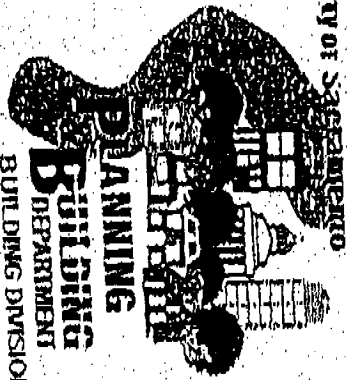


CITY OF SACRAMENTO



BUILDING DIVISION
FAX # (916) 264-1901

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 grand fees.

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information MUST be provided:

RESIDENTIAL

APARTMENTS (+ units per building)

COMMERCIAL (finish)

Job Address: 7305 WILLOW LAKE WAY

Parcel Number: 031-0162-011

CONTACT PERSON: Diane HOLLY WESTERVELT

Property Owner: 7305 WILLOW LAKE WAY

Address: SACRAMENTO, CA 95817

City/State/Zip: SACRAMENTO, CA 95817

Phone: 916-747-5969

Contract Price: \$ 7900.00

CONTACT PHONE: 916-456-4738

Contractor: McDonald PHAC License # 387145

Address: 3618 Broadway

City/State/Zip: Sacramento, CA 95817

Phone: 916-456-4738 FAX: 916-456-8257

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

HVAC CHANGES OUT

Description of Work:

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHET <input type="checkbox"/> GARAGE HOUSE # SQUARES: 1 2 3+ Stories: _____ afeiral: _____	(Residential ONLY) <input checked="" type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW CHANGE-OUT <input type="checkbox"/> Heat Pump <input checked="" type="checkbox"/> Package <input type="checkbox"/> Split system <input checked="" type="checkbox"/> Roof mount <input type="checkbox"/> Other: _____ <input type="checkbox"/> Heat pump or elec. unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place insert <input type="checkbox"/> Other (describe below)	(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"/> Recirc <input type="checkbox"/> New
<input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Shingles	(Residential ONLY) <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SUIED <input type="checkbox"/> PG&E	(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

Value of duct work: \$ _____
 Equipment: \$ _____
 Cat-in: \$ _____

* Design Review approval may be required.

* Design Review approval may be required.

SFR Faxback Permit updated 12/20/01

Aug. 2, 2005 7:45AM MC DONALD PLUMBING