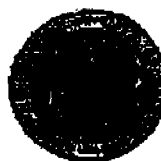


FBI10001



**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DEPARTMENT**  
 BUILDING DIVISION  
 www.cityofsacramento.org  
 Help Line: 1-916-264-5658 OR 1-800-527-PERMIT  
 Inspection: 1-916-508-4577



Date: 7/27/05

TOTAL P.02

Downtown Permit Center 1-916-264-6907  
 1231 I Street, Suite 200, Sacramento, CA 95814

North Permit Center 1-916-908-2354  
 2101 Arden Blvd, Suite 200, Sacramento, CA 95824

Fax # 916-264-1901

**FAXED PERMIT APPLICATION**

(certain restrictions apply)

Faxed request 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.

PLEASE ADD TO PERMIT #

Job Address: 3633 PETE MEYLING  
 RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (special)  
 Unit # \_\_\_\_\_ Contract Price \$ 600.00

Contact Person: PETE MEYLING  
 Property Owner: WLODE MEZA  
 Contractor: ITES HEATING/AIRLISSAGE #591548

Address: 3633 PETE MEYLING  
 Address: 1717 KATHLEEN AVENUE

City/State/Zip: SACRAMENTO, CA 95815

Phone: 916-925-7611 FAX: 916-925-1103

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

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Ratched <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"/> Hardz <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"/> On-in <input type="checkbox"/> Heat pump or elect unit to	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Change-out <input type="checkbox"/> Relocate to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termitic Damage Repair (Describe Location Below)	<input type="checkbox"/> Minor Electric and/or Major Plumbing (Residential Only) <input checked="" type="checkbox"/> Electric Service Change # _____ <input type="checkbox"/> New electric circuits <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	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SNUD <input type="checkbox"/> PG&E NOTE: Correction Notice items will require an additional building permit.
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DESCRIPTION OF WORK:

\* Design Review approval may be required.  
 \* Design Review approval may be required.