



Downtown Permit Center
 1231 I Street, Suite 200
 Sacramento, CA 95814
 Help Line: 1-916-264-5656

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DEPARTMENT
BUILDING DIVISION
www.cityofsacramento.org

North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834
 Inspection: 1-916-808-4677

OWNER BUILDER VERIFICATION

1. Check one below - I or my immediate family (parent, spouse, or child) will perform:

- A - all the work authorized by this permit.
- B - a portion of the work.
- C - none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do:

all of the authorized work.

a portion of the authorized work.

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

3. I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

X Signed: Property Owner [Signature]

Date 4/13/05 Case No. _____ Permit No. 0204930

Job Address 3120 El Rey Wy

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.



CITY OF SACRAMENTO
 PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION

www.cityofsacramento.org

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



Downtown Permit Center 1-916-264-8807
 1231 I Street, Suite 200, Sacramento, CA 95814

North Permit Center 1-916-808-2354
 2101 Arena Blvd., Suite 200, Sacramento, CA 95834

ROOFING QUESTIONNAIRE

Applicant's Name: GunnDAKripps Phone: 916-568-6654
 Project Address: 3120 El Rey Way 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"/> | 40 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: [Signature] Date: 4/13/05

FOR CITY STAFF USE ONLY

Counter Staff

[Signature]

- 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



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Address _____

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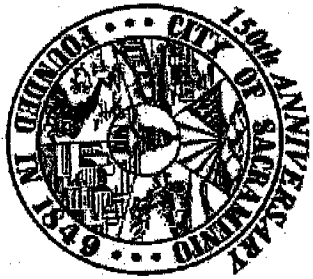
I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

X Signed: Property Owner [Signature]

Date 4/13/05 Case No. _____ Permit No. 0904930

Job Address 3120 El Rey Wy

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265 022 055

DATE: 4/13/05

0504930

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.

Owner Builder

Note: Work started before a Building Permit is issued will be subject to quad fee

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

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

JOB ADDRESS: 3120 El Rey Way

UNIT # _____ CONTRACT PRICE \$ 2025=

CONTACT PERSON: MARK KIKIPPO

CONTACT PHONE: 707-350-0218 License # _____

Property Owner: GARDAS KIKIPPO
Address: 3120 El Rey Way
City/State/Zip: SACRAMENTO, CA 958151308
Phone: 916-568-6654

Contractor: _____
Address: _____
City/State/Zip: _____
Phone: _____ FAX: _____

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

<input type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE # GARAGE <input checked="" type="checkbox"/> # STD KIES: 2 310x <input checked="" type="checkbox"/> # SQUARES 18 59 <input type="checkbox"/> Material: 3 Dia.	<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"/> 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 <p>*NOTE: Correction Notice items will require an additional building permit</p>
<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	Value of duct work: \$ Equipment: \$ Cut-in: \$	<input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below)		
Note: Design Review approval may be required in certain areas.				

DESCRIPTION OF WORK: