

City of San Francisco



**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:

Job Address: 7509 Tilden Wy.  
 Parcel Number: \_\_\_\_\_  
 CONTACT PERSON: Dyantha Masters  
 Property Owner: Lashawn Mason  
 Address: 7389 Tilden Wy.  
 City/State/Zip: SAC / CA / 95822  
 Phone: 916 311-7274

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Unit # \_\_\_\_\_

Contract Price: \$ 5000  
 CONTACT PHONE: 916 685-4444  
 Contractor: BAI Bros. Heating & Air License # 726129  
 Address: 9195 SURVEY RD.  
 City/State/Zip: Elk Grove, CA 95624  
 Phone: 916 685-4616 FAX: 916 686-5293

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

REAR V GAR

Description of Work: _____			
<input type="checkbox"/> REARDOOR (excluding the) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE #SQUARES _____ <input type="checkbox"/> GARAGE #SQUARES _____ # Stories: 1 2 3+ Material: _____	<input checked="" type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW CHANGE-OUT <input checked="" type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Duct <input type="checkbox"/> Heat pump or elec. unit to gas. <input type="checkbox"/> Wet furnace <input type="checkbox"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Guts: \$ _____	<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"/> Reroute <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMINATE DAMAGE REPAIR <input type="checkbox"/> Flooring/Skids <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Gas/leak and absega apartment units ONLY) <input type="checkbox"/> SKID <input type="checkbox"/> PG&E	<input type="checkbox"/> MINOR ELECTRICAL 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

\* Design Review approval may be required.

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

NYC Feedback Permit updated 12/20/01

05/11/05