

City of Sacramento

0508420

FAXBACK PERMIT APPLICATION

(certain restrictions apply)



PLANNING & BUILDING DEPARTMENT

BUILDING DIVISION

Fax # (916) 264-1901

Inspection Request # (916) 264-7622

Credit Card Info on File? Yes No

RESIDENTIAL

APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Unit #

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:

Job Address: 412 Dimental Way

Parcel Number: 031-1170-090

Contract Price: \$18,500.00

CONTACT PERSON: Anna Gonzalez

CONTACT PHONE: 455-3467

Property Owner: Hudson Vitale

Contractor: Zimmerman Roofing

Address: 412 Dimental Way

Address: 3075 R Street

City/State/Zip: Sacramento CA 95811

City/State/Zip: Sacramento CA 95831

Phone: 424-4108

Phone: 924-2462

License # 7163469

FAX: 455-3784

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

Description of Work: Roof photo of 12 Shakes the roof is for Moss C. Heavy Shakes

<input checked="" type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> GARAGE <input checked="" type="checkbox"/> HOUSE # Stories: <u>2</u> # SQUARES: <u>3+</u> Material: <u>Moss C Heavy Shakes</u>	<input type="checkbox"/> HVAC INSTALLATIONS (Residential ONLY) <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"/> Culti-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: \$ Culti-in: \$ * Design Review approval may be required.	<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 TERMITE DAMAGE REPAIR <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior <input type="checkbox"/> Mud sill/Struds <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.	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-write 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 IWR Faxback Permit updated 12/09/01
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* Design Review approval may be required.