



**CITY OF SACRAMENTO**

Downtown Permit Center  
1231 I Street, Suite 200  
Sacramento, CA 95814

www.cityofsacramento.org  
Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT  
Inspection Request: 1-916-808-7622

North Permit Center  
2101 Arena Blvd., Suite 200  
Sacramento, CA 95834  
Fax # 916-264-1901

**MINOR PERMIT APPLICATION**

Date: 8/5/05

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

*Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM  
Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)*

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

Job Address: 51620 34th Ave Bid Type:  RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)  
 CONTACT INFO Name: Jeffery Unit # \_\_\_\_\_ Contract Price 2400  
 Property Owner: Moorea Richardson Phone #: 483-3427 Email: qubelect@frontier.net  
 Address: 51620 34th Ave Contractor: Qubelect Electric License #: 705950  
 City/State/Zip: Sacramento, CA 95824 Address: 11750 Crestwill Dr.  
 City/State/Zip: Sacramento, CA 95824 City/State/Zip: Elk Grove, CA 95624  
 Phone: 739-1267 Phone: 916-483-3427 Fax: 916-681-7878  
 Nature of Work: Provide description of work & indicate type of work in selections below. Pre-Registered? YES  NO  Registration # \_\_\_\_\_

Description of Work: Relocate the existing electrical service and upgrade to 200 amp

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # 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 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-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"/> Electric <input type="checkbox"/> Gas <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 <input type="checkbox"/> Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input checked="" type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input checked="" type="checkbox"/> Electric Service Change # amps <u>200</u> <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 <input type="checkbox"/> Public Utilities Safety (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.
Office Use Only: Parcel #: _____ Date Received: _____ Date Issued: <u>8/5/05</u> Processor's Initials: <u>LM</u> Permit #: <u>0511733</u>				