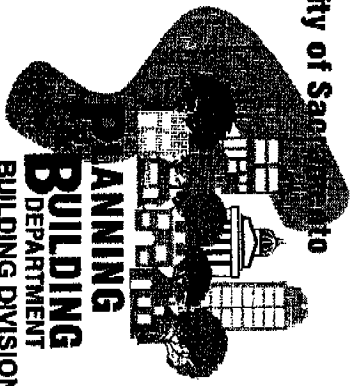


0402341

City of San Francisco



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:

Inspection Request # (916) 264-7622
Credit Card Info on File? Yes No

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Fax # (916) 264-1901

Job Address: 701 47th Street Sausalito CA 94964
 Parcel Number: NA
 CONTACT PERSON: Matt Wasmager
 Property Owner: Matt Wasmager
 Address: 701 47th Street Sausalito CA 94964
 City/State/Zip: Sausalito CA 94964
 Phone: 916-748-5774
 Contract Price \$ N/A
 CONTACT PHONE: Matt Wasmager
 Contractor: Duval
 Address: Sausalito
 City/State/Zip:
 Phone:
 License #
 Unit #
 FAX: 916-748-5774

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

Description of Work: Change Out Main Electrical Service Panel. Remove Old Panel 100 amp and Replace w/ 200 amp.

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE # Stories 1 2 3+ Material:	<input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> 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"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: Equipment: \$ Cut-in: \$	<input type="checkbox"/> WATER HEATER <input type="checkbox"/> GAS <input checked="" type="checkbox"/> ELECTRICAL 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"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mud/sill/Studs <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Exterior <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E	<input checked="" type="checkbox"/> MAJOR ELECTRICAL and/or MINOR PLUMBING Electric Service Change # amps 200 <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
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* Design Review approval may be required.

* Design Review approval may be required.

*NOTE: Correction Notice items will require an additional building permit.

IVR Faxback Permit updated: 12/09/01

1-403-770-8296 FAX