

REVISION ON ACTIVE PERMIT

NEW PLAN CHECK NO# \_\_\_\_\_

DATE: \_\_\_\_\_

OLD PLAN CHECK NO# 9805672

This sheet is to be used only when a permit has been issued, is still active, and the applicant wishes to make changes to the existing approved plans.

All revisions clouded? YES \_\_\_\_\_ NO \_\_\_\_\_

JOB ADDRESS 1237 Bell Ave SUITE \_\_\_\_\_ PERMIT NO 9805672

AREA \_\_\_\_\_ DBA: \_\_\_\_\_

DESCRIPTION OF REVISIONS Re location of Elec. Panel.  
and one window over the set up of Fire Place (Pallet stove)

DISCIPLINE	B	L	P	M	E	F	S	R	D
CHECKED BY									
ROUTE TO									
CODE									
HOURS SPENT									

CONTACT: Jagdish Prasad

ADDRESS: 2310 Priory Way Sacramento  
Ca 95838

PHONE# 916 922 6018

# OF PLANS SUBMITTED \_\_\_\_\_ SUBMITTED TO \_\_\_\_\_

I understand that I am responsible for all plan check fees that I incur during the course of this additional plan check and that any approved plans not claimed and paid for within 3 months of notification will be disposed of and an invoice procedure for the amount due will be initiated. I further understand that an unclaimed revision may result in delay of final approval for the subject project

DATE NOTIFIED	PLAN BIN

APP FEE	PAID

Applicant  
Applicant signature

6/12/00  
Date

AGENCY	TOTAL HRS	TOTAL FEES
BLDG		
PW		
PLEASE PAY THIS AMOUNT		

Date of Request: \_\_\_\_\_

By: \_\_\_\_\_

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST**

Project

Address: BELL AVE

Assessor's Parcel Number: 237-0091-008

Previous Use: SFR

Description of Request/Proposed Use: STORAGE SHED BEHIND  
HOUSE

Is This a Change of Use? NO

Zoning Designation: R-1

Prior Applications for Project Site(P#, Z#, DRPB#): ER 98-033 NEW SF DWELLING

Comments: MEETS ALL SETBACKS AND LOT  
COVERAGES IN EXPANDED NORTH AREA  
NOT VISIBLE FROM STREET FRONT

Are There Any Planning Issues?: (circle one) YES  NO

\* Staff Site Plan Check Required? (Circle one) YES  NO

\* Field Inspection Required? (Circle one) YES  NO

\* Design Review/Preservation Required?: (Circle one) YES  NO

Planning Review by/Date: Michael York 10-12-00

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) \_\_\_\_\_

2. I (have/have not) \_\_\_\_\_ signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

Signed [Signature]

Job Address 1237 BELL AVE

Permit No: 0012781