



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.

[Signature]
05/17/19
Area 2

Permits requiring plan review are not eligible for FAXBACK

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

Fax # (916) 264-1901

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Job Address: 2512 Hermon Drive Unit # _____
 Parcel Number: 030-0780-023
 CONTACT PERSON: _____
 Property Owner: Blair Sam Nardo
 Address: 6522 Hermon Dr
 City/State/Zip: Sacramento CA 95831
 Phone: _____

Contract Price: \$ 200
 CONTACT PHONE: 916-456-4738
 Contractor: McDonald PHAC License # 387145
 Address: 3618 Broadway
 City/State/Zip: Sacramento CA 95817
 Phone: 916-456-4738 FAX: 916-456-8257

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

Description of Work: HVAC change out heat pump

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| <input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE <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 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"/> Out-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: \$ _____ Out-in: \$ _____ | <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 TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior *Design Review approval may be required. <input checked="" type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SAND <input type="checkbox"/> PCSE | <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 |
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