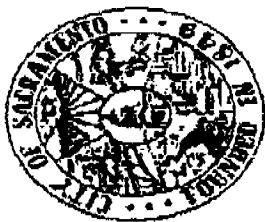


APN # 047-0061-007

DATE: 7-7-05



CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION

FAXED PERMIT APPLICATION (certain restrictions apply)
 Fax # 916-264-1901

Faxed requests 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 a fine.

**IN PROGRESS
 INSPECTION REQUIRED**

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

RESIDENTIAL APARTMENTS (per units per building) COMMERCIAL (if mixed)

JOB ADDRESS: 2277 Flowers RD UNIT # _____ ⇒ CONTRACT PRICE \$ 7,000

⇒ CONTACT PERSON: Benny ⇒ CONTACT PHONE: 256-2430

Property Owner: Lea Look Contractor: Benny Jones License # 675724
 Address: 2277 Flowers Rd Address: _____
 City/State/Zip: Sacramento, CA 95822 City/State/Zip: _____
 Phone: _____ Phone: 682-1930 FAX: 682-1930

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<p><input checked="" type="checkbox"/> ROOF (including tile) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESPECT HOUSE GARAGE SQUARES <u>220</u> Material: <u>20 1/2 in</u></p> <p><input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Other: <input type="checkbox"/> vinyl <input type="checkbox"/> other</p> <p>Note: Design Review approval may be required in certain areas.</p>	<p><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: <u>5</u> Ceiling: <u>5</u></p> <p>Note: Design Review approval may be required for ceiling fans.</p>	<p><input type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-over <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Release <input type="checkbox"/> New</p> <p><input type="checkbox"/> DRY ROT OR TERMITE DAMAGE REPAIR (Describe locations below)</p> <p>Note: Design Review approval may be required in certain areas.</p>	<p><input type="checkbox"/> MINOR ELECTRIC and/or PAID SAFETY INSPECTION* (residential ONLY) City of Sacramento (residential ONLY) Electric Service Change: <u>JUL 11 2005</u> <input type="checkbox"/> New electric circuit <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</p>	<p><input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (residential ONLY) <input type="checkbox"/> SMUD AND DEVELOPMENT SERVICES PLANNING</p> <p>*NOTE: Correction Notice items will require an additional building permit.</p>
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DESCRIPTION OF WORK: