

CITY OF SACRAMENTO

Downtown - New City Hall
915 I Street, 3rd Floor
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd, Suite 200
Sacramento, CA 95834

****PRELIMINARY****
FEE SUMMARY
FOR PERMIT #0616407
Bldg Minor Permit
as of 10-20-2006 Permit Status: APPLIED

Site Address: 716 28TH ST SAC
Parcel No: 003-0202-002
Thomas Bros: 297F4

CONTRACTOR
THE ROOFING CO
7516 CIRCUIT DR
CITRUS HEIGHTS, CA 95610
Phone: 916-721-3935

OWNER
WILLS KATHLEEN E
716 28TH ST
SACRAMENTO, CA 95816
Phone: 916-443-9144

ARCHITECT

Phone:

Nature of Work: REROOF T/O RESHEET INSTALL 24 SQS 30 YR DIM COMP

Permit Valuation: \$7,850.00
Square Footage: 0

Fee Details

Class #	Description	Item #	Total Fee	Prev Pymt	Balance Due
200	Permit--Building-Res	1100	175.00	.00	175.00
206	City Business Oper Tax	1730	3.14	.00	3.14
207	Strong Motion (SMI)	1600	.79	.00	.79
213	General Plan Surcharge	1760	4.72	.00	4.72
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00
			TOTAL FEES		\$190.65
			Payments		\$0.00
PRELIMINARY			BALANCE DUE		\$190.65



0616408

Call

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

FAXED PERMIT APPLICATION (certain restrictions apply)
Fax # 916-264-1901

Filed 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 quad fee

DATE: 10-20-06

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

JOB ADDRESS: 2965-23rd-Street, Sacramento

UNIT #

⇒ CONTACT PRICE \$ 3,400.00

⇒ CONTACT PERSON: ALEX ENGARDT ROOFING & SIDING CO. ⇒ CONTACT PHONE: (916) 452-7341

Property Owner: SAK SHINTAKU
 Address: 2965-23rd-Street
 City/State/Zip: Sacramento, CA 95818
 Phone: (916) 451-0681

Contractor: ALEX ENGARDT ROOFING & SIDING License # 241602
 Address: 7700-14th-Avenue
 City/State/Zip: Sacramento, CA 95820
 Phone: 452-7341 FAX: 452-2479

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

<input checked="" type="checkbox"/> REROOF (including sh) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE REAR FLAT SECTION ONLY. SQUARES 359. Material: built-up capsheet 	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <ul style="list-style-type: none"> <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"/> Out-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) 	<input type="checkbox"/> WATER HEATER (residential ONLY) <ul style="list-style-type: none"> <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"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <ul style="list-style-type: none"> <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 	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (residential and single apartment units ONLY) <ul style="list-style-type: none"> <input type="checkbox"/> SMUD <input type="checkbox"/> PGE
<input type="checkbox"/> SIDING <ul style="list-style-type: none"> <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Hardz <input type="checkbox"/> vinyl <input type="checkbox"/> aluminum 	Value of work: \$ _____ Equipment: \$ _____ Cont-in: \$ _____	<input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below)		

Note: Design Review approval may be required in certain areas.

Note: Design Review approval may be required for rooftop units.

Note: Design Review approval may be required for re-landscaping.

DESCRIPTION OF WORK: RESIDENTIAL, REROOF, FLAT REAR PORTIONS ONLY. 3 sqs. TEAR OFF AND INSTALL BUILT-UP CAPSHEET ROOFING.