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CITY OF SACRAMENTO

www.cityofsacramento.org
Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection Request: 1-916-808-7622

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

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

Fax # 916-264-1901

MINOR PERMIT APPLICATION

Date: 6/2/05

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

PAID

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM. CITY OF SACRAMENTO
Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)

JUN 2 1 2005

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

Job Address: 6936 Maite Circle Bldg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL/INDUSTRIAL/PERMIT SERVICES
Contract Price: _____ Unit # _____

CONTACT INFO Name: _____ Phone #: _____ Email: _____
Property Owner: Marcavie Cardenas Contractor: DOMCO PLUMBING License #: 828505
Address: 6936 Maite Circle Address: PO Box 1398
City/State/Zip: Sacramento CA 95820 City/State/Zip: Folsom CA 95763
Phone: (916) 443-4749 Phone: 916-353-0203 Fax: 916-439-5808 Fax: 353-0283

Nature of Work: Provide description of work & indicate type of work in selections below.

Description of Work: Run Gas pipe to stove

<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 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 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: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <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 Termitte Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mud sill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input checked="" 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 checked="" 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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Office Use Only: Parcel #: 0150322027 Date Received: 6/2/05 Date Issued: 6/2/05 Processor's Initials: DAC Permit #: 05088

Minor permit annl form - 04/2005