

TRANSMISSION VERIFICATION REPORT

TIME : 03/21/2006 11:26
NAME : CITY OF SACRAMENTO
FAX : 9168085543
TEL : 9168085656
SER.# : BROH4J832840

DATE, TIME 03/21 11:25
FAX NO./NAME 97217585
DURATION 00:01:32
PAGE(S) 04
RESULT OK
MODE STANDARD
ECM

Parsons

CITY OF SACRAMENTO
CASHIER'S WORKSHEET

RECEIPT NUMBER: R0604513
TRANSACTION DATE: 03/21/2006
TRANSACTION AMOUNT: 191.75
NOTATION:

Jeay
ISSUED
CITY OF SACRAMENTO
MAR 21 2006

APD #: 0603810
SITE ADDRESS: 2740 GREYMERE WY SAC
PARCEL: 225-0327-020

**DOWNTOWN PERMIT
CENTER**

TYPE: Bldg Minor Permit
SUB-TYPE: RES
HOUSING: N
STATUS: ISSUED

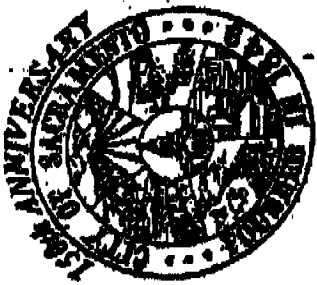
Mixed Income Housing
Fee Program
??

TRANSACTION LIST

Type	Method	Description	Pymt Amount
Payment	Credit C	TEETER	191.75

RECEIPT ACCOUNT ITEM LIST

Class #	Description	Item #	Total Fee	Prev Pymt	Current Pymt
200	Permit--Building-Res	1100	175.00	.00	175.00
206	City Business Oper Tax	1730	3.55	.00	3.55
207	Strong Motion (SMI)	1600	.89	.00	.89
213	General Plan Surcharge	1760	5.31	.00	5.31
259	Bldg-Technology Surcharg	1750	7.00	.00	7.00



Page #1 of 2 pages

working on design review paperwork

DATE: 3/20/06

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

Fax # 916-264-1901

Form 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 grand fee

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

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

JOB ADDRESS: 2740 - Greyrose Dr. UNIT # _____ CONTRACT PRICES 8884.00 ^{for doc}

CONTACT PERSON: Conny Bourles CONTACT PHONE: 916-870-4771

Property Owner: Horne Phelan Properties License # 1916327
Address: 5896 Southland Park Drive
City/State/Zip: Sacto Ca - 95822
Phone: 916-489-1805 - Cilean

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<p><input checked="" type="checkbox"/> RE-ROOF (including the)</p> <p><input checked="" type="checkbox"/> TEAR-OFF</p> <p><input type="checkbox"/> KERFSHEET</p> <p><input checked="" type="checkbox"/> HOUSE</p> <p><input checked="" type="checkbox"/> GARAGE</p> <p># STB. KINGS: 1</p> <p>SQUARES 262 -</p> <p>Material: <u>Horse - 30lb felt</u></p> <p>630 sq ft Comp - (Dimensional)</p> <p><input type="checkbox"/> Patio - 1) Design Sheet Tough cap sheet</p> <p><input type="checkbox"/> SIDING</p> <p><input type="checkbox"/> wood</p> <p><input type="checkbox"/> T-111</p> <p><input type="checkbox"/> Plastic</p> <p><input type="checkbox"/> vinyl</p> <p><input type="checkbox"/> others</p> <p>Note: Design Review approved may be required in certain areas.</p>	<p><input type="checkbox"/> HVAC INSTALLATIONS (public-use ONLY)</p> <p><input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW</p> <p><input type="checkbox"/> Heat Pump</p> <p><input type="checkbox"/> Packings</p> <p><input type="checkbox"/> Split system</p> <p><input type="checkbox"/> Roof mount</p> <p><input type="checkbox"/> Ch-in</p> <p><input type="checkbox"/> Heat pump or ext. unit to get.</p> <p><input type="checkbox"/> Wall furnace</p> <p><input type="checkbox"/> Other (describe below)</p> <p>Value of duct work: _____</p> <p>Equipment: 3</p> <p>Costs: _____</p> <p>Note: Design Review approved may be required for rooftop units.</p>	<p><input type="checkbox"/> WATER HEATER (public-use ONLY)</p> <p><input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC</p> <p><input type="checkbox"/> Change-out</p> <p><input type="checkbox"/> Electric to Gas</p> <p><input type="checkbox"/> Radiant</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR (Describe locations below)</p> <p>Note: Design Review approved may be required in certain areas.</p>	<p><input type="checkbox"/> MINOR ELECTRIC AND/OR MINOR PLUMBING (public-use ONLY)</p> <p><input type="checkbox"/> Electric Service Upgrade</p> <p><input type="checkbox"/> New electric circuits</p> <p><input type="checkbox"/> Re-wire</p> <p><input type="checkbox"/> Water Service Replacement</p> <p><input type="checkbox"/> Sewer Service Replacement</p> <p><input type="checkbox"/> Gas Line Replacement</p> <p><input type="checkbox"/> Re-plumb</p> <p><input type="checkbox"/> Water</p> <p><input type="checkbox"/> Vent</p>	<p><input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTIONS (Public-use and single apartment units ONLY)</p> <p><input type="checkbox"/> SMUD</p> <p><input type="checkbox"/> PGE</p> <p>*NOTE: Correction Notice items will require an additional building permit</p>
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DESCRIPTION OF WORK: House - Tearoff comp - install 1 layer 30lb felt + 30 years Dimensional Composition shingles
Patio - Tearoff Comp - install 1 layer 7 lb fiberglass liner sheet

Expend. \$10 for call 3/10/06

attn - Florence



CITY OF SACRAMENTO

www.cityofsacramento.org
Help Line: 1-916-808-8888 OR 1-800-62-PERMIT
Inspection: 1-916-808-7822

Downtown Permit Center
1221 I Street, Suite 200
Sacramento, CA 95814

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

ROOFING QUESTIONNAIRE

Applicant's Name: Parsons Roofing Co Phone: 916-870-4771
Project Address: 2740 GREYMERE Phone:

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
30 year laminated dimensional composition
Wood shake or shingle
Tile
Metal that simulates one of the above listed materials

- b. The new roofing material will be:
Existing Proposed
Built up
Foam
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: Laurie E Bonds Date: 3/21/06

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

Roofing_questionnaire_form - 04/2005