



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

DATE: 8-1-05

05/1/24

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

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

JOB ADDRESS: 1201 K St
 RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

→ CONTACT PERSON: Don Carrithers
UNIT # _____ → CONTRACT PRICE \$ 60,000

→ CONTACT PHONE: 381-8000

Property Owner: CDA Retarda Partners LLC
Address: 1201 K St Ste 1517
City/State/Zip: Sacramento CA 95814
Phone: 489-6166

Contractor: Hester Roofing License # 290678
Address: 820 35th Ave
City/State/Zip: Sacramento CA 95824
Phone: 381-8000 FAX: 381-8086

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

<input checked="" type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHIBT <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE SQUARES 100 Material: <u>Perfection</u> <u>Sealing System</u> <input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Hardie <input type="checkbox"/> Vinyl <input type="checkbox"/> Shingle Note: Design Review approval may be required in certain areas.	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGED-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 other unit to get. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Out-let: \$ _____ Note: Design Review approval may be required for rooftop units.	<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 checked="" type="checkbox"/> DRY ROT OR TERMITE <input checked="" type="checkbox"/> DAMAGE REPAIR (Describe locations below) AUG 2005 CITY OF SACRAMENTO Note: Design Review approval may be required in certain areas.	<input type="checkbox"/> MIRROR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # angle _____ <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"/> Water	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMOOD <input type="checkbox"/> PGE *NOTE: Correction Notice items will require an additional building permit
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DESCRIPTION OF WORK: Overlaid and granulated perfecting and sealing systems consisting of 1 smooth and 1 granulated perfecting and sealing systems