Development Services
We Help Build A Great City

CITY OF SACRAMENTO

www.cityofsacramento.org
Help Line: 1-916-808-5656 OR 1-866-EZ-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

06003847

MINOR PERMIT APPLICATION

Date: 3-21-06

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 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: 2630 24th Ave Bldg Type: ☒ RESIDENTIAL ☐ APARTMENTS (4+ units per building) ☐ COMMERCIAL (limited) Unit #_____ Contract Price 4000.00

CONTACT INFO Name: Paul Cruz Phone #: 837-0729 Email: Paul@adcconstruction.com

Property Owner: Nancy Woods	**Contractor:** ADC Construction **License #:** 823426
Address: 2630 24th Ave.	**Address:** 5714 Folsom Blvd #303
City/State/Zip:	**City/State/Zip:** Sacramento, CA 95819
Phone: 874-6161	**Phone:** 916 451-1197 **Fax:** 916 451 1197
	Pre-Registered? YES ☐ NO ☐ **Registration #**

Nature of Work: Provide description of work & indicate type of work in selections below.

Description of Work: Vanity/Sink replacement, toilet replacement, kitchen faucet replacement, convert door way to pocket door.

☐ **Reroof** (excluding tile)
☐ Tear-Off
☐ Resheet
☐ House ☐ Garage
Stories:_____
Squares:_____
Material:_____
☐ **Siding**
☐ Wood
☐ T-111
☐ Horiz
☐ Vinyl
☐ Stucco

☐ **HVAC Installations**
(Residential Only)
☐ Change-out ☐ New
☐ Heat Pump
☐ Package
☐ Split system
☐ Roof mount
☐ Cut-in
☐ Heat pump or elect. unit to gas.
☐ Wall furnace
☐ Other (describe below)
Value of duct work:
Equipment: $_____
Cut-in: $_____

☐ **Water Heater**
(Residential Only)
☐ Electric ☐ Gas
☐ Change-out
☐ Electric to Gas
☐ Relocate
☐ New

☐ **Dry Rot or Termite Damage Repair**
☐ Flooring/Joists
☐ Mudsill/Studs
☐ Roof Structure
☐ Exterior

☒ **Minor Electric and/or Minor Plumbing**
(Residential Only)
☐ Electric Service Change
amps _____
☐ New electric circuits
☐ Re-wire

☐ Water Service Replacement
☐ Sewer Service Replacement
☐ Gas Line Replacement
☐ Re-plumb
☐ Water ☐ Waste

☐ **Public Utilities Safety Inspection**

(Residential and single apartment units Only)

☐ SMUD ☐ PG&E

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

Office Use Only:	Parcel #:	Date Received:	Date Issued:	Processor's Initials:	**Permit #:**