



No DR

DATE: 7/2/06

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

FAXED PERMIT APPLICATION (certain restrictions apply)

Fax # 916-264-1901 - 808-83370

0610129  
\$194.83

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 quad fee

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

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

JOB ADDRESS: 1505-32nd-Avenue, Sacramento UNIT # \_\_\_\_\_ CONTRACT PRICE \$ 11,500.00

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

Property Owner: MICKEY SHIRAKAWA  
 Address: 1614-S-Street  
 City/State/Zip: Sacramento, CA 95814  
 Phone: (916) 447-0578

Contractor: ALEX ENGARDT ROOFING & SIDING license # 241602  
 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 sh.) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE SQUARES 22sq. Material: built-up/capsheet ROOF	<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"/> On-in <input type="checkbox"/> Heat pump or elord. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below)	<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"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # 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"/> SMOOD <input type="checkbox"/> PGE
<input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Shunt <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	Value of deck work: _____ Equipment: \$ _____ Cost: \$ _____ Note: Design Review approval may be required for rooftop site.	<input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below)		*NOTE: Correction Notice items will require an additional building permit

DESCRIPTION OF WORK: RESIDENTIAL, REROOF, 22SQS. TEAR OFF AND INSTALL BUILT-UP, CAPSHEET ROOFING.