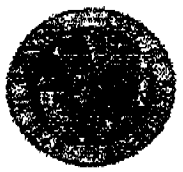


P3P10001



CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION

WWW.CITYOFSACRAMENTO.ORG
Help Line: 1-916-264-5655 OR 1-800-52-PERMIT
Inspection: 1-916-808-4877



Downtown Permit Center 1-916-264-6807
1231 I Street Suite 200, Sacramento, CA 95834

North Permit Center 1-916-808-2354
2101 Arlene Blvd, Suite 200, Sacramento, CA 95834

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.

05/14/55

IN ORDER TO PROCESS THIS REQUEST ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (classified)

Contract Price \$ 2720.00

Unit #

Contract Phone 916-681-4338

Contract Price \$ 2720.00

Job Address: 639 Rivercrest Dr
Contact Person: Gina Huft or Kandra Huft

Contract Phone 916-681-4338

Property Owner: Audrey Huft

Contractor: Huft Heating and Air

Address: 639 Rivercrest Dr

Address: 8181 Derbyshire Cir

City/State/Zip: Sacramento, Ca. 95831

City/State/Zip: Sacramento, Ca 95828

Phone: 916-428-0644

Phone: 916-681-6338 FAX: 916-681-6339

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"/> Resheet <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"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Shingle	<input checked="" type="checkbox"/> HVAC Installations (Residential Only) <input checked="" type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input checked="" type="checkbox"/> Split system (straight cool) <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect unit in gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of direct work: _____ Equipment \$ 2720.00 Cont. in \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <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 Termitic Damage Repair (Overseas Locations Below)	<input type="checkbox"/> Minor Electric and/or Major Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # _____ amps <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"/> SNUJD <input type="checkbox"/> PG&E * NOTE: Correction Notice items will require an additional building permit.
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*Design Review approval may be required.

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