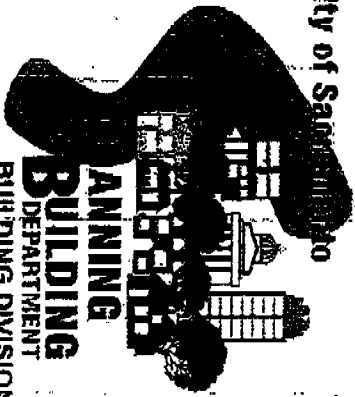


City of San Francisco



0508861

**FAXBACK PERMIT APPLICATION**

(certain restrictions apply)

Faxed request received in this office before 3:00 p.m. will be processed the following work day. Contractor's 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:

Credit Card Info on File? Yes  No

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Fax # (916) 264-1901

Inspection Request # (916) 264-7622

Job Address: 6336 LOCKENHAR WAY SAC, CA. 95893 Unit # \_\_\_\_\_

Parcel Number: 17-0830-021 Contract Price \$ 5700.00

CONTACT PERSON: MICHAEL TRAY AUCED CONTRACT PHONE: 916-442-5542

Property Owner: MICHAEL TRAY Contractor: SWITZERLAND AIR License # 588096

Address: 6336 LOCKENHAR WAY Address: 3845 ARLINGTON ROAD, STE 4

City/State/Zip: SAC, CA 95893 City/State/Zip: ROCKLIN, CA 95765

Phone: (916) 891-0461 Phone: 916-442-5542 FAX: 916 435-4187

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

Description of Work: HVAC SPLIT SYSTEM REPLACEMENT

<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 checked="" type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input checked="" type="checkbox"/> 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 extd. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ Equipment: \$ Cut-in: \$	(Residential ONLY) <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 TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Mud/Sill/Studs <input type="checkbox"/> Exterior	(Residential ONLY) 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"/> Horlz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	* Design Review approval may be required.	* Design Review approval may be required.	NOTE: Correction Notice Items will require an additional building permit. (VR Faxback Permit updated 12/09/01)