



**BUILDING DEPARTMENT**  
 BUILDING DIVISION  
 FAX # (916) 264-1901

Faxed request received in this office before 3:00 p.m. will be processed the following work day.  
 Contractors must have a current certificate of Worker's Compensation Insurance.  
 Work started before a Building Permit is issued will be subject to quad fees.

Permits requiring plan review are not eligible for FAXBACK

OS10073  
 Area 7

In order to process this request, ALL of the following information MUST be provided:

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

Job Address: 642 TALL WIND DR, Sacramento, CA 95838  
 Parcel Number: 237-0500-076  
 CONTACT PERSON: FRANCES  
 Property Owner: Victor Carlos Ruiz  
 Address: 600 Fairway Dr  
 City/State/Zip: Sacramento, CA 95682  
 Phone: 397-4052  
 CONTRACT PRICE: \$4,000.00  
 CONTRACT PHONE: 530-671-6025  
 Contractor: Rialto Building License # 726380  
 Address: 3516 Stoddard Way  
 City/State/Zip: Sacramento, CA 95822  
 Phone: 530-671-6025 FAX: 530-672-2706

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)

Description of Work: *Tear of existing roof and replace with 30% composition shingles*

CITY OF SACRAMENTO PAID

<input checked="" type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> FRESHSET <input checked="" type="checkbox"/> HOUSE # SQUARES 25 <input type="checkbox"/> GARAGE # SQUARES 2 # Stories 3+ Material: <i>30% composition shingles</i> <i>shingles</i>	<input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Spill system <input type="checkbox"/> Roof install <input type="checkbox"/> Cur-in <input type="checkbox"/> Heat pump or a/c: unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place insert <input type="checkbox"/> Other (describe below) Value of duct work: Equipment: \$ Cut-in: \$	<input type="checkbox"/> WATER HEATER JUL 1 1 200 <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRICALS, PLUMBING, REFRIGERATION, SEWER, GAS, ELECTRIC SERVICE CHANGE <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mudsill/Style <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SNUD <input type="checkbox"/> PG&E	<input type="checkbox"/> MINOR ELECTRICAL and/or PLUMBING <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Waxy <input type="checkbox"/> Waste
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\* Design Review approval may be required.

UR Faxback Permit update 12/8/01

# ROOFING QUESTIONNAIRE

Applicant's name: Reliable Roofing (Frances) Phone: 530-677-6025

Project Address: 642 Fairwind Dr.

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

### 1. ROOFING TYPE

a.  The existing roofing material is composition shingle, wood shake or shingle, tile or metal. The new roofing material shall be:

- | Existing                 | Proposed                 |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 30-year laminated dimensional composition              |
| <input type="checkbox"/> | <input type="checkbox"/> | wood shake or shingle                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | tile   |
| <input type="checkbox"/> | <input type="checkbox"/> | metal that simulates one of the above listed materials |

b.  The existing roofing material is built up, foam or membrane with a roof pitch of 2:12 or less. The new roofing material shall be:

- | Existing                 | Proposed                 |          |
|--------------------------|--------------------------|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | Built up |
| <input type="checkbox"/> | <input type="checkbox"/> | Foam     |
| <input type="checkbox"/> | <input type="checkbox"/> | Membrane |

N/A

### 2. GUTTERS

a.  The existing gutters are fascia gutters.

- There is no change proposed to existing gutters.
- New fascia gutters shall be provided. (If located in Alhambra Corridor, Oak Park, Central City or applicant proposes replacement of ogee with fascia in any DR area, route to DR staff).
- Gutters shall be repaired and/or replaced to match existing.

b.  The existing gutters are Ogee gutters.

- There is no change proposed to existing gutters.
- New Ogee gutters shall be provided.
- Gutters shall be repaired and/or replaced to match existing.

c.  There are no existing gutters.

- No new gutters are proposed.
- New Ogee gutters shall be provided.

### 3. RAFTER TAILS

a.  There are no exposed rafter tails.

b.  There are exposed rafter tails.

- There is no change or cutting proposed to existing rafter tails.
- Rafter tails shall be repaired and replaced to match existing. (If checked and project address is in any DR area route to DR staff).

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: Frances Peterson Date: \_\_\_\_\_

For City Staff use only

Counter Staff: [Signature]

- In a DR District Meets DR criteria?  Yes  No (route to DR staff)
- In a P area or listed (route to P staff)
- Not in DR/P area