

CITY OF SACRAMENTO

Downtown - New City Hall  
915 I Street, 3rd Floor  
Sacramento, CA 95814

North Permit Center  
2101 Arena Blvd, Suite 200  
Sacramento, CA 95834

**\*\*PRELIMINARY\*\***  
**FEE SUMMARY**  
**FOR PERMIT #0616363**  
**Bldg Minor Permit**  
**as of 10-20-2006 Permit Status: APPLIED**

Site Address: 945 AZUSA ST SAC  
Parcel No: 274-0083-019  
Thomas Bros: 277D6

CONTRACTOR  
DANIEL BALDWIN  
2918 TILBURY WY  
ROSEVILLE CA 95661  
Phone: 916-773-4237

OWNER  
WINDMILLER LARRY G & EDITH M  
945 AZUSA ST  
SACRAMENTO, CA 95833  
Phone: 916-925-3882

ARCHITECT  
  
Phone:

**Nature of Work:** REROOF T/O RESHEET INSTALL 16.28 SQS OSB PLYWOOD, 30 LB  
FELT 30 YR COMP

Permit Valuation: \$4,000.00  
Square Footage: 0

**Fee Details**

| Class # | Description              | Item # | Total Fee | Prev Pymt | Balance Due |
|---------|--------------------------|--------|-----------|-----------|-------------|
| 200     | Permit--Building-Res     | 1100   | 175.00    | .00       | 175.00      |
| 206     | City Business Oper Tax   | 1730   | 1.60      | .00       | 1.60        |
| 207     | Strong Motion (SMI)      | 1600   | .50       | .00       | .50         |
| 213     | General Plan Surcharge   | 1760   | 2.36      | .00       | 2.36        |
| 259     | Bldg-Technology Surcharg | 1750   | 7.00      | .00       | 7.00        |

**TOTAL FEES .....: \$186.46**  
**Payments .....: \$0.00**

**\*\*PRELIMINARY\*\* BALANCE DUE .....: \$186.46**



Please send me 713-4237 when ready for pick up. Thanks!!!

Fax # 916-808-1801 Downtown Permit Center, New City Hall  
915 I Street, 3rd Floor, Sacramento, CA 95814

North Permit Center  
2101 Arena Blvd, Suite 200, Sacramento, CA 95834

Fax # 916-808-8370

City of Sacramento  
PLANNING & BUILDING DEPARTMENT  
BUILDING DIVISION  
www.cityofsacramento.org  
Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT  
Inspection: 1-916-808-7822



Activity # 0616363

FAXED PERMIT APPLICATION

(certain restrictions apply)

Date: 10-19-06

Faxed request 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.

Note: Work started before a Building Permit is issued will be subject to a grade fee.

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

Job Address: 945 Azusa St.  
Contact Person: Dan Baldwin  
Property Owner: Larry & Edith Dimmiller  
Address: 945 Azusa St  
City/State/Zip: Sacramento, CA 95833  
Phone: 925-3882

Unit # 4000  
Contractor: Dan Baldwin  
Address: 1829 Feather Garden Ln  
City/State/Zip: Roseville, CA 95661  
Phone: 773-4237  
Fax: 773-4237

Nature of Work: (Provide detailed description of work & indicate type of work in selections below)  
Description of Work: REMOVE EXISTING ROOF LAYERS (2), install 7/16 OSB plywood, 30 lb. 1/2" 4x8

|   |  |   |  |  |  |  |  |   |  |
|---|--|---|--|--|--|--|--|---|--|
| <input checked="" type="checkbox"/> Reroof (excluding tile)<br><input type="checkbox"/> Tear-Off<br><input checked="" type="checkbox"/> Resheet<br><input type="checkbox"/> Garage<br># Stories: <u>1</u><br># Squares: <u>16,28</u><br>Material: <u>Camp</u> |  | <input type="checkbox"/> HVAC Installations (Residential Only)<br><input type="checkbox"/> Change-out<br><input type="checkbox"/> Heat Pump Package<br><input type="checkbox"/> Split system<br><input type="checkbox"/> Roof mount<br><input type="checkbox"/> Out-in<br><input type="checkbox"/> Heat pump w/ elec. unit to gas, Wall furnace<br><input type="checkbox"/> Other (describe below)<br>Value of total work: \$ _____<br>Equipment: \$ _____<br>Cull-in: \$ _____ |  | <input type="checkbox"/> Water Heater (Residential Only)<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Electric<br><input type="checkbox"/> Change-out<br><input type="checkbox"/> Electric to Gas<br><input type="checkbox"/> Kellogg<br><input type="checkbox"/> New<br><input type="checkbox"/> Dry Rot or Termite Damage Repair (Describe Locations Below) |  | <input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only)<br><input type="checkbox"/> Electric Service Change # amps<br><input type="checkbox"/> New electric circuits<br><input type="checkbox"/> Re-write<br><input type="checkbox"/> Water Service Replacement<br><input type="checkbox"/> Sewer Service Replacement<br><input type="checkbox"/> Gas Line Replacement<br><input type="checkbox"/> Re-plumb<br><input type="checkbox"/> Water<br><input type="checkbox"/> Waste |  | <input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units only)<br><input type="checkbox"/> SMUD<br><input type="checkbox"/> PG&E |  |
|---|--|---|--|--|--|--|--|---|--|

NOTE: Correction Notice items will require an additional building permit.

Camp.

# ROOFING QUESTIONNAIRE

Applicant's name: Baldwin Roofing Phone: 773-4237

Project Address: 945 Azusa St.

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

## 1. ROOFING TYPE

a.  The existing roofing material is composition shingle, wood shake or shingle, tile or metal. The new roofing material shall be:

- | Existing                 | Proposed                            |  |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30 year laminated dimensional composition              |
| <input type="checkbox"/> | <input type="checkbox"/>            | wood shake or shingle                                  |
| <input type="checkbox"/> | <input type="checkbox"/>            | tile   |
| <input type="checkbox"/> | <input type="checkbox"/>            | metal that simulates one of the above listed materials |

b.  The existing roofing material is built up, foam or membrane with a roof pitch of 2:12 or less. The new roofing material shall be:

- | Existing                 | Proposed                 |          |
|--------------------------|--------------------------|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | Built up |
| <input type="checkbox"/> | <input type="checkbox"/> | Foam     |
| <input type="checkbox"/> | <input type="checkbox"/> | Membrane |

## 2. GUTTERS

a.  The existing gutters are fascia gutters.

- There is no change proposed to existing gutters.
- New fascia gutters shall be provided.
- Gutters shall be repaired and/or replaced to match existing.

b.  The existing gutters are Ogee gutters.

- There is no change proposed to existing gutters.
- New Ogee gutters shall be provided.
- Gutters shall be repaired and/or replaced to match existing.

c.  There are no existing gutters.

- No new gutters are proposed.
- New Ogee gutters shall be provided.

## 3. RAFTER TAILS

a.  There are no exposed rafter tails.

b.  There are exposed rafter tails.

- There is no change or cutting proposed to existing rafter tails.
- Rafter tails shall be repaired and replaced to match existing.

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: [Signature] Date: 10-19-06

For City Staff use only

Counter Staff

- In a DR District Meets DR criteria?  Yes  No (route to DR staff)
- In a P area or listed (route to P staff)
- Not in DR/P area

\\USC23\Share\procedures\ChecklistRoofing.rpt

TOTAL P.01