



Residential Permit Application

Date: _____ Permit No.: _____ Inspection Area: _____

Site Address:		Suite #:	
Assessor's Parcel #:		Community Plan #:	
Name of Applicant		Licensed Contractor Lic #: _____	
Name: _____		Name: _____	
Address: _____		Address: _____	
City/State/Zip: _____		City/State/Zip: _____	
Phone: _____ FAX _____		Phone: _____ FAX: _____	
E-mail: _____		E-mail: _____	
Architect/ Engineer		Property Owner	
Name: _____		Name: _____	
Address: _____		Address: _____	
City/State/Zip: _____		City/State/Zip: _____	
Phone: _____ FAX _____		Phone: _____ FAX: _____	
E-mail: _____		E-mail: _____	

#of Stories	# of Rooms	Roof Covering	Area 1 st Floor	Total Area	Garage area	Patio Area
Applicable Disciplines:						
<input type="checkbox"/> Building	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Electrical	<input type="checkbox"/> Site	<input type="checkbox"/> Fire	
Job Valuation: _____						
Nature of the Work in Detail:						

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.