



DATE: 8-1-05

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

Faxed 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 grand fee.

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

JOB ADDRESS: 1608-54th-Street, Sacramento

UNIT # \_\_\_\_\_ CONTRACT PRICE \$ 7,200.00

PROPERTY OWNER: JUDY STANSBURY  
ADDRESS: 1608-54th-Street  
CITY/STATE/ZIP: SACRAMENTO, CA 95819  
PHONE: (916) 451-6333

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CONTRACTOR: ALEX ENGARDT ROOFING & SIDING CO.  
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 type="checkbox"/> ROOF (including sh) REPAIR-OFF <input checked="" type="checkbox"/> RESHET <input type="checkbox"/> HOUSE GARAGE SQUARES 1689.	<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"/> Roof mount <input type="checkbox"/> Out-Gr <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) <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) <input type="checkbox"/> Electric Service Change # range _____ <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) <input type="checkbox"/> SMOUD <input type="checkbox"/> PGE *NOTE: Correction Notice tickets will require an additional building permit
<input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> DT-111 <input type="checkbox"/> D11ont <input type="checkbox"/> D11ony1 <input type="checkbox"/> D111000	<input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below) Note: Design Review approval may be required for rooftop units. Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____	Note: Design Review approval may be required for rooftop units.	Note: Design Review approval may be required for rooftop units.	

DESCRIPTION OF WORK: RESIDENTIAL, REROOF, TEAR OFF AND INSTALL NEW PLYWOOD SHEATHING AND DIMENSIONAL COMPOSITION SHINGLES. 1689.