



**Development Services**  
 www.cityofsacramento.org  
 Help Line: 1-916-808-5556 OR 1-866-EZ-PERMIT  
 Inspection Request: 1-916-808-7622

**CITY OF SACRAMENTO**  
 Downtown Permit Center  
 1231 I Street, Suite 200  
 Sacramento, CA 95814  
 North Permit Center  
 2101 Arena Blvd., Suite 200  
 Sacramento, CA 95834  
 Fax # 916-264-1901

APN 023 0186 002  
~~023 0186 002~~

**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 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: \_\_\_\_\_ Bldg Type:  RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)  
 CONTACT INFO Name: ANDREW KENNELBY Phone #: 916-657-9384 Email: \_\_\_\_\_  
 Unit # \_\_\_\_\_ Contract Price \_\_\_\_\_

Property Owner: MARY M. HENRIKSEN Contractor: \_\_\_\_\_ License #: \_\_\_\_\_  
 Address: 7350 PEACOCK WAY City/State/Zip: \_\_\_\_\_

City/State/Zip: SACRAMENTO, CA 95828 City/State/Zip: \_\_\_\_\_  
 Phone: 916-381-8310 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Nature of Work: Provide description of work & indicate type of work in selections below. Pre-Registered? YES NO Registration # \_\_\_\_\_

Description of Work: Need permit for materials to come out to house

<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"/> 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"/> 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 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) <input checked="" type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Correction Notice items will require an additional building permit.
Office Use Only: Parcel #: <u>023 0186 002</u> Date Received: <u>8/5/05</u> Date Issued: <u>8/5/05</u> Processor's Initials: <u>DFC</u> Permit #: <u>051734</u>				