



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

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:

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Job Address: <u>1000 Hollyhurst Laby</u>	Contract Price \$ <u>4,400.00</u>	Unit #
Parcel Number: <u>1710091-011</u>	CONTACT PERSON: <u>BOB BRAINERD</u>	CONTACT PHONE: <u>392-0716</u>
Property Owner: <u>BOB BRAINERD</u>	Contractor: <u>MEATHAM/ARPL</u>	License # <u>735542</u>
Address: <u>1000-HOLLYHURST WAY</u>	Address: <u>5451-UBAETHURST WAY #105</u>	City/State/Zip: <u>SACRO. CA. 95823</u>
City/State/Zip: <u>SACRO. CA. 95823</u>	City/State/Zip: <u>SACRO. CA. 95823</u>	Phone: <u>682-8574</u>
Phone: <u>392-0716</u>	Phone: <u>682-8574</u>	FAX: <u>387-8032</u>

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

Description of Work: CHANGE OUT EXISTING HVAC 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:	<input type="checkbox"/> HVAC INSTALLATIONS <input checked="" type="checkbox"/> NEW CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" 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"/> Reroute <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Jolts <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior * Design Review approval may be required. <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <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
<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 Design Review approval may be required.			