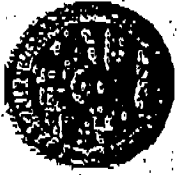


BP10001

1003

Reeds called



**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DEPARTMENT**  
 BUILDING DIVISION  
 3000 CITY OF SACRAMENTO, CA 95814  
 Help Line: 1-916-808-6658 OR 1-800-EZ-PERMIT  
 Inspection: 1-916-808-7022



Downtown Permit Center, New City Hall  
 9161 Street, 3rd Floor, Sacramento, CA 95814

North Permit Center  
 2101 Arden Blvd., Suite 200, Sacramento, CA 95834

Fax # 916-808-4370

Activity # 0615827 FAXED PERMIT APPLICATION

(certain regulations apply)

Date: 10.9.6

*Exceed requests must be received in this office by 3:00 P.M. to be processed the following workday.*  
*Note: Contractors must have a current certificate of Worker's Compensation Insurance.*

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

*Work started before a Building Permit is issued will be subject to a fine.*

*\$100.51*

*NOTICE: Work started before a Building Permit is issued will be subject to a fine.*

Job Address: 1115 + 1117 CUMMINGS DR

Contact Person: EMIN VIK 747-1192

Property Owner: NEPENTHE HDN

Address: 1115 CUMMINGS DR

City/State/Zip: SAL. CA. 95825

Phone: 275-0082

Nature of Work: (Provide detailed description of work & indicate type of work in relations below)

Description of Work: T/O existing asphalt install

Unit # \_\_\_\_\_ Contract Price \$ 8400

Contact Phone: \_\_\_\_\_

Contractor: ADVANCED ROOF DESIGN

Address: 410 AVENUE CT. #10

City/State/Zip: SAL. CA. 95829

Phone: 381-2246 Fax: 381-2356

585 60mill TPO

<input checked="" type="checkbox"/> Renof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage <input type="checkbox"/> Storages <input type="checkbox"/> Squares: _____ Material: <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Shesco	<input type="checkbox"/> HVAC Ins allations Residential Only <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"/> Cur-in <input type="checkbox"/> Heat pump or elctd. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Cur-in: \$ _____	<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"/> Dry Rot or Termite <input type="checkbox"/> Damage Repair (Describe Location Below)	<input type="checkbox"/> Minor Electric and/or Minor Plumbing Residential Only <input type="checkbox"/> Electric Service Change # amper <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 quarters units Only <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E
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\*Design Review approval may be required.

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\* NOTE: Correction Notice Items will require an additional building permit.

BP10001