JUL-14-06 09:08 AM RON GREEN DEV SVC'S CITY OF ..... > 916 638 7705 Jul 14 2006 08:32am P001/001 P.01

CCO, PLS. COMPLETE PROCESS. TX!

#610683
$191.81

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
BUILDING DIVISION
www.cityofsacramento.org
Help Line: 1-916-264-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-4877

Downtown Permit Center 1-916-264-5507
1231 I Street, Suite 200, Sacramento, CA 95814

North Permit Center 1-916-808-7364
2101 Arena Blvd., Suite 200, Sacramento, CA 95834

Fax # 916-264-1901

FAXBACK PERMIT APPLICATION

(certain restrictions apply)

Faxed request must be received in this office by 3:00 P.M. to be processed the following work day. Contractors must have a current certificate of Worker's Compensation Insurance. Work started before a Building Permit is issued will be subject to quadfee.

Permits requiring plan review are not eligible for FAXBACK

In order to process this request, ALL the following information MUST be provided:

Credit Card Information on File? ☐ Yes ☐ No ☒ Residential ☐ Apartments (4+ units per building) ☐ Commercial (limited)

Job Address: 6777 Freehaven Dr Unit # Contract Price $ 9000.00

Contact Person: Jennifer Osborne Contact Phone: 284-8248

Property Owner: Jennifer Osborne Contractor: JP Construction License # 742951

Address: 6777 Freehaven Dr Address 2351-Sunset Blvd Suite 170-506

City/State/Zip: Sacramento City/State/Zip: Rocklin, Ca 95765

Phone: 427-5144 Phone: 284-8248

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

Description of Work: Tear off re sheeting

☐ Reroof (excluding tile)
☒ Tear-Off
☒ Resheet
☒ House ☐ Garage
Stories: 1
Squares: 28
Material: 30 Dim.
☐ Siding
☐ Wood
☐ T-111
☐ Horiz
☐ Vinyl
☐ Stucco

* Design Review approval may be required.

☐ HVAC Installations
(Residential Only)
☐ Change-out ☐ New
☐ Heat Pump
☐ Package
☐ Split system
☐ Roof mount
☐ Cut-in
☐ Heat pump or elect. unit to gas.
☐ Wall furnace
☐ Other (describe below)
Value of duct work:
Equipment: $
Cut-in: $

* Design Review approval may be required.

☐ Water Heater
(Residential Only)
☐ Gas ☐ Electric
☐ Change-out
☐ Electric to Gas
☐ Relocate
☐ New
☐ Dry Rot or Termite Damage Repair
(Describe Locations Below)

* Design Review approval may be required.

☐ 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

☐ Public Utilities Safety Inspection
(Residential and single apartment units Only)
☐ SMUD
☐ PG&E

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

PBF10002

Development Services
We Help Build A Great City

CITY OF SACRAMENTO

www.cityofsacramento.org
Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-7622

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

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

ROOFING QUESTIONNAIRE

Applicant's Name: JP Construction Phone: 284-8248

Project Address: 6777 - Foxchaven Dr. Phone: 427-5144

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: [signature] Date: 7-14-06

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