



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 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:

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

Job Address: GRAPE KATHRYN Unit # _____
 Parcel Number: _____ Contract Price \$ 2000.00
 CONTACT PERSON: Roger Kibb CONTACT PHONE: 916 337-1107
 Property Owner: KATHRYN GILBY Contractor: Art Pinsky License # 747528
 Address: 4631 23RD ST Address: 8181 ALPINE AVE E
 City/State/Zip: SAC, CA 95822 City/State/Zip: RE, CA 95826
 Phone: _____ Phone: 737-1107 FAX: 737-1117

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

Description of Work: INSTALL NEW SPLIT SYSTEM IN ATTIC
USE EXISTING GAS LINE; BLEED GAS RVD

<input type="checkbox"/> REROOF (excluding tiles) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHET <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE # Stories: 1 2 3+ Material: _____	(Residential ONLY) <input checked="" type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input checked="" type="checkbox"/> Curbin <input type="checkbox"/> Heat pump or elect. 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"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Floorng/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mudstll/Studs <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <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
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Value of duct work: 1000
 Equipment: \$ 600
 Cut-in: _____

* Design Review approval may be required.

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

M/R Faxback Permit updated 1209901

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