

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

****PRELIMINARY****
FEE SUMMARY
FOR PERMIT #0313600
Bldg Minor Permit

as of 09-09-2003 Permit Status: **APPLIED**

Site Address: 3003 CACTUS WY SAC

Parcel No: 225-0930-033

Thomas Bros: 277 D5

CONTRACTOR

NOR-CAL ROOFING
3569 RECYCLE RD #6
RANCHO CORDOVA CA 95742
Phone: 916-368-7663

OWNER

LEYSON DIANNE M G
3003 CACTUS WY
SACRAMENTO CA 95833
Phone:

ARCHITECT

Phone:

Nature of Work: HALFPLEX - Reroof - tear off, resheet install 16 sq 30 yr
dim lam comp. 1 STORY DESIGN REVIEW AREA

Permit Valuation: \$0.00

Square Footage: 0

Building Permit	\$0.00	Water Development Fee:	\$0.00
Strong Motion Fee	\$0.00	Sewer Development Fee:	\$0.00
City Bus Oper Tax.....	\$0.00	Regional Sanitation Fee.:	\$0.00
Technology Fee	\$0.00	Pocket Area Road	\$0.00
Housing Surcharge	\$0.00	SAFCA Fee	\$0.00
Res Const Tax	\$0.00	North Natomas	\$0.00
Penalty Fee	\$0.00	FBA-Jacinto Creek	\$0.00
Inspections	\$0.00	Refund	\$0.00
Replace Cards	\$0.00		
Renewal Fee	\$0.00	Additional Fees	\$0.00
Water Meter Fee	\$0.00		

TOTAL FEES \$0.00

Payments

****PRELIMINARY**** BALANCE DUE

\$0.00

PAID
CITY OF SACRAMENTO

SEP 09 2003

NEIGHBORHOODS, PLANNING
AND DEVELOPMENT SERVICES



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

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information MUST be provided:

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

Address: HALEPLEX 3003 CACTUS WAY Unit # _____
 Contract Price \$ 4000 EACH SIDE
 Contract Number: 225-0930-033 CONTACT PHONE: 870-4555 / 916-9255
 CONTACT PERSON: Tony Fairquhart / Dor Garcia Contractor: NOR CAL ROOFING License # 684832
 Property Owner: _____ Address: _____
 City/State/Zip: Sacramento 95833 City/State/Zip: Kanby Gironda Ca 95742
 Phone: _____ Phone: 361-7663 FAX: 361-7663

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)

Description of Work: 18-NOSE (TEAL CEF, RESUBST, 30 YEAR LINENHOLE)
DUPLICATE (168 EACH SIDE) (2 UNITS)

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input checked="" type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE # SQUARES <u>32</u> GARAGE # SQUARES <u>70</u> (1) 2 (2) 3+ Material: <u>30 yr Comp</u> <u>linenhole</u>	<input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Spill system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas.	<input type="checkbox"/> WATER HEATER <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 <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement

* Design Review approval may be required.

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*NOTE: Correction Notice Items will require an additional building permit.

IVR Faxback Permit updated 12/97