



Please contact Wendi @ 773-4237 when permit is ready.

DATE: 7-5-06

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION  
FAXED PERMIT APPLICATION (certain restrictions apply)

0610125  
\$187.21

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:

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

JOB ADDRESS: 1013 Divera Wy.

UNIT #

CONTRACT PRICE \$

4,395.00

CONTACT PERSON: Wendi Baldwin

CONTACT PHONE: 773-4237

Property Owner: Dorothy Mullins

Address: 1013 Divera Wy.

City/State/Zip: Sacramento, Ca. 95815

Phone: 916-925-6219

Contractor: Baldwin Roofing

Address: 2918 Tibury Wy.

City/State/Zip: Roseville, Ca. 95661

Phone: 916-773-4237 FAX: 916-782-7663

License # 766967

NATURE OF REQUEST:

Indicate from the selections below & provide details under description of work.

REROOF (excluding tile)

TEAR-OFF RESHEET

HOUSE GARAGE

#SQUARES 14

Material: 30 yr. comp.

SIDING

wood

T-111

Horiz

vinyl

slat

Note: Design Review approval may be required in certain areas.

HVAC INSTALLATIONS (residential ONLY)

CHANGE-OUT

NEW

Heat Pump

Package

Split system

Roof truss

Cut-in

Heat pump or elect. unit to gas.

Wall furnace

Other (describe below)

Value of eqpt work: \$

Equipment: \$

Cut-in: \$

Note: Design Review approval may be required for rooftop units.

WATER HEATER (residential ONLY)

GAS

ELECTRIC

Change-out

Electric to Gas

Relocate

New

DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below)

Note: Design Review approval may be required in certain areas.

MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY)

Electric Service Change # amps

New electric circuits

Re-wire

Water Service Replacement

Sewer Service Replacement

Gas Line Replacement

Re-plumb

Water

Waste

Note: Design Review approval may be required in certain areas.

PUBLIC UTILITIES SAFETY INSPECTION\* (Residential and single apartment units ONLY)

SMOOD

PGE

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

DESCRIPTION OF WORK:

Removal of 3 existing layers install 30 yr. comp. + with glass install 716 OSB, install 30 lb. felt.

CITY OF SACRAMENTO

P. 1  
1231 I Street, Suite 200  
Sacramento, CA 95814



www.cityofsacramento.org

Help Line: 1-916-808-5556 OR 1-866-EZ-PERMIT  
Inspection: 1-916-808-7622

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

(808-8370 fax)

ROOFING QUESTIONNAIRE

Applicant's Name: Baldwin Roofing Phone: 773-4237  
Project Address: 1013 Olivera Wy. Phone: 925-6219

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 will 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 new roofing material will 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 no existing gutters.

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

Applicant's signature: [Signature]

Date: 7-5-06

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 a DR or P area