



Fax # (916) 264-1901

### 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 #

0509900  
Area 3

Job Address: 6301 SAN FRANCISCO BLVD. Contract Price \$ 3205

Parcel Number: 021-0033-013 CONTACT PHONE: 719-6944

CONTACT PERSON: JESU HOFF Contractor: California Roofing License # 793951

Property Owner: GARY SAN FRANCISCO BLVD. Address: 4848 KODING License # 8628 7676767676

Address: 5301 SAN FRANCISCO BLVD. City/State/Zip: ELI GARDNER CA. 95820 95824

City/State/Zip: SAC CA. 95820 Phone: 399-0216 FAX: 682-0867

Phone: 456-4140

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

Description of Work: Over top existing roof with 30 yr dimensional comp

<input checked="" type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> GARAGE <input checked="" type="checkbox"/> HOUSE # SQUARES <u>2</u> 3+ Stories: <u>2</u> Material: <u>30 yr comp</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"/> Cui-h <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Fire Place insert <input type="checkbox"/> Other (describe below) Value of duct work: \$ Equipment: \$ Out-let: \$ * Design Review approval may be required.	<input type="checkbox"/> WATER HEATER <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"/> Roof Structure <input type="checkbox"/> Exterior * Design Review approval may be required. <input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION * (Residential and single apartment units ONLY) <input type="checkbox"/> PG&E <input type="checkbox"/> SMUD *NOTE: Correction Notice items will require an additional building permit.	(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 W/R Faxback Permit updated 12/09/01
<input type="checkbox"/> SIDING <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vert <input type="checkbox"/> Stucco	* Design Review approval may be required.		