



Community Development Department

300 Richards Boulevard 3rd Floor Sacramento, CA 95811

Help Line: (916) 264-5011

www.cityofsacramento.org/dsd



Minor Permit Application

Check One:

Walk In

Fax In

(Pick up permit at counter)

Faxback*

(Receive permit by fax)

• Permits requiring Plan Review are not eligible with this form.
Design Review and Historic Preservation approval may be required if
job address is located in those areas (additional forms may be
required)

Fax #: (916) 808-1901

* Faxback requires pre-registration, which can be done at the permit
counter when picking up the first permit.

Note: Work started before a Building Permit is issued will be subject to quad fee.

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED (PLEASE PRINT):

Bldg Type: Residential

Apartments

Commercial (limited)

Job Address: _____ Unit #: _____ Contract Price: _____

Applicant Name: _____ Phone #: _____ Email: _____

Property Owner:	Contractor:	License #:
Address:	Address:	
City/State/Zip:	City/State/Zip:	
Phone:	Phone:	Fax:
Nature of Work: Provide description of work & indicate type of work in selections below.	Registration # for Faxback:	

<p>Reroof (excluding tile)</p> <p><input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet</p> <p><input type="checkbox"/> House <input type="checkbox"/> Garage</p> <p># Squares: _____</p> <p># Stories: _____</p> <p>Material: _____</p> <p><input type="checkbox"/> Siding</p> <p><input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horizontal <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco</p>	<p><input type="checkbox"/> HVAC Installations (Residential Only)</p> <p><input type="checkbox"/> Change-out <input type="checkbox"/> New</p> <p><input type="checkbox"/> Heat Pump</p> <p><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 elec. unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other _____</p> <p>Value of duct work: \$ _____</p> <p>Cut-in: \$ _____</p>	<p><input type="checkbox"/> Water Heater (Residential Only)</p> <p><input type="checkbox"/> Electric <input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Change-out</p> <p><input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New</p> <p><input type="checkbox"/> Dry Rot or Termite Damage Repair</p> <p><input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior</p>	<p><input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only)</p> <p><input type="checkbox"/> Electric Service Change # amps _____</p> <p><input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Breaker Change</p> <p><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</p>	<p><input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only)</p> <p><input type="checkbox"/> SMUD <input type="checkbox"/> PG&E</p> <p>* NOTE * Correction Notice items will require an additional building permit.</p>
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Office Use Only:

Date Received:	Date Issued:	Staff Initials:	Permit #:
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Please note that once this document is submitted to the City of Sacramento, your information may be subject to the Public Records Request Act. However, the City will not sell your data or information for any purpose.