

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0417285**

**Insp Area: 2**

**Thos Bros:**

**Sub-Type: NSFR**

**Site Address: 7491 SUN CASTLE LN SAC**

**Parcel No: SUN MEADOWS LOT #43 Housing (Y/N):**

**N**

**CONTRACTOR**  
NEW FAZE DEVELOPMENT  
3187 DEL PASO BLVD.  
SACRAMENTO CA. 95815

**OWNER**

**ARCHITECT**

**Nature of Work: MP 1128 1 STORY 5 ROOM SFD**

**CONSTRUCTION LENDING AGENCY:** I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name \_\_\_\_\_ Lender's Address \_\_\_\_\_

**LICENSED CONTRACTORS DECLARATION:** I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class B License Number 714601 Date 5/25/05 Contractor Signature [Signature]

**OWNER-BUILDER DECLARATION:** I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

\_\_\_\_\_, I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

\_\_\_\_\_, I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

\_\_\_\_\_, I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

PAID  
CITY OF SACRAMENTO  
MAY 25 2005

**IN ISSUING THIS BUILDING PERMIT,** the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 5/25/05 Applicant/Agent Signature [Signature]

**WORKER'S COMPENSATION DECLARATION:** I hereby affirm under penalty of perjury one of the following declarations:

\_\_\_\_\_, I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

[Signature] I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier STATE FUND Policy Number 1536963-03 Exp Date 11/01/2004

\_\_\_\_\_, (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 5/25/05 Applicant Signature [Signature]

**WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.**

**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**

0111931

4R

WHEN CORRECTIONS HAVE BEEN MADE, CALL 264-5191 FOR REINSPECTION OF WORK.

JOB LOCATION 3316 Branch St.

INSPECTION REQUESTED Roof Final

THE UNDERSIGNED  BUILDING  PLUMBING  MECHANICAL  ELECTRICAL  
INSPECTOR THIS DAY INSPECTED THIS STRUCTURE FOR THE REQUESTED INSPECTION AND FOUND THE  
FOLLOWING VIOLATIONS OF CITY AND/OR STATE LAWS GOVERNING SAME:

- 1) Install individual step flashings in each course of shingles on both sides of front porch.
- 2) Install step flashings into each course of shingles at chimney AND install an approved counter-flashing imbedded into brick work.
- 3) Provide an approved sealant to top of base flashings on Electrical service mast AND HVAC condensate drain (1 1/2" soil stack) Aluminum coated adhesive tape or Silicene)
- 4) Provide an approved counter flashing over wall to roof metal on rear BUR portion.
- 5) Provide approved sealant to top of HVAC feeds.

INSPECTOR Gene Caluya

DATE 10/20/01

INSTALLATION CARD  
WESTERN I-KOTE  
Sacramento Stucco Company, Inc.

ICBO Evaluation Service, Inc.  
Evaluation Report ER-3899

Job Address

7491 Sun Castle

Date of Job Completion 9/20

Plastering Contractor

Name: Rick H. Hitch Plastering, Inc.

Address: PO Box 1391, North Highlands, CA 95660

Telephone Number: (916) 334-3591

Approved contractor number as issued by coating manufacturer: 243

This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

Signature of authorized representative or  
plastering contractor

Date

11/30/

This installation card must be presented to the building inspector after completion of work and before final inspection.



INSULATION CONTRACTORS ASSOCIATION OF AMERICA

INSULATION CERTIFICATE

45687

1321 DUKE STREET, SUITE 303 • ALEXANDRIA, VA 22314 • (703) 739-0356

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

NEW FORD DRIVE LOT # 13 TRACT # Sun Meadows  
STREET 7991 Sun Circle W CITY Sacra

EXTERIOR WALLS:

MANUFACTURER FH THICKNESS/TYPE R- VALUE 13

CEILINGS:

BATTS: MANUFACTURER FH THICKNESS/TYPE R- VALUE 38

BLOWN IN: MINIMUM THICKNESS 1 3/4 R- VALUE 38

MANUFACTURER CT THICKNESS/TYPE R- VALUE 38

SQUARE FOOTAGE COVERED 870 NUMBER OF BAGS USED 18

FLOORS:

MANUFACTURER R- THICKNESS/TYPE R- VALUE

SLAB ON GRADE: MANUFACTURER R- THICKNESS/TYPE R- VALUE

WIDTH OF INSULATION INCHES

FOUNDATION WALLS:

MANUFACTURER R- THICKNESS/TYPE R- VALUE

GENERAL CONTRACTOR CALIFORNIA CONTRACTORS LICENSE #

SIGNATURE DATE

SIGNATURE TITLE

INSULATION CONTRACTOR ARCADE INSULATION  
CALIFORNIA CONTRACTORS LICENSE #815286  
NEVADA CONTRACTORS LICENSE #55201

A. G. ... SIGNATURE DATE 9-23-05

S. ... SIGNATURE TITLE

**INSTALLATION CERTIFICATE**

(Page 2 of 13)

CF-6R

Site Address: **NEW FAZE DEVELOPMENT INC.** Permit Number: **0417285**  
**7499 Suncrest**  
**FENESTRATION/GLAZING: SUN MEADOWS RETIREMENT PLAN 3E**  
**ALSIDE - ALPINE SACRAMENTO, CA**  
**7000 SERIES WINDOWS**

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	Product SHGC <sup>1</sup> (≤ CF-1R value) <sup>2</sup>	# of Panels	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1.							LOW-E GLASS
2. <u>SLIDERS</u>	<u>.35</u>	<u>.32</u>	<u>2</u>		<u>122</u>		
3.							
4. <u>SINGLE HUNG</u>	<u>.35</u>	<u>.32</u>	<u>2</u>		<u>26</u>		
5.							
6. <u>PICTURE WINDOWS</u>	<u>.34</u>	<u>.35</u>	<u>2</u>		<u>6</u>		
7.							
8. <u>PATIO DOORS</u>	<u>.35</u>	<u>.34</u>	<u>2</u>		<u>46</u>		
9.							
10.							
11.							
12.							
13.							
14.							
15.							

<sup>1</sup> Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.

<sup>2</sup> Installed U-Factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-Factors for the total fenestration area are less than or equal to values from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-Factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

<p><u>2, 4, 6, 8</u> Item #s (if applicable)</p>	<p><u>[Signature]</u> Signature, Date</p>	<p><u>10-20-08</u> Date</p>	<p>Y.T. GLASS &amp; WINDOWS INC. 3200 DWIGHT RD STE 100 Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor</p>
<p>Item #s (if applicable)</p>	<p>Signature, Date</p>		<p>Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor</p>
<p>Item #s (if applicable)</p>	<p>Signature, Date</p>		<p>Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor</p>

COPY TO: Building Department  
 HERS Provider (if applicable)  
 Building Owner at Occupancy

**INSTALLATION CERTIFICATE**

CF-6R

**New Faze Development: Sun Meadows**

Site Address **7491 Suncoast**

Permit Number

**0417285**

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection a copy must be provided to the Building Department (upon request) and the building owner at occupancy, per Section 10-103(b).

**HVAC SYSTEMS:**

**Heating Equipment**

Equip. Type (pkg. Heat pump)	CEC Certified Mfr-name and Model #	# of Identical Systems	(1) Efficiency (AFUE, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)	
Furnace	YORK #P4HUA12L03201	1	0.80	Attic	R-4.2	22,357	40,000	Plan 1
Furnace	YORK #P4HUA12L03201	1	0.80	Attic	R-4.2	25,101	40,000	Plan 2
Furnace	YORK #P4HUA12L03201	1	0.80	Attic	R-4.2	26,742	40,000	Plan 3
Furnace	YORK #P4HUA12L03201	1	0.80	Attic	R-4.2	28,719	40,000	Plan 4
Furnace	YORK #P4HUA12L03201	1	0.80	Attic	R-4.2	27,445	40,000	Plan 5

**Cooling Equipment**

Equip. Type (pkg. Heat pump)	CEC Certified Compressor Unit Mfr Name and Model #	# of Identical Systems	(1) Efficiency (SEER, etc.) > CF-1R value	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)	
Condenser	YORK #H*RC024	1	12.0	Attic	R-4.2	16,285	21,100	Plan 1
Condenser	YORK #H*RC024	1	12.0	Attic	R-4.2	16,184	21,100	Plan 2
Condenser	YORK #H*RC024	1	12.0	Attic	R-4.2	18,676	21,100	Plan 3
Condenser	YORK #H*RC024	1	12.0	Attic	R-4.2	19,195	21,100	Plan 4
Condenser	YORK #H*RC024	1	12.0	Attic	R-4.2	20,158	21,100	Plan 5

(1) > equals greater than or equal to  
I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

*Mark Radloff* 1-13-04  
Signature, Date

Beutler Corporation  
Installing Subcontractor (Co. Name)  
OR General Contractor (Co. Name) OR Owner

**WATER HEATING SYSTEMS:**

Heater Type	CEC Certified Mfr Name & Model #	Distribution Type (Std. point of use)	If Recirculation Control Type	# of Identical Systems	(2) Rated Input (kW or Btu/hr)	Tank Volume (gallons)	(2) Efficiency (EF, RE)	(2) Standby Loss (%)	External Insulation R-value

(2) For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery efficiency and Rated Input.  
(3) R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

**Facets & Shower Heads:**

All facets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date

Installing Subcontractor (Co. Name)  
OR General Contractor (Co. Name) OR Owner

**INSTALLATION CERTIFICATE**

(page 1 of 4)

CF-6R

New Faze Sun Meadows All Plans  
 Site Address Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

**HVAC SYSTEMS:**

Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> (≥CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

Attn: Christian

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> (≥CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

<sup>1</sup> ≥ reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Signature, Date \_\_\_\_\_

Installing Subcontractor (Co. Name) \_\_\_\_\_  
 OR General Contractor (Co. Name) OR Owner \_\_\_\_\_

**WATER HEATING SYSTEMS:**

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (SW, Point-of-Use)	If Recirculation Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>2</sup> (EF, RE)	Standby <sup>1</sup> Loss (%)	External Insulation R-value
Gas	Rheem 42VR40-40F STD	STD	N/A	1	40,000	40	.62		R-20

<sup>1</sup> For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.

**Faucets & Shower Heads:**

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

I, the undersigned, verify that equipment listed above by signature: 1) is the actual equipment installed, 2) is equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) the equipment meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Signature, Date \_\_\_\_\_

J.R. Pierce Plumbing Co.  
 Installing Subcontractor (Co. Name) OR  
 General Contractor (Co. Name) OR Owner

COPY TO: Building Department  
 Building Owner at Occupancy

0411311



CITY OF SACRAMENTO  
PLANNING & BUILDING DEPARTMENT  
BUILDING DIVISION  
www.cityofsacramento.org  
Help Line: 1-916-264-5656 OR 1-866-EZ-PERMIT  
Inspection: 1-916-808-4677



Downtown Permit Center 1-916-264-6807  
1231 I Street, Suite 200, Sacramento, CA 95814

North Permit Center 1-916-808-2354  
2101 Arena Blvd., Suite 200, Sacramento, CA 95834

ROOFING QUESTIONNAIRE

Applicant's Name: S+K Roofing - Tim King Phone: (916) 947-8896  
Project Address: 3340 GILLESPIE ST. Phone: 564-4556 TENN. 'MARRY'

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 checked="" type="checkbox"/> 20 yr | <input checked="" 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 |

2. GUTTERS

a.  The existing gutters are fascia gutters.  
 There is no change proposed to existing gutters.  
 New fascia gutters shall be provided.  
 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.

- 1 section at front gets NEW 5" OGEE "replacing old"

3. RAFTER TAILS

a.  There are no exposed rafter tails.  
b.  Rafter tails shall be repaired and replaced to match existing.

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

Applicant's signature: Tim King Date: 7-13-04

FOR CITY STAFF USE ONLY

Counter Staff M HARTEA

- 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 a DR or P area

STRAWBERRY MANOR

PBF10023



0112146

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

- 1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) yes
- 2. I (have/have not) have signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

X Signed Connie Reese

X Job Address 3317 High St Sacto 95838 X Date \_\_\_\_\_

Permit No: \_\_\_\_\_



CITY OF SACRAMENTO  
PLANNING & BUILDING DEPARTMENT  
BUILDING DIVISION

www.cityofsacramento.org

Help Line: 1-916-264-5656 OR 1-866-EZ-PERMIT  
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North Permit Center 1-916-808-2354  
2101 Arena Blvd., Suite 200, Sacramento, CA 95834

ROOFING QUESTIONNAIRE

0421082  
Applicant's Name: Nicole Phantany Phone: (916) 480-0169  
Project Address: 3319 Belden St. Phone: \_\_\_\_\_

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 checked="" type="checkbox"/> | <input checked="" 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 |

2. GUTTERS

- a.  The existing gutters are fascia gutters.
- There is no change proposed to existing gutters.
  - New fascia gutters shall be provided.
  - 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.  Rafter tails shall be repaired and replaced to match existing.

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

Applicant's signature: N. Phantany Date: 12/07/04

FOR CITY STAFF USE ONLY

- 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 a DR or P area

Counter Staff

Del Paso Heights

Del Paso Heights

PBF10023

New fascia gutters, okay.

0421082

0421082



**AutoWest Buick GMC**  
150 Automall Drive  
Roseville, CA 95661  
(916) 783-2077

**Roseville BMW**  
110 Automall Drive  
Roseville, CA 95661  
(916) 782-9434

**AutoWest Mazda Subaru**  
100 Automall Drive  
Roseville, CA 95661  
(916) 786-6611

# Fax

To: <b>Wayne</b>	From: <b>Chan Phomthevy</b>
Fax: <b>916-264-1901</b>	Pages: <b>1</b>
Phone:	Date: <b>12/27/04</b>
Re: <b>Authorization for Permit</b>	CC:

Urgent     For Review     Please Comment     Please Reply     Please Recycle

Dear Wayne:

I, Chan Phomthevy, am authorizing my sister-in-law, Bounphakhon Nicole Phomthevy, to obtain a permit to replace the roof of the house located on 3312 Belden Street, Sacramento, CA 95838. Please feel free to contact me if you have any questions regarding this letter. Thank you.

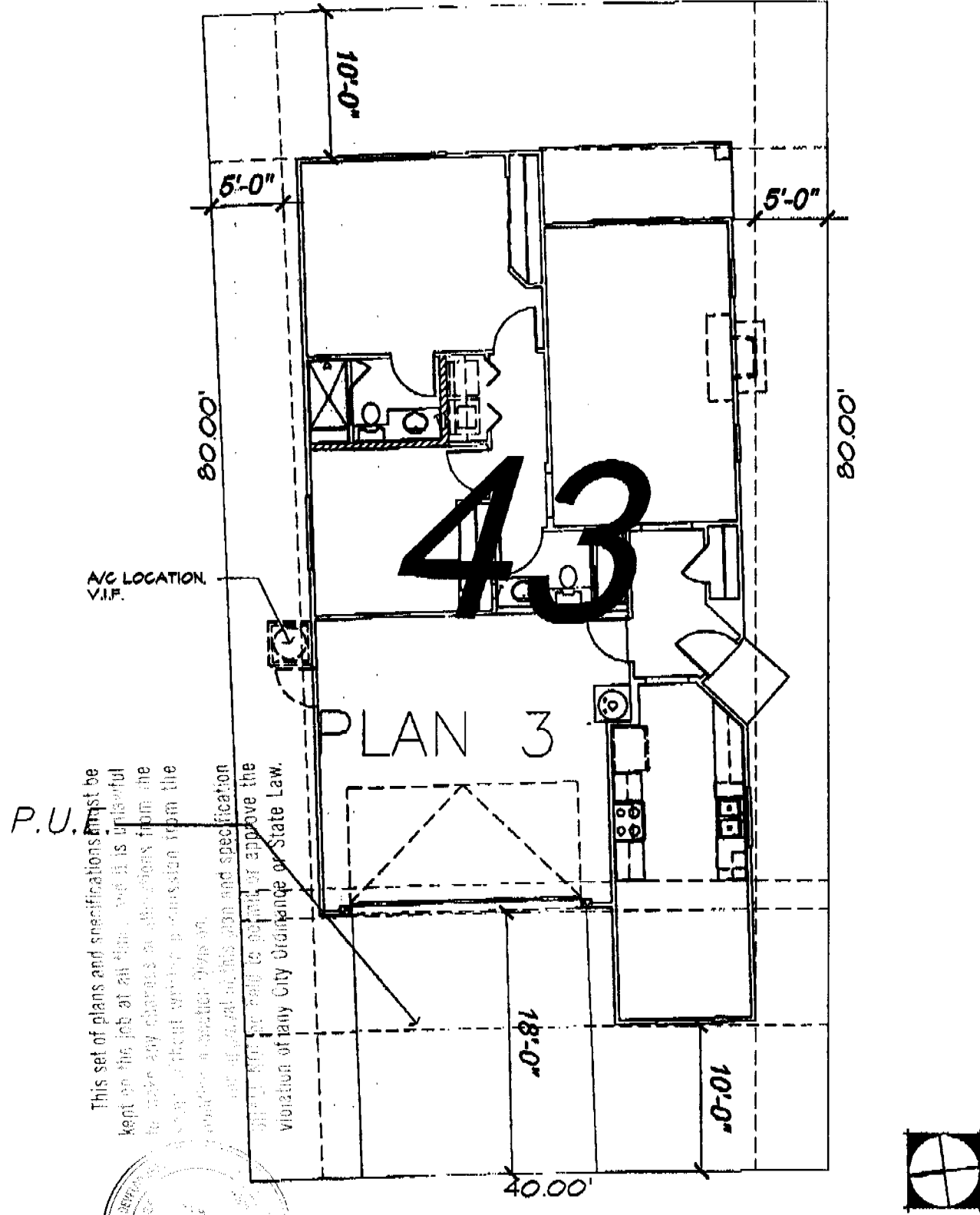
Sincerely,

Chan Phomthevy

Chan Phomthevy Ext. 3123

Payroll / Human Resource Clerk

Fax: (916) 786-5756



\*NOTE: THIS DRAWING IS INTENDED TO PROVIDE BUILDING LOCATION ONLY. ALL PROPERTY LINE MEETS AND BOUNDS ARE AS PROVIDED BY VOLTE BEYOND ENGINEERS

<b>HUNT HALE JONES ARCHITECTS</b> 636 FORTYS STREET SAN FRANCISCO, CA 94107 PHONE: 415-612-1200 FAX: 415-600-0288 WWW.HUNTHALEJONES.COM	DRAWING DESCRIPTION:				PROJECT DESCRIPTION:
	LOT 49- PLAN 3(L)				
SCALE:	DATE:	SHEET	OF	JOB NO.:	
N.T.S.	10-6-04	16	21	407006	