



CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION
 WWW.CITYOFSA.CA.GOV
 Help Line: 1-916-808-5858 OR 916-52-PERMIT
 Inexpedition: 1-916-52-7622

Fax # 916-808-1801
 Downtown Permit Center, New City Hall
 911 Street, 3rd Floor, Sacramento, CA 95814

New Permit Center
 280 Arma Blvd, Suite 200, Sacramento, CA 95834

Fax # 116-908-8370



Activity # 0615823 **FAXED PERMIT APPLICATION**
 (certain restrictions apply)

Date: 10.9.06

Faxed request must be received in this office by 3:00 P.M. to be processed the following workday.
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 fine.

\$100.51

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

2003
747-1192
When ready

Job Address: 1001 + 1013 RESIDENTIAL COMMUNDS DR
 Contact Person: EMIN 747-1192
 Property Owner: NEOLITHIC HDH
 Address: 1115 COMMUNDS DR
 City/State/Zip: SAC, CA 95805
 Phone: 916-50052
 Nature of Work: (Provide detailed description of work & indicate type of work in table below)
 Description of Work: TPO flashing cap sheet install 2 SDS w/ 6mil TPO

Unit # _____ Contact Price \$ 8400
 COMMERCIAL (limited)

Contact Phone: Advanced Roof Design
 Contractor: 4 WAUGHET CT #10
 Address: SAC, CA 95809
 City/State/Zip: 381-2200 Fax: 381-2350

<input checked="" type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: _____ <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Shucco <small>*Design Review approval may be required.</small>	<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"/> Spill system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or stack unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of direct work: _____ Equipment: \$ _____ Out-lab: \$ _____ <small>*Design Review approval may be required.</small>	<input type="checkbox"/> Water Heating (Residential Only) <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Re-heat to Gas <input type="checkbox"/> Re-cast <input type="checkbox"/> Dry Rot or Termite Damage Repair (Describe location below) <small>*Design Review approval may be required.</small>	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuit <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 <small>* NOTE: Correction Notice items will require an additional building permit.</small>	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SNAUD <input type="checkbox"/> PG&E
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