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FX 9/19/05

0514672

City of Sacramento

### 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) 264-1984 808-8370

Inspection Request # (916) 284-7522

Credit Card Info on File? Yes  No

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Job Address: 6224 CUSHING WAY Unit # \_\_\_\_\_  
 Parcel Number: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_  
 Property Owner: RICK McDONOUGH  
 Address: 6224 CUSHING WAY  
 City/State/Zip: SACRAMENTO CA 95823  
 Phone: 916-422-4845  
 Contract Price \$ 5892.00  
 CONTACT PHONE: EARL COX License # 481974  
 Contractor: KLEEN AIR  
 Address: 1057 SILICA AVENUE  
 City/State/Zip: SACRAMENTO, CA 95815  
 Phone: 916-922-3995 FAX: 980-8408

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

Description of Work: Change out SPUT SYSTEM IN CLOSET

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES _____ # 1 _____ 2 _____ 3+ <input type="checkbox"/> GARAGE <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 <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 elec. unit to go. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fireplace 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-pull <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"/> Flooding/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Mud/Sill/Studs <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"/> SMUD <input type="checkbox"/> PG&E *NOTE: Connection Notice forms 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
* Design Review approval may be required.			