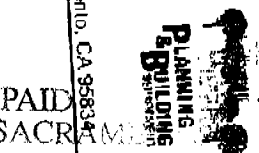




**CITY OF SACRAMENTO**  
 PLANNING & BUILDING DEPARTMENT  
 BUILDING DIVISION  
 www.cityofsacramento.org  
 Help Line: 1-916-264-5656 OR 1-866-EZ-PERMIT  
 Inspection: 1-916-908-4677

Downtown Permit Center 1-916-264-8807  
 12311 Steel Suite 200, Sacramento, CA 95814

North Permit Center 1-916-808-2354  
 2101 Arena Blvd, Suite 200, Sacramento, CA 95834



PAID  
 CITY OF SACRAMENTO  
 AUG 03 2005  
 NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES  
 Fax # 916-264-1901

05115088

*Faxed request must be received in this office by 3:00 P.M. to be processed the following workday.*  
*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 fine.*

IN ORDER TO PROCESS THIS REQUEST ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:  
 RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)  
 Contract Price \$ 10887.00

Job Address: 2275 University Ave  
 Contact Person: Dave Lawson  
 Property Owner: Dave Lawson  
 Address: 2275 University Ave  
 City/State/Zip: SAC CA 95825  
 Phone: 916-359-10362  
 Contractor: Beutler  
 Address: 4700 Lang Ave  
 City/State/Zip: McClellan CA 95102  
 Phone: 916-440-2222 FAX: 916-440-2202

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

|  |   |   |  |   |
|--|---|---|--|---|
| <input type="checkbox"/> Reroof (excluding tile)<br><input type="checkbox"/> Tear-Off<br><input type="checkbox"/> Resheet<br><input type="checkbox"/> House <input type="checkbox"/> Garage<br># Stories: _____<br># Squares: _____<br>Material: _____<br><input type="checkbox"/> Siding<br><input type="checkbox"/> Wood<br><input type="checkbox"/> T-111<br><input type="checkbox"/> Horz<br><input type="checkbox"/> Vinyl<br><input type="checkbox"/> Stucco | <input checked="" type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> New<br><input type="checkbox"/> Change-Out<br><input type="checkbox"/> Heat Pump<br><input type="checkbox"/> Package<br><input checked="" type="checkbox"/> Split system<br><input type="checkbox"/> Roof mount<br><input type="checkbox"/> Cut-in<br><input type="checkbox"/> Heat pump or elect. unit to gas<br><input type="checkbox"/> Wall furnace<br><input type="checkbox"/> Other (describe below): _____<br>Value of duct work: _____<br>Equipment: \$ <u>10887.00</u><br>Cont-lnt: \$ _____<br>* Design Review approval may be required. | <input type="checkbox"/> Water Heater (Residential Only)<br><input type="checkbox"/> Gas <input type="checkbox"/> Electric<br><input type="checkbox"/> Change-out<br><input type="checkbox"/> Electric to Gas<br><input type="checkbox"/> Relocate<br><input type="checkbox"/> New<br><input type="checkbox"/> Dry Rot or Termite<br><input type="checkbox"/> Damage Repair (Describe Location Below) | <input type="checkbox"/> Minor Electric in/for<br><input type="checkbox"/> Minor Plumbing (Residential Only)<br><input type="checkbox"/> Electric Service Change # _____ amps<br><input type="checkbox"/> New electric circuits<br><input type="checkbox"/> Re-wire<br><input type="checkbox"/> Water Service Replacement<br><input type="checkbox"/> Sewer Service Replacement<br><input type="checkbox"/> Gas Line Replacement<br><input type="checkbox"/> Re-plumb<br><input type="checkbox"/> Water <input type="checkbox"/> Waste | <input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only)<br><input type="checkbox"/> SMUD<br><input type="checkbox"/> PG&E<br>* NOTE:<br>Correction Notices for buildings require an additional building permit. |
|--|---|---|--|---|

*[Handwritten signature]*