



CITY OF SACRAMENTO  
 DEVELOPMENT SERVICES DIVISION  
 FAXED PERMIT APPLICATION (certain restrictions apply)  
 Fax # 916-264-1901

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

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

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

JOB ADDRESS: 4977 Leavitt Way UNIT # \_\_\_\_\_ CONTRACT PRICE \$ 3375.00

CONTACT PERSON: Ed Gonzalez CONTACT PHONE: 837-0223

Property Owner: Belinda Walker Contractor: M & Roo Five License # 582444  
 Address: 4977 Leavitt Way City/State/Zip: Sacramento CA 95823  
 City/State/Zip: Sacramento CA 95823 Phone: 769-4413 Phone: 889-3175 FAX: same

NATURE OF REQUEST: \_\_\_\_\_ Indicate from the selections below & provide details under description of work.

<input checked="" type="checkbox"/> REROOF (including tile) <input type="checkbox"/> TEAR-OUT <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> ROUSE <input checked="" type="checkbox"/> GARGOYLE <input checked="" type="checkbox"/> or STAIRS Material: <u>asph/flt</u> <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horz <input type="checkbox"/> vert <input type="checkbox"/> stucco Note: Design Review approval may be required in certain areas.	<input type="checkbox"/> 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"/> Rental mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or chld. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____ Note: Design Review approval may be required for rooftop units.	<input type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to GAS <input checked="" type="checkbox"/> BREAKDOWN OF SACRA <input type="checkbox"/> New <u>ALL 1.3.2009</u> Re-wire NEIGHBORHOODS PLANNING <input type="checkbox"/> DRY ROOF DAMAGE REPAIR (Describe locations below)	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric service <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	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PGR *NOTE: Correction Notice items will require an additional building permit
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DESCRIPTION OF WORK: Re-roof existing with 30 year architectural shingles. 2009