



**CITY OF SACRAMENTO**

05/16/19

www.cityofsacramento.org  
 Help Line: 1-916-808-5656 OR 1-866-52-PERMIT  
 Inspection Request: 1-916-808-7622

Downtown Permit Center  
 1231 I Street, Suite 200  
 Sacramento, CA 95814  
 North Permit Center  
 2101 Arena Blvd., Suite 200  
 Sacramento, CA 95834  
 Fax # 916-264-1901

**MINOR PERMIT APPLICATION**

Date: 8.4.05

*Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. 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 quad fee.*

*Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM*

*Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)*

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

Job Address: \_\_\_\_\_  
 CONTACT INFO Name: \_\_\_\_\_  
 Property Owner: WIVES DILLIPS THOMAS WENDLER Phone #: \_\_\_\_\_  
 Address: 724 21st STREET Unit # \_\_\_\_\_  
 City/State/Zip: 95818 CA 95818 Email: \_\_\_\_\_  
 Phone: 916 446 4584 Contract Price 10000  
 Nature of Work: Provide description of work & indicate type of work in selections below.

<input type="checkbox"/> Pre-Registered? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Commercial (limited) <input checked="" type="checkbox"/> Residential	<input type="checkbox"/> Apartment (4+ units per building)	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only)
<input type="checkbox"/> Registration # _____	<input type="checkbox"/> License # _____	<input type="checkbox"/> Fax: _____	<input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Correction Notice items will require an additional building permit.

Description of Work: Repair Dry Lot as nec.

<input checked="" type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input checked="" type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: <u>9</u> # Squares: _____ Material: <u>Comp</u> <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> F-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Suaco	<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"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input checked="" type="checkbox"/> Dry Rot or Termitic Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudstail/Studs <input checked="" type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or Minor 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	Permit #: _____
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Office Use Only: Parcel #: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Processor's Initials: \_\_\_\_\_