

City of Sacramento



09115286

FAXBACK PERMIT APPLICATION

(certain restrictions apply)

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

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information MUST be provided:

ANNING BUILDING DEPARTMENT BUILDING DIVISION
Fax # (916) 264-1901
Inspection Request # (916) 284-7622

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Credit Card Info on File? Yes No

Contract Price \$ 6000.00
CONTACT PHONE: 1024-0415

Contractor: PECK HEATING & AIR License # 620604

Address: 3600 CONCORD AVE
City/State/Zip: ROSSIN CA 95765 FAX: 645-4207

Address: 5410 COLEB AVE
City/State/Zip: SACRAMENTO CA 95819 Phone: 1010-1024-0415

Job Address: 5410 Coleb Ave
Parcel Number:
CONTACT PERSON: Pamela Bilbao
Property Owner: Justin Bilbao
Address: 5410 Coleb Ave
City/State/Zip: Sacramento CA 95819
Phone: 501-Alma 1

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)
HVAC change Goodman gas electric split system

Description of Work: HVAC change Goodman gas electric split system <input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE # Stories: 1 2 3+ Material:	(Residential ONLY) <input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Culin <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: \$1000.00 Equipment: \$1000.00 Culin: \$ * Design Review approval may be required.	(Residential ONLY) <input type="checkbox"/> WATER HEATER <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 TERMITES DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mud/sill/Struds <input type="checkbox"/> * PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> PG&E <input type="checkbox"/> SMOUD *NOTE: Correction Notice items will require an additional building permit.	(Residential ONLY) MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste I/RS Faxback Permit updated 12/20/01
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* Design Review approval may be required.

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*NOTE: Correction Notice items will require an additional building permit.

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