

ROOFING QUESTIONNAIRE

Applicant's name: AGUIRRE ROOFING Phone: 806-2995
Project Address: 37 EL CAMINO OLD

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 checked="" type="checkbox"/>	30-year laminated dimensional composition
<input checked="" type="checkbox"/>	<input checked="" 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. (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: [Signature] Date: 6-7-04

For City Staff use only

Counter Staff: [Signature]
MAB

- 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

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address:	<u>2727 B ST</u>	Permit No.:	<u>0206448</u>
Building Use:	<u>DFAMA THEATER</u>	Occupancy:	<u>A3</u>
Building Owner:	<u>JAMES KERRY</u>	Construction Type:	<u>V-N</u>
Owner Address:	<u>2727 B ST</u>	Sprinkled?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Portion of Building Occupied:	<u>ALL</u>	Area:	<u>3149</u> Sq. Ft.
Date	By: (Print)	Sign	
<u>07/29/2004</u>			DENNIS RICHARDSON CHIEF BUILDING OFFICIAL

[Finaled By: TLM, DD]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE