

050-7204



CITY OF SACRAMENTO  
PLANNING & BUILDING DEPARTMENT  
BUILDING DIVISION

www.cityofsacramento.org  
Help Line: 1-916-264-5856 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

Fax # 916-264-1901

FAXED PERMIT APPLICATION  
(certain restrictions apply)

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 (limited)

Job Address: 1708-37th Street Unit # \_\_\_\_\_ Contract Price \$ 10,000.00

Contact Person: Jessica Green Contact Phone: (916) 858-8050

Property Owner: Phil Klamm Contractor: Brazil Quality Roofing, Inc.

Address: 1708-37th Street Address: 3219 Fitzgerald Road

City/State/Zip: Sacramento / CA / 95814 City/State/Zip: Rancho Cordova / CA / 95742

Phone: (916) 453-1918 Phone: (916) 858-8050 FAX: (916) 858-8052

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 checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Garage # Stories: 1 # Squares: 21 Material: Comp <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<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"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Cut-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 Termitic Damage Repair (Describe Locations Below)	<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"/> SMUD <input type="checkbox"/> PG&E ◆ NOTE: Correction Notice items will require an additional building permit.
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DESCRIPTION OF WORK: Tear off existing comp and wood shingle (3) roofs and re-roof with a 40 year Elk dimensional laminated comp shingle. Sheet with 7/16 OSB board.



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Help Line: 1-916-264-5656 OR 1-866-EZ-PERMIT  
Inspection: 1-916-808-4677



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1231 I Street, Suite 200, Sacramento, CA 95814

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2101 Arena Blvd., Suite 200, Sacramento, CA 95834

ROOFING QUESTIONNAIRE

Applicant's Name: Brazil Quality Roofing, Inc. Phone: (916) 858-8050  
Project Address: 1708 - 37th Street 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: J. Brown Date: 05/20/05

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 \_\_\_\_\_