

0500340

ROOFING QUESTIONNAIRE

Applicant's name: Watson Roofing Phone: _____

Project Address: 175 Opportunity St Sacto CA 95838

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 type="checkbox"/>	<input type="checkbox"/>	25 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Built up
<input type="checkbox"/>	<input type="checkbox"/>	Foam
<input type="checkbox"/>	<input checked="" 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. There are exposed rafter tails.
 There is no change or cutting proposed to existing rafter tails.
 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: 1-7-24

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 DR/P area

EXPANDED NORTH

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
 1231 I Street, Suite 200 or 2101 Arena Bl., 200
 Sacramento, CA 95814 Sacramento, CA 95834
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY # 0500340 **Insp. Area**

Applicant to complete all areas down to valuation

ADDRESS 175 Opportunity St **Suite** _____
PARCEL # _____

CONTACT		LICENSED CONTRACTOR Lic No. # <u>602298</u>	
Name <u>Jose Luis</u>	Name <u>Watson Roofing</u>	Address <u>3185 Longview Dr.</u>	Address <u>3185 Longview Dr.</u>
Street Address _____	Address _____	City/State/Zip <u>Sacramento Cal 95821</u>	City/State/Zip <u>Sacramento Cal 95821</u>
City/State/Zip _____	City/State/Zip _____	Phone <u>233 9345</u> FAX <u>4816184</u>	Phone <u>4816293</u> FAX _____
Phone _____	Phone _____	E-mail: _____	E-mail: _____
E-mail: _____	E-mail: _____	OWNER	
ARCHITECT/ENGINEER		Name <u>Mel Vail</u>	Name _____
Name _____	Name _____	Address <u>2410 Fair Oak Blvd #220</u>	Address _____
Address <u>N/A</u>	Address _____	City/State/Zip <u>Sacramento Ca 95825</u>	City/State/Zip _____
City/State/Zip _____	City/State/Zip _____	Phone <u>485</u> FAX _____	Phone _____
Phone _____ FAX _____	Phone _____	E-mail: _____	E-mail: _____
E-mail: _____	E-mail: _____		

→ Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** State Fire
 → **WORKER'S COMPENSATION POLICY #** 000692 **EXPIRATION DATE:** 10/1/05

NATURE OF WORK IN DETAIL: Overlay Roof Install one layer of EIK VersaShield and one layer of 245 Gyply system cool roof (single ply) 313 Sq

OCCUPANT/TENANT: _____ **VALUATION: \$** 51,015.00

FLOOD STATUS										S.C.A.T.																								
JOB DESCRIPTION										<input type="checkbox"/> BLDG <input type="checkbox"/> SHELL <input type="checkbox"/> APT. <input type="checkbox"/> TR. <input type="checkbox"/> REM. <input type="checkbox"/> SW <input type="checkbox"/> FIRE <input type="checkbox"/> ADD <input type="checkbox"/> OTHER																								
INSPECTION DISCIPLINES					BLDG					MECH					PLUMB					ELEC					SITE					FIRE				
# Stories	1 st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code		Vio. File		SPR		ALARM						PW		UTIL												
B	L	P	M	E	F	S		D												PW		UTIL												

COMMENTS:

REGIONAL SANITATION FEES? Yes No **HEALTH DEPARTMENT?** Yes No
WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Yes No

924380