



CITY OF CITRUS HEIGHTS

BUILDING & SAFETY DIVISION

6237 FOUNTAIN SQUARE DRIVE, CITRUS HEIGHTS, CA 95621, Phone: (916) 727-4760

HOW TO OBTAIN A FAX

Welcome to the One-Stop Development Services Center. The City of Citrus Heights Community Development Department would like to thank you for the opportunity to serve you. We are committed to offering the best technology available for your permitting convenience. As a convenience to licensed contractors, we are offering fax permits. You can now fax your completed application to us at **(916) 725-5799** and we will process your application(s) and mail your completed permits to you.

Types of Permits

- **ROOFING**
New installations or re-roofing (including overlays) with materials having a total combined weight exceeding 3-1/2 pounds per square foot must be applied for in person.
- **WATER HEATERS**
Relocation of water heaters must be applied for in person.
- **HVACS**
Relocation or increase in unit size (Btu's or weight) must be applied for in person.
- **SEWER LINES**
Relocation or new connections must be applied for in person.
- **WATER LINES**
Relocation or new connections must be applied for in person.
- **ELECTRICAL SERVICE PANEL/DISCONNECT REPLACEMENT**
Relocation or increase in service panel or disconnect size must be applied for in person.

Procedure

- A. Submit your notarized fax application. Licensed contractors must provide proof of active state license & worker's compensation. A signed *Inspection Request Procedure* Handout (attached) must be included.
- B. Faxed applications must be typed or neatly printed. Applications that are not legible, or which are missing necessary information will **not** be processed. Please fax your application to the City of Citrus Heights Building Department at (916) 725-5799.
- C. Your application will be processed and mailed to you along with the job card and any other applicable handouts. City regulations prohibit you from commencing work before you have obtained your permit and job card.

Note: The City of Citrus Heights assures that your name and credit card information will be kept confidential and will not be used for advertisement purposes or mail distribution listings.



CITY OF CITRUS HEIGHTS

BUILDING & SAFETY DIVISION

6237 FOUNTAIN SQUARE DRIVE, CITRUS HEIGHTS, CA
Building Dept. (916) 727-4760
Fax (916) 725-5799

REGISTRATION FOR FAX PERMITS

Name of Applicant Company _____

California State Contractor License Number _____

AUTHORIZATION: Name and signature(s) of owner(s) of business authorizing the filing of this application:

NAME (please print)

ADDRESS

SIGNATURE

Name _____ Capacity _____

Address _____ City _____ State ____ Zip _____

Telephone _____ E-mail _____

Signature _____

Payment Method:

Visa Number _____ Expiration _____

Authorized Signature on Card _____

Mastercard Number _____ Expiration _____

Authorized Signature on Card _____

People Authorized to pull fax and/or on-line permits:

Please note that only signatures matching those below, in the case of fax permits, or email addresses listed here, in the case of on-line permits, will be accepted for your own protection.

Name

Signature

E-mail address

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I agree that this application submitted is correct to my knowledge. If there are any modifications to this application, I will notify the City of Citrus Heights as soon as possible. I also agree that I am fully responsible for all fees charged to the listed credit card(s) for the payment of fax permits (and any subsequent modification based on the current fee schedule which is in effect at the time the work is performed). Additionally, I authorize the City to offset any shortages based on any additional work not included on original permit. If there are any changes to my credit card, I will notify you as soon as possible. I also acknowledge that this is a binding contract and that this application is to be notarized and signed.

Signature of Billing Party

Date

Building Official Approval

Date

State of California
County of _____)

On _____, before me, _____,
personally appeared _____

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)