



City of Sacramento

**FAXBACK PERMIT APPLICATION**  
(certain restrictions apply)

051572

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

**PLANNING BUILDING DEPARTMENT**  
BUILDING DIVISION  
Fax # (916) 264-1901

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

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

Job Address: 7476 Highway 114 Unit # \_\_\_\_\_  
 Parcel Number: 031-0880-049  
 CONTACT PERSON: Mike Murphy  
 Property Owner: Mike Koib  
 Address: 7476 Highway 114  
 City/State/Zip: Sacto Ca. 95831  
 Phone: 392-3320  
 Contract Price \$ 6,000.00  
 CONTACT PHONE: 997-4533  
 Contractor: M.H. Koib License # 570771  
 Address: 9141 Circle St  
 City/State/Zip: Sacto Ca 95826  
 Phone: 997-4573 FAX: 369-7511

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)

Description of Work: Remove stake, install 5" plywood 30 yr. commercial comp, Rafter ties

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> # SQUARES <u>20</u> <input type="checkbox"/> GARAGE <input type="checkbox"/> # SQUARES <u>3+</u> Material: <u>30 yr. commercial comp</u>	<input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input 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"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place Insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____ * Design Review approval may be required.	<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/Studs * Design Review approval may be required. <input checked="" type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> SMLD <input type="checkbox"/> PG&E *NOTE: Correction Notice items will require an additional building permit.	<input type="checkbox"/> 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 N/R Faxback Permit updated 12/09/01
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\* Design Review approval may be required.