

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:

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

Fax # (916) 264-1901

Inspection Request # (916) 264-7622

Credit Card Info on File? Yes No

Job Address: 8408 GARIBOLDI WAY SACRAMENTO

Parcel Number: 078-0772-010

CONTACT PERSON: JOHN ZUMWALT

Property Owner: BAKERLY VAN SAUTEN

Address: 8408 GARIBOLDI WAY

City/State/Zip: SACRAMENTO, CA 95826

Phone: 916 383-1020

Contract Price \$ 10,100.00

CONTACT PHONE: 916-978-9600

Contractor: ZUMWALT AND ASSOCIATES

Address: 4991 PASADENA AVENUE

City/State/Zip: SACRAMENTO, CA 95841

Phone: 916-978-9660

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

PAID CITY OF SACRAMENTO

Description of Work: TEAR OFF AND DISPOSE OF EXISTING SINGLE LAYER SHAKE ROOFING. ROOF WITH REINFORCED LAND MARK SEWER 30 YEAR COMPOSITION SHINGLES.

<input checked="" type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> GARAGE HOUSE # SQUARES 33 # Stories 1 Material: REINFORCED LANDMARK SEWER 30 YEAR COMPOSITION SHINGLES.	<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: \$	<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 TERMITTE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Mud/sill/Studs <input type="checkbox"/> Exterior <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E	<input type="checkbox"/> MINOR ELECTRIC 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
---	--	---	--

* Design Review approval may be required.

* Design Review approval may be required.

*NOTE: Correction Notice items will require an additional building permit.

IVR Faxback Permit updated 12/09/01

OS/1/4/21
Area 3