0615910 $192.80 Called

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)
Fax # 916-~~264-1901~~ 808-8370

DATE: 10-11-06

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 quad fee

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

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

JOB ADDRESS: 5230 - H - Street, Sacramento **UNIT #** ____ ⇒ **CONTRACT PRICE $** 9,800.00

⇒ **CONTACT PERSON:** ALEX ENGARDT ROOFING & SIDING CO. ⇒ **CONTACT PHONE:** (916) 452-7341

Property Owner: BOB THIELE	**Contractor:** ALEX ENGARDT ROOFING & SID **License #** 241602
Address: 5230-H-Street	**Address:** 7700-14th-Avenue
City/State/Zip: Sacramento, CA 95819	**City/State/Zip:** Sacramento, CA 95820
Phone: (916) 849-2840	**Phone:** 452-7341 **FAX:** 452-2479

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

XXX ☐ **REROOF** (excluding tile)
XX TEAR-OFF
☐ RESHEET
XX HOUSE ☐ GARAGE
#SQUARES 19 & 1
Material: 19-dim.composition 1-porch-capsheet.
☐ SIDING
☐ wood
☐ T-111
☐ Horiz.
☐ vinyl
☐ stucco
Note:
Design Review approval may be required in certain areas.

☐ **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: $
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 TERMITE DAMAGE REPAIR**
(Describe locations below)
Note:
Design Review approval may be required for rooftop units.

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

DESCRIPTION OF WORK: RESIDENTIAL, REROOF, 20sq. TEAR OFF, 19sq. dimensional composition shingles, 1 sq.(porch area) install built-up/capsheet roof.

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