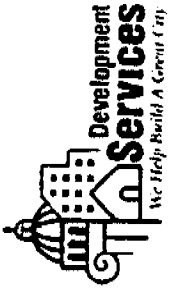




CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION
 www.cityofsacramento.org
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
 Inspection: 1-916-808-7622



Fax # 916-808-1901 Downtown Permit Center, New City Hall
 915 J Street, 3rd Floor, Sacramento, CA 95814
 Fax # 916-808-8370 North Permit Center
 2101 Arena Blvd., Suite 200, Sacramento, CA 95834

Activity # 0614964
FAXED PERMIT APPLICATION
 (certain restrictions apply)

Date: 9-25-06

Issued 9/28/06 \$ 188.69

*Faxed request must be received in this office by 3:00 P.M. to be processed the following workday.
 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 quad fee.

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION **MUST BE PROVIDED**:

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 Job Address: 5098 York Ave Unit # 6400
 Contact Person: Colan Parsons Contract Phone: 916-762-7930
 Property Owner: Colan Parsons Contractor: Perfection Westwood License # 650535
 Address: 5098 8th Ave Address: 109 Doubletree Ct
 City/State/Zip: Sacto CA 95820 City/State/Zip: Folsom CA 95720
 Phone: 916-762-7930 Phone: 916-947-2849 Fax: 916-987-9900

Nature of Work: (Provide detailed description of work & indicate type of work in selections below)
HVAC Change Out

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: <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 (Residential Only) <input checked="" type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input checked="" type="checkbox"/> Package <input 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"/> Other (describe below) Value of duct work: _____ Equipment: \$ <u>6400</u> Cut-in: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <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 Termitic Damage Repair (Describe Locations Below)	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps <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"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E
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◆ NOTE:
 Correction Notice items will require an additional _____

*Design Review approval may be required

1F10001

P. 02 9169879900 SEP-24-06 11:03 PM PERFORMANCE AIR COND.