



FAXBACK PERMIT APPLICATION

(certain restrictions apply)

Faxed 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 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:

Fax # (916) 264-1901

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

Job Address: 1916 LTH Avenue
 Parcel Number: _____
 CONTACT PERSON: Diane
 Property Owner: Arturo Flores
 Address: 1916 LTH Avenue
 City/State/Zip: Sacramento, CA 95822
 Phone: _____
 CONTACT PHONE: 916-456-4738
 Contractor: McDonaldPHAC License # 387145
 Address: 3618 Broadway
 City/State/Zip: Sacramento, CA 95817
 Phone: 916-456-4738 FAX: 916-456-8257
 Contract Price: \$4,200
 Unit # _____

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

Description of Work: HVAC change out split system

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES 1 2 3+ GARAGE Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	(Residential ONLY) <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 elect. unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place Insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____ * Design Review approval may be required.	(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 TERMITES DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudset/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior * Design Review approval may be required. <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single-apartment units ONLY) <input type="checkbox"/> SMOUD <input type="checkbox"/> PG&E *NOTE: Correction Notice Items will require an additional building permit.	(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 NFR Feedback Form included 12/03/01
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* Design Review approval may be required.