



**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: 8/8/05

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 a paid fee.

Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required).

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM

NEIGHBORHOOD PLANNING AND DEVELOPMENT SERVICES

COMMERCIAL (limited)

Contract Price \$6298.00

Job Address: 18 Los Positas Cir

CONTACT INFO Name: BE LEOKINS

Property Owner: PANDY DHARA

City/State/Zip: SACRAMENTO, CA 95831

Phone: 933-93378

Phone #: 971-9716

Address: 3979 DORSEY GROVE #4

City/State/Zip: 24956

Phone: 971-9716

Pre-Registered? YES NO

Registration #

Description of Work: HVAC - package unit HEAT pump 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 type="checkbox"/> Change-out <input type="checkbox"/> New <input checked="" type="checkbox"/> Heat Pump 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)	<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 checked="" type="checkbox"/> Minor Electric and/or Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire	<input type="checkbox"/> Public Utilities Safety Inspection <input type="checkbox"/> SMUD <input type="checkbox"/> PG&B * NOTE * Correction Notice items will require an additional building permit.
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Office Use Only:	Parcel #:	Date Received: <u>8/8/05</u>	Date Issued: <u>8/8/05</u>	Processor's Initials: <u>DA</u>	Permit #: <u>0511035</u>
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