

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 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

<b>ACTIVITY #</b> <span style="font-size: 1.5em; font-weight: bold;"># 0500340</span>	<b>Insp. Area</b>
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*Applicant to complete all areas down to valuation*

**ADDRESS** 175 Opportunity St Suite \_\_\_\_\_  
**PARCEL #** \_\_\_\_\_

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

→ 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 Gyp ply system cool roof (single ply) 313 Sq

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

<b>FLOOD STATUS</b>										<b>S.C.A.T.</b>									
JOB DESCRIPTION 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 <input type="checkbox"/>										ELEC <input type="checkbox"/> SITE <input type="checkbox"/> FIRE <input type="checkbox"/>									
INSPECTION DISCIPLINES										FIRE									
# Stories		1 <sup>st</sup> flr Area		Total Area		Use Zone		Occp Group		Const type		Fire Req. Y/N		Fed Code		Vio. File			
												SPR ALARM							
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

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