



0616305 \$197,21

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)

Fax # 916-264-1901 808-8270

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

DATE: 10-18-06

JOB ADDRESS: 2944 Loyola Street, Sacramento
IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:
 RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (qualified)
UNIT # _____ CONTRACT PRICE \$ 13,900.00

CONTACT PERSON: ALEX ENGARDT ROOFING & SIDING CO. CONTACT PHONE: (916) 452-7341

Property Owner: MARJORIE WADE
Address: 2944 Loyola Street
City/State/Zip: Sacramento, CA 95826
Phone: (916) 383-2299

Contractor: ALEX ENGARDT ROOFING & SIDING CO.
Address: 7700-14th-Avenue
City/State/Zip: Sacramento, CA 95820
Phone: 452-7341 FAX: 452-2479

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input checked="" type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE SQUARES 32sq. Materials: dimensional composition shingles, & plywood sheathing <input type="checkbox"/> SIDING wood sheathing <input type="checkbox"/> wood <input type="checkbox"/> OT-111 <input type="checkbox"/> DIBONT <input type="checkbox"/> DRYMUL <input type="checkbox"/> DISTICO	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Duct-in <input type="checkbox"/> Heat pump or chld. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Duct-in: \$ _____	<input type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below)	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Upgrade # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMCUD <input type="checkbox"/> PGE *NOTE: Correction Notice letters will require an additional building permit
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Note: Design Review approval may be required for certain areas.

Note: Design Review approval may be required for rooftop units.

Note: Design Review approval may be required for re-landscaping.

DESCRIPTION OF WORK: RESIDENTIAL REROOF. 32sq. TEAR OFF AND INSTALL PLYWOOD SHEATHING AND DIMENSIONAL COMPOSITION SHINGLES.