



PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION

Fax # (916) 264-1901

Inspection Request # (916) 264-7522

Credit Card Info on File? Yes No

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)

Job Address: 27 Wintermist Ct	Contract Price \$ 6,000	Unit #
Parcel Number: 031-0630-012	CONTACT PHONE: 454-3667	
CONTACT PERSON: Alma Gonzalez	Contractor: Zimmachna Le Roofing	License # 76316A
Property Owner: Mary Valenzuela	Address: 3615 R Street	
Address: 27 Wintermist Ct	City/State/Zip: Sacramento Calif	95816
City/State/Zip: Sac Calif 95831	Phone: 454-3667	FAX: 455-3784
Phone: 394-0516		

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

Description of Work: Roof pitch 4/12 Single Fam Res
Roof shakes Re-roof w 30 yr O.C. Comp

<input checked="" type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE # Stories: <u>20</u> # SQUARES: <u>2</u> 3+ Material: <u>30 yr O.C. Comp</u>	(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"/> C-Unit <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: \$ Cat-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"/> Mud/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior * Design Review approval may be required.	(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
<input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco * Design Review approval may be required.	*NOTE: Correction Notice items will require an additional building permit. IPR Faxback Permit updated 12/05/01		