



CITY OF SACRAMENTO

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

**FAYBACK PERMIT APPLICATION**

(certain restrictions apply)

Filed 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 penalties.

Permits requiring plan review are not eligible for FAYBACK

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

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

Job Address: 2550 18th Street Contract Price \$ \$700.00 Unit # \_\_\_\_\_  
 Parcel Number: 009-0305-096 CONTRACT PHONE: 916-456-4738  
 CONTACT PERSON: RITA MANNING Contractor: McDonald PHAC License # 387145  
 Property Owner: RITA MANNING Address: 3618 Broadway  
 Address: 2550 18th Street City/State/Zip: Sacramento, CA 95817 Phone: 916-456-4738 FAX: 916-456-8257  
 City/State/Zip: SACRAMENTO, CA 95818

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

HVAC CHANGED OUT

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> ROUSE # SQUARES Stones: 1 2 3+ Material: _____	<input checked="" type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Outside <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)	<input type="checkbox"/> WATERHEATER <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Rework <input type="checkbox"/> New	<input type="checkbox"/> DRY ROT OR TERMITE DAMAGE REPAIR <input type="checkbox"/> Footing/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Mud/Sill/Joints <input type="checkbox"/> Exterior * Design Review approval may be required.	<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"/> Horz <input type="checkbox"/> Vert <input type="checkbox"/> Shingle	Value of dist work: _____ Equipment \$ _____ Labor \$ _____ Total \$ _____ * Design Review approval may be required.	NOTE: Correction before items will require an additional building permit.		

OS 11720  
AK242



\* Under certain circumstances approval may be required.