

19,477

**IN PROGRESS
INSPECTION REQUIRED**

FAXBACK PERMIT APPLICATION

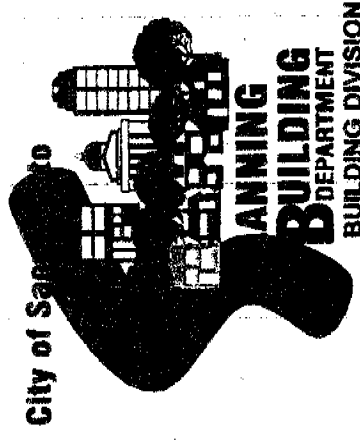
(certain restrictions apply)

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

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL of the following information MUST be provided:

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



Fax # (916) 264-1901

Inspection Request # (916) 264-7622

Credit Card Info on File? Yes No

Job Address: 2810 CASTRO WAY	Contract Price \$ 10,000	Unit #
Parcel Number: 013-0052-009	CONTACT PHONE: 925-8036	
CONTACT PERSON: CAL HOLCOMB	Contractor: TANNER CONSTRUCTION	License # 564354
Property Owner: GILBERT MARTINEZ	Address: P.O. Box 2127	
Address: 2810 CASTRO WAY	City/State/Zip: SACRAMENTO, CA 95818	
City/State/Zip: SACRAMENTO, CA 95818	Phone: 486-8656	
Phone: 806-3332	FAX: 488-1591	

NATURE OF WORK: (Provide detailed description of work & indicate type of work in selections below.)

Description of Work: TEAR OFF EXISTING ROOFING, INSTALL NEW SHEETING CITY OF SACRAMENTO
REROOF WITH 60-YR ELK DIMENSIONAL SHINGLES
JUL 11 2005

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF <input checked="" type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE # SQUARES 499 <input checked="" type="checkbox"/> GARAGE # SQUARES 3+ Material: 60-YR ELK DIMENSIONAL SHINGLES	(Residential ONLY) <input type="checkbox"/> HVAC INSTALLATIONS <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE-OUT <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"/> Fireplace insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ Equipment: \$ Cut-in: \$ * Design Review approval may be required.	(Residential ONLY) <input type="checkbox"/> WATER HEATER <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"/> DRY ROT OR TERMITE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Exterior * Design Review approval may be required. <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE: Correction Notice Items will require an additional building permit.	NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES MINOR ELECTRICAL and/or PLUMBING <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Replacement <input type="checkbox"/> Water Service <input type="checkbox"/> Sewer Service <input type="checkbox"/> Gas Line <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste
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