

CITY OF SACRAMENTO
 PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION
 WWW.CITYOF.SACRAMENTO.CA.GOV
 Help Line: 1-916-264-6668 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
 Fax # 916-264-1901

FAXBACK PERMIT APPLICATION
 (certain restrictions apply)

Faxed request must be received in this office by 3:00 P.M. to be processed the following work day. Contractors must have a current certificate of workers compensation insurance. Work started before a Building Permit is issued will be subject to quad fee.

Permits requiring plan review are not eligible for FAXBACK

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

Credit Card Information on File? Yes No

Job Address: 2130 S. Nicole Valenzuela

Contact Person: Paul Rodde

Property Owner: Paul Rodde

Address: 2130 S. Nicole Valenzuela

City/State/Zip: Sacramento, CA 95817

Phone: 916-715-7150

Nature of Work: Remove 2 roofs, re-sheath, re-roof with Vlyc Comp

PAID
 CITY OF SACRAMENTO
 AUG 04 2005
 RECEIVED

NEIGHBORHOODS, PLANNING
 DEVELOPMENT SERVICES

Residential Commercial (limited)
 Apartments (4+ units per building) Contract Price \$ 9,380.00

Contact Phone: 916-715-7150

Contractor: Tim Jones Roofing #522588

Address: 5300 Layton St, Sacramento, CA

City/State/Zip: Granite Bay, CA 95746

Phone: 916-0408

Description of Work: Remove 2 roofs, re-sheath, re-roof with Vlyc Comp

<p># Stories: <u>1 1/2 story</u></p> <p># Squares: <u>200</u></p> <p>Material: <u>Comp.</u></p> <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</p>	<p>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): Value of duct work: \$ Equipment: \$ Cut-in: \$</p>	<p>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"/> Dry Rot or Termites Damage Repair (Describe Locations Below)</p>	<p>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</p>	<p>Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E</p>
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NOTE:
 Correction Notice items will require an additional building permit.

FAXED
 AUG 04 2005
 BY: _____

PBF10002 APN 010-0082-026