

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0405936

Insp Area: 2

Thos Bros: 297B7

Site Address: 621 SWANSTON DR SAC

Parcel No: 012-0161-028

Sub-Type: ASFR

Housing (Y/N): N

CONTRACTOR

OWNER

LUIGI PERRY A/JEAN L
621 SWANSTON DR
SACRAMENTO CA 95818

ARCHITECT

REYNOLDS GUALCO
3015 H ST
SACRAMENTO CA 95816

Nature of Work: 1184 SQ FT ADDITION OF A SECOND FLOOR & ADDITION OF FAMILY ROOM TO THE FIRST FLOOR & 70 SQ FT DECK

CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class _____ License Number _____ Date _____ Contractor Signature _____

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professional Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. _____ B & PC for this reason: _____
Date 7-9-04 Owner Signature *Luigi Perry* PAID CITY OF SACRAMENTO JUL 09 2004

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 7-9-04 Applicant/Agent Signature *Luigi Perry*

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier _____ Policy Number _____ Exp Date _____

X (This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 7-9-04 Applicant Signature *Luigi Perry*

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

Department of Planning and Development
Building Inspection Division

Grading and Erosion Control Questionnaire

To be completed for all residential new construction and additions

PART I (To be completed by applicant)

Site Address 621 SWANSTON A.P.N. _____

<u>Applicant Information</u>		<u>Project Information (Check One)</u>	
Name	<u>PERRY LUIGI</u>	Single Family Dwelling	<input type="checkbox"/>
Address	<u>621 SWANSTON DR</u>	Duplex	<input type="checkbox"/>
	<u>SACTO CA 95818</u>	Triplex	<input type="checkbox"/>
Phone	<u>916-448-9677 - W - 457-1936</u>	Deep Lot Development	<input type="checkbox"/>

PART II (To be completed by the applicant when the project is not a part of a larger subdivision)

Are there existing structures on site? Y N

Does the site front on a paved road? Y N*

Is the site higher than the crown of adjacent road? Y N*

Is the proposed building site higher than the back of the sidewalk or curb? Y N*

Describe existing frontage improvements along road.

Ditch * Curb and Gutter Curb, Gutter, and Sidewalk

The direction of drainage on this site is:

Front to Rear * Rear to Front Side to Side *

Does an adjacent site drain across this parcel?

Does this site have an existing low area or drainage swale?

Will construction require cut or fill on site? (* >50FT3 or >2FT)

- How much cut? _____ Yards

- How much fill? _____ Yards

Has building site been previously been filled? Y* N

Will existing drainage be re-routed? Y* N

Do you plan to construct or modify culverts or drainage ditches? Y* N

Print Name PERRY LUIGI Title PROP OWNER

Signature *Perry Luigi* Date 6-21-04

Owner or Contractor

PART III (To be completed by staff)

What is the acreage of the parcel to be built on? _____ Acres.

If greater than 1/2 acre has an approved erosion and sediment control plan been provided? Y N

If greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N

Is the parcel to be built on part of a larger subdivision? Y N

Subdivision Name: Field verify site

If yes has an approved erosion and sediment control plan been provided? Y N

If the original subdivision is greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N

Is grading and drainage approval required prior to permit issuance? Y N

Approved by: *JAR* Date: 7/6/04

Building permit #: 04105936

White Copy - Permit Jacket
Yellow - Utilities
Pink - Bldg. Div.

MICROFILM THIS DOCUMENT



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

DATE: 4-19-04

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 a quad fee

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

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (qualified)
JOB ADDRESS: 621 Sutterston Dr Sacto 95818 UNIT # _____ CONTRACT PRICE \$ _____

CONTACT PERSON: _____ CONTRACT PHONE: _____ CONTRACT PRICE \$ _____

Property Owner: PERREY LEVIG License # _____
Address: 621 Sutterston Dr
City/State/Zip: SACTO CA 95818
Phone: 448-9677 2-457-1936 FAX: _____
Contractor: J. WEBB
Address: _____
City/State/Zip: _____
Phone: _____

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

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEED <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE # STAIRS: <u>2</u> Material: _____ <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Hardz <input type="checkbox"/> vinyl Note: Design Review approval may be required in certain areas.	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Cost: \$ _____ Note: Design Review approval may be required for rooftop units.	<input type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below) Note: Design Review approval may be required in certain areas.	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-write <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input checked="" type="checkbox"/> SMUD <input checked="" type="checkbox"/> PG&E *NOTE: Correction Notice items will require an additional building permit
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DESCRIPTION OF WORK: ADDITION OF A SECOND FLOOR & ADDITION OF FAMILY ROOM TO THE FIRST FLR

0405936

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 621 Swanston Dr	APN: 012-0161-028
DRPB AREA / PUD / SPD: None	ZONING: R-1
EXISTING LAND USE: 1-story SFR	
PROPOSED USE: To become 2-story SFR with rear addition	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER DR PB Required Planning application must be submitted <i>before</i> project can be submitted for plan check.
<input type="checkbox"/>	Application(s) IN PROGRESS: Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.
<input type="checkbox"/>	Application(s) COMPLETED: Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period.
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input checked="" type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input checked="" type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
COMMENTS: Approximate ground floor footprint of house with new addition and existing garage is 2350'/6098 lot area (Metroscan) = 39% total lot coverage. Existing garage/storage area is not being altered. Minimum distance of new addition from accessory structure is 4'. Side and rear setbacks okay. Addition of rear family room and bedrooms upstairs are accessible from the interior of the house and do not constitute a second unit.	
DATE: 4-19-04	BY: Sally Shore

Department of Planning and Development
Building Inspection Division

Grading and Erosion Control Questionnaire

To be completed for all residential new construction and additions

PART I (To be completed by applicant)

Site Address 621 Swanston A.P.N. _____

Applicant Information

Name PERRY Luigi
Address 621 SWANSTON DR
SACTO CA 95818
Phone 916-448-9677 - W - 457-1936

Project Information (Check One)

Single Family Dwelling
Duplex
Triplex
Deep Lot Development

PART II (To be completed by the applicant when the project is not a part of a larger subdivision)

- Are there existing structures on site? Y N
- Does the site front on a paved road? Y N *
- Is the site higher than the crown of adjacent road? Y N *
- Is the proposed building site higher than the back of the sidewalk or curb? Y N *
- Describe existing frontage improvements along road.
 Ditch * Curb and Gutter Curb, Gutter, and Sidewalk
- The direction of drainage on this site is:
 Front to Rear * Rear to Front Side to Side *
- Does an adjacent site drain across this parcel?
 Y * N
- Does this site have an existing low area or drainage swale?
 Y * N
- Will construction require cut or fill on site? (* >50FT³ or >2FT)
- How much cut? _____ Yards Depth
- How much fill? _____ Yards Depth
- Has building site been previously been filled? Y * N
- Will existing drainage be re-routed? Y * N
- Do you plan to construct or modify culverts or drainage ditches? Y * N

Print Name PERRY Luigi Title PROP. OWNER

Signature [Signature] Date 6-21-04
Owner or Contractor

PART III (To be completed by staff)

What is the acreage of the parcel to be built on? _____ Acres.

If greater than 1/2 acre has an approved erosion and sediment control plan been provided? Y N

If greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N

Is the parcel to be built on part of a larger subdivision? Y N
Field verify site
Drainage
Subdivision Name: _____

If yes has an approved erosion and sediment control plan been provided? Y N

If the original subdivision is greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N

Is grading and drainage approval required prior to permit issuance? Y N

Approved by: [Signature] Date: 7/6/04

Building permit #: 04-05936

White Copy - Permit Jacket
Yellow - Utilities
Pink - Bldg. Div.

Certification of Compliance
School District Development

Part I - To be completed by the APPLICANT

Owner's Name/Address Luigi
Project Address 621 SWANSTON DR
Parcel Number _____ Lot No: _____
Subdivision Name _____ No. of Units _____
Applicant's Signature [Signature] Title HOME OWNER
Phone No. 916-448-9677 Date 7-9-04

Notice to Applicant: Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

Part II - To be completed by the BUILDING DEPARTMENT

Plan Identification Number 04-05936-2
Building Type (check one) Residential Apartment/Condominium Commercial/Industrial
Square Feet of Chargeable Building Area 1184 sq
Signature/Title [Signature] Date 6/21/04

Part III - To be completed by the SCHOOL DISTRICT

School District SCUSD Certificate No. 9750
 Exempt Comments _____
Residential/Apartment/etc. 1184 Square ft. x \$ 214 = \$ 2,533.76
Commercial/Industrial _____ Square ft. x \$ _____ = \$ _____
Total fees collected..... = \$ 2,533.76

This certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized school official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

Signature [Signature] Date 7/9/04

White - Canary - School District • Pink - Building Department • Goldenrod - Applicant