



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 a fine.

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

JOB ADDRESS: 2231 - 11th - Avenue, Sacramento UNIT # 1-10 CONTRACT PRICE \$ 27,800.00  
 RESIDENTIAL APARTMENTS (4+ units per building)  COMMERCIAL (Market)  
 CONTACT PERSON: ALEX ENGARDT ROOFING & SIDING CO.  CONTACT PHONE: (916) 452-7341

Property Owner: HEINRICH PROPERTY MANAGEMENT  
 Address: 2614 - I - Street, Sacramento, CA 95814  
 City/State/Zip: Sacramento, CA 95814  
 Phone: (916) 446-2298

Contractor: ALEX ENGARDT ROOFING & SIDING CO. License # 241602  
 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 checked="" type="checkbox"/> REROOF (existing sh) XADRYEAR-OFF <input checked="" type="checkbox"/> ROOF RESHEAT <input type="checkbox"/> BOISE <input type="checkbox"/> GARAGE 10-unit apartment bldg. requires 47sq. Measure: dimensional composition shingles/plywood sheathing	<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"/> Outside <input type="checkbox"/> Heat pump or elect. wall to gas. <input type="checkbox"/> Well/furnace <input type="checkbox"/> Other (describe below) Value of work: \$ _____ Equipment: \$ _____ Unit-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 TERMITES DAMAGE REPAIR (Describe locations below)	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # single _____ <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 operations only ONLY) <input type="checkbox"/> DSMUD <input type="checkbox"/> DPGE *NOTE: Correction Notice items will require an additional building permit
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Note: Design Review approval may be required in certain areas.  
 Note: Design Review approval may be required for roofing units.  
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DESCRIPTION OF WORK: REROOF. COMMERCIAL. 3-story APARTMENT BUILDING (10 units) TEAR OFF, INSTALL NEW PLYWOOD SHEATHING AND DIMENSIONAL COMPOSITION SHINGLES 47sqg.