

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0519237

Insp Area: 2

Thos Bros: 337A1

Site Address: 6988 13TH ST SAC

Parcel No: 029-0411-005

Sub-Type: REP

Housing (Y/N): N

CONTRACTOR

FIVE STAR RESTORATION  
3333 SUNRISE BLVD SUITE D  
RANCHO CORDOVA, CA 95742

OWNER

RAH PARTNERSHIP L P  
1125 9TH ST  
SACRAMENTO, CA 95814

ARCHITECT

**Nature of Work:** REPAIR TO PATIO ROOM DAMAGED BY TREE-FALL: FRAMING, SIDING, WINDOWS, ROOF - NO ELECTRICAL/PLUMBING. 180 SQ FT.

**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 B License Number 818495 Date 12/8/05 Contractor Signature [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: DEC 08 2005

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

**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 12/8/05 Applicant/Agent Signature [Signature]

**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 STATE COMP INSURANCE FUND Policy Number 4961899 Exp Date 09/01/2006

(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 12/8/05 Applicant Signature [Signature]

**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.**

**PAID**  
**CITY OF SACRAMENTO**

DEC 08 2005

NEW CITY HALL

[Handwritten signature]

City of Sacramento  
Development Services Department  
**PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL**

ADDRESS: 6988 13 <sup>th</sup> STREET	APN: 029-0411-005
DRPB AREA / PUD / SPD: NONE	ZONING: R-1-EA-4
EXISTING LAND USE: TWO STORY RSF WITH PATIO ROOM IN REAR	
PROPOSED USE: REPAIRS TO EXISTING PATIO ROOM FROM FALLING TREE	
<b>PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:</b>	
<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 approved before project can be submitted for plan check
<input type="checkbox"/>	Application(s) IN PROGRESS: File Number: Application must be approved before project can be submitted for plan check.
<input type="checkbox"/>	Application(s) COMPLETED: File Number & approval date: Building permit must conform to approved plans and comply with all conditions of approval. Do NOT accept applications for a building permit prior to the end of the 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 prior to issuance of building permit.
<input checked="" type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input 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"/>	Route to SITE for inspection only, plan check not required.
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
CONDITIONS AND COMMENTS: NO ADDITION TO EXISTING FOOTPRINT PROPOSED. LOT COVERAGE AND SETBACKS NOT IMPACTED. ALL REPAIRS TO MATCH EXISTING STRUCTURE. NO ADDITIONAL PLANNING ENTITLEMENTS APPARENT. NO DESIGN REVIEW APPROVAL REQUIRED.	
DATE: 09/30/05	BY: BONNIE SURGEON / <i>ASPB</i>

1540 EUREKA ROAD, STE. 104  
ROSEVILLE, CALIFORNIA 95661  
PHONE: (916) 780-2030  
FAX: (916) 780-1998



December 19, 2005

Five Star Restoration  
Attention: Nathan Provencal  
2372 Gold River Road  
Gold River, CA 95670

**RE: New Footings & Girder**  
**Project Name: Henry Patio Room**  
**ES2 Project #: SA05173**

It is our understanding that some spread footings and one floor girder were removed at the existing patio. Place 12" x 12" x 1'-0" deep footings at locations where footings were removed. Use two #4 bars each way at the bottom of each footing with 3 inch clear to soil. The footings shall be embedded 12" min. into native soil. The girder may be replaced with a new 4x6 DFL #2 with 12" min. clear to soil below.

Engineering Structural Solutions did not consider any structural elements not specifically addressed with this letter. Our professional services and recommendations are in accordance with generally accepted engineering principles and practices in the local area. We have used our best engineering judgment based upon the information provided to us. Our professional opinion does not constitute a guarantee or warranty, expressed or implied.

Please contact our office if you have any questions regarding the above items.

Respectfully,  
ENGINEERING STRUCTURAL SOLUTIONS, ES2

Robert J. Hatch, S.E.  
Principal





**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DEPARTMENT**  
 BUILDING DIVISION  
 www.cityofsacramento.org  
 Help Line: 1-916-264-5656 OR 1-866-EZ-PERMIT  
 Inspection: 1-916-808-4677



Downtown Permit Center 1-916-264-6807  
 1231 I Street, Suite 200, Sacramento, CA 95814

North Permit Center 1-916-808-2354  
 2101 Arena Blvd., Suite 200, Sacramento, CA 95834

Fax # 916-264-1901

**FAXED 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.  
 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:

Job Address: 6988 13TH STREET  RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)  
 Contact Person: NATHAN PROVENCAL Unit # \_\_\_\_\_ Contract Price \$ 25,229.68  
 Property Owner: RONALD HENRY SR. Contractor: FIVE STAR RESTORATION  
 Address: 1125 9TH STREET City/State/Zip: 2372 GOLD RIVER ROAD  
 City/State/Zip: SACRAMENTO, CA 95814 City/State/Zip: GOLD RIVER, CA 95670  
 Phone: 441-5361 Phone: (916) 631-1695 FAX: (916) 631-7914

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"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: <input checked="" type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input checked="" type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Stucco	<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: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <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 Termite Damage Repair (Describe Locations Below)	<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-wire <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 type="checkbox"/> SMUD <input type="checkbox"/> PG&E ◆ NOTE: Correction Notice items will require an additional building permit.
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DESCRIPTION OF WORK: TREE FELL ON PATIO ROOM, WE ARE REBUILDING