

TRANSMISSION VERIFICATION REPORT

TIME : 08/15/2005 07:49  
 NAME : CITY OF SACRAMENTO  
 FAX : 9168085543  
 TEL : 9168085656  
 SER.# : BROH4J832840

DATE, TIME	08/15 07:48
FAX NO./NAME	93491414
DURATION	00:00:55
PAGE(S)	B4
RESULT	EK
MODE	STANDARD
	ECM

**CITY OF SACRAMENTO  
 CASHIER'S WORKSHEET**

RECEIPT NUMBER: R0515047  
 TRANSACTION DATE: 08/15/2005  
 TRANSACTION AMOUNT: 186.46  
 NOTATION:

APD #: **0512293**  
 SITE ADDRESS: 2592 ERICKSON ST SAC  
 PARCEL: 265-0322-014  
 TYPE: Bldg Minor Permit  
 SUB-TYPE: RES  
 HOUSING: N  
 STATUS: **ISSUED**

Mixed Income Housing  
 Fee Program  
 ??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Cash		186.46

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Total Fee	Prev Pymt
Current	Pymt		

City of Sacramento



# 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:

Fax # (916) 264-1901

Inspection Request # (916) 264-7622

Credit Card Info on File? Yes  No

RESIDENTIAL

APARTMENTS (4+ units per building)

CITY OF SACRAMENTO COMMERCIAL (limited)

Job Address:	2592 ERICKSON ST., SACRAMENTO CA 95815	Contract Price \$	\$4,000.00
Parcel Number:	265-0322-014	CONTACT PHONE:	(916) 349-7541
CONTACT PERSON:	Ethan O'Hagan, Cal State Roofing	Contractor:	Cal State Roofing **
Property Owner:	HOUCK WILLIAM W & BESSIE W	Address:	5997 Devecchi Avenue
Address:	2592 ERICKSON ST	City/State/Zip:	Citrus Heights, CA 95621
City/State/Zip:	SACRAMENTO, CA 95815	Phone:	(916) 349-7541
Phone:	(916) 470-7376	FAX:	(916) 349-1414

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

Description of Work: 1) Remove existing composition roofing system / Install 30lb felt / Install GAF 30-year Dim Comp roofing system per mfg specs / new metal as needed / cleanup / Install seamless gutter

<input checked="" type="checkbox"/> REROOF (excluding tile) <input checked="" type="checkbox"/> TEAR-OFF RESHEET <input checked="" type="checkbox"/> HOUSE 13 # SQUARES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3+ # Stories Material: 3-COMP	(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 TERMITES DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Mud sill/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.	(Residential ONLY) MINOR ELECTRIC and/or MINOR 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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# ROOFING QUESTIONNAIRE

Applicant's name: Ethan O'Hagan, Cal State Roofing Phone: (916) 349-7541

Project Address: 2592 ~~ERICKSON ST.~~, SACRAMENTO CA 95815

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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 30-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 type="checkbox"/> | <input type="checkbox"/> | Built up |
| <input type="checkbox"/> | <input type="checkbox"/> | Foam     |
| <input type="checkbox"/> | <input 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. (If located in Alhambra Corridor, Oak Park, Central City or applicant proposes replacement of ogee with fascia in any DR area, route to DR staff).
- 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. (If checked and project address is in any DR area route to DR staff).

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: Ethan O'Hagan Date: 08/12/05

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