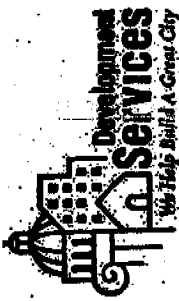


**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DEPARTMENT**  
 BUILDING DIVISION

www.cityofsacramento.org  
 Help Line: 1-916-808-6656 OR 1-888-EZ-PERMIT  
 Inspection: 1-916-808-7622



Fax # 916-808-1901 Downtown Permit Center, New City Hall  
 915 I Street, 3<sup>rd</sup> Floor, Sacramento, CA 95814

North Permit Center  
 2101 Arena Blvd., Suite 200, Sacramento, CA 95834

Fax # 916-808-8370

Activity # 0609425

**FAXED PERMIT APPLICATION**  
 (certain restrictions apply)

Date: 6/22/06

*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 a fine.*

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

Job Address: 3489 Rancho Rio Way  RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

Contact Person: Khia Saeter Unit # 7740 Contract Price \$ 11-1308

Property Owner: Debra Parker Contractor: Yancy Bos License # 731709

Address: 3489 Rancho Rio Way Address: 8250 Alpine Ave Ste A

City/State/Zip: Sac 95834 City/State/Zip: Sac 95826

Phone: 924-8079 Phone: 457-5113 Fax: 457-5427

Nature of Work: (Provide detailed description of work & indicate type of work in selections below).  
 Description of Work:

<input checked="" type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: <u>1</u> # Squares: <u>23</u> Material: <u>40yr comp</u> <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.	<input type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input 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: \$ _____ Cut-in: \$ _____ *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"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termites Damage Repair (Describe Locations Below) *Design Review approval may be required.	<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 ♦ NOTE: Correction Notice items will require an additional building permit.
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