

0509241

DATE: 06-27-05

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)
Fax # 916-264-1901

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 quit fee

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

JOB ADDRESS: 3071 Wiese Way CONTRACT PRICE \$ 7,000.00

CONTACT PERSON: JOSE CONTACT PHONE: (916) 519-8405

Property Owner: Katherine Boyrigan CONTRACTOR: _____ License # _____

Address: 3071 Wiese Way Address: _____

City/State/Zip: Sacto, CA, 95833 City/State/Zip: _____

Phone: _____ Phone: _____ FAX: _____

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

<input type="checkbox"/> ROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHIRT <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE # STD KIES: 222 SQ SQUARES Material: 30 Year <input type="checkbox"/> SIDING composition <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Hard <input type="checkbox"/> vinyl <input type="checkbox"/> stucco Note: Design Review approval may be required in certain areas.	<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)	<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 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"/> PGE *NOTE: Correction Notice items will require an additional building permit
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DESCRIPTION OF WORK: *Roof (T.O. & Reshert) 22 squares of 30yr Comp.*

JUN-27-2005 09:44A FROM:

TO:2641901

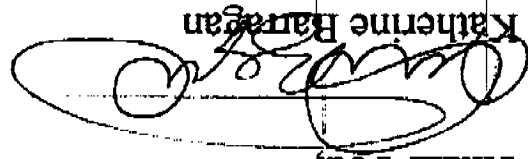
P:2/2

June 27, 2005

To Whom It May Concern:

I, Katherine Barragan, owner of home at 3071 Wise Way,
Sacramento, CA 95833 give Jose Eduardo Gonzales authorization
to request a permit and sign any legal documents pertaining to a 30
year composition roof replacement. If you have any questions,
please feel free to call me at 916 646-6937, or on my cell phone
916 952-7895.

Thank You,



Katherine Barragan