



CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION  
FAXED PERMIT APPLICATION (certain restrictions apply)

Fax # 916-264-1901

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.  
Note: Contractors must have a current certificate of Worker's Compensation Insurance.  
Note: Work started before a Building Permit is issued will be subject to grid fees.  
IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

JOB ADDRESS: 2130 Lycoming Court UNIT # \_\_\_\_\_

RESIDENTIAL  APARTMENTS  COMMERCIAL   
PROPERTY OWNER: David Lopez  
CONTACT PERSON: EARL COX  
CONTACT PHONE: 916-922-3995

CONTRACT PRICE \$ 5325.00

Property Owner: David Lopez  
Address: 2130 Lycoming Court  
City/State/Zip: SACRAMENTO CA 95826  
Phone: 916-386-8838  
Contractor: KLEEN AIR  
Address: 1657 SILICA AVENUE  
City/State/Zip: SACRAMENTO CA 95815  
Phone: 916-922-3995 FAX: 916-920-8409

INDICATE FROM THE SELECTIONS BELOW

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEED <input type="checkbox"/> RESQUARES Material: _____ <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> vinyl <input type="checkbox"/> plastic	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Package <input checked="" type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in Value of duct work: _____ Equipment \$: _____ Order \$: _____ Note: Design Review approval may be required	<input type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Relocate to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New Cost of equipment: \$ _____	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change if amp _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SSMRUD <input type="checkbox"/> POB
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Note: Design Review approval may be required.

Split System Change Out

05/1525

DATE: 8-2-05

PAYED  
CITY OF SACRAMENTO  
AUG 03 2005  
NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES  
09:40 AM