

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0006598**  
**Insp Area: 2**

**Site Address: 501 RIVERGATE WY SAC**  
Parcel No: 031-0400-006

Sub-Type: AOTHR  
Housing (Y/N): N

CONTRACTOR  
VELMAR CONSTRUCTION  
1317 SILICA AV  
SAC CA 95815

OWNER  
LINCOLN RIVERGATE ASSOCIATES LIMITED  
501 RIVERGATE WY  
SACRAMENTO CA 95831

ARCHITECT

**Nature of Work:** Replace deck boards on 2nd story decks & dry rot repairs to joist as needed.  
SUBJECT TO FIELD INSPECTION ( BLD. # E )

**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 408884 Date 6-15-00 Contractor Signature James Aze

**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 \_\_\_\_\_ 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 6-15-00 Applicant/Agent Signature James Aze

**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 LEGION INS. CO. Policy Number WC11410839 Exp Date 3/01/01

(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 6-15-00 Applicant Signature James Aze

**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.**

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

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

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 501 Rivergate Way Blys. B, C, D, (E)

Assessor's Parcel Number: 031-0400-006

Previous Use: Apartments

Description of Request/Proposed Use: \_\_\_\_\_

Deck repairs

Is This a Change of Use? \_\_\_\_\_

Zoning Designation: R-2-BR

Prior Applications for Project Site(P#, Z#, DRPB#): \_\_\_\_\_

Comments: No regents repair work

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: [Signature] 6/14/2000

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

MICROFILM AFTER FINAL

**APPLICATION FOR COMMERCIAL BUILDING PERMIT**

**CITY OF SACRAMENTO**  
 DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION  
 1231 I Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # <b>00-06598</b>	Insp. Area <b>U</b>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 501 RIVERGATE way Suite E  
 PARCEL # \_\_\_\_\_

<p align="center"><b>CONTACT</b></p> Name <u>Jim - NELMAR CONST.</u> Street Address <u>4708 ROSEVILLE RD.</u> City/State/Zip <u>NORTH HIGHLANDS, CA. 95668</u> Phone <u>338-6610</u> FAX <u>338-6614</u> E-mail: _____		<p align="center"><b>LICENSED CONTRACTOR</b> Lic No. # <u>408884</u></p> Name <u>NELMAR CONSTRUCTION</u> Address <u>4708 ROSEVILLE RD.</u> City/State/Zip <u>NORTH HIGHLANDS, CA. 95668</u> Phone <u>338-6610</u> FAX <u>338-6614</u> E-mail: _____	
<p align="center"><b>ARCHITECT/ENGINEER</b></p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		<p align="center"><b>OWNER</b></p> Name <u>G. W. Williams</u> Address <u>2200 A DOUGLAS BLVD STE 10</u> City/State/Zip <u>ROSEVILLE, CA. 95661</u> Phone <u>784-2889</u> FAX <u>784-1072</u> E-mail: _____	

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: LEGION INS. CO.  
 → WORKER'S COMPENSATION POLICY # WC11410839 EXPIRATION DATE: 3/1/01

NATURE OF WORK IN DETAIL: REPLACE DECK BOARDS ON 2ND STORY DECKS + DRY ROT REPAIR TO JOIST AS NEEDED  
Subject To Field Inspection

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 3,700

FLOOD STATUS:		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( )	SW	FIRE	ADD	<b>OTH</b>
INSPECTION DISCIPLINES		<b>BEDG</b>	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File		
				<b>R1</b>	<b>VN</b>	<b>N</b>	<b>04</b>	[H]	[Quad]	
<b>B</b>	<b>D</b>	<b>P</b>	<b>M</b>	<b>E</b>	<b>F</b>	<b>S</b>	<b>D</b>	<b>PW</b>	<b>UTIL</b>	
<b>13 ft</b>	<b>13 ft</b>									

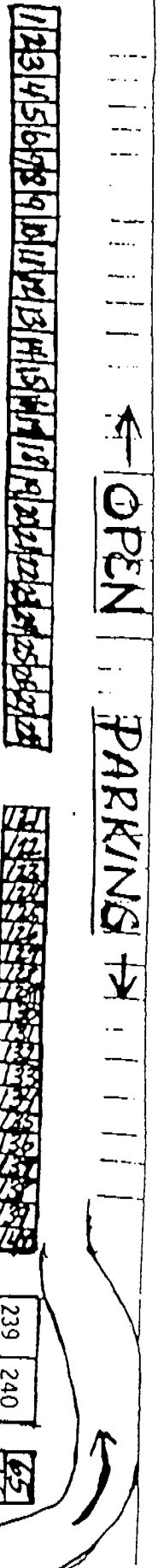
COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No  
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

RIVERGATE VILLAGE APARTMENTS

501 RIVERGATE WAY

Legend: = Done



263	265	267	269
163	165	167	169
264	266	268	270
164	166	168	170

255	256
155	156
257	258
157	158

LAUNDRY ROOM

259	260
159	160
261	262
161	162

29	47
30	48
31	49
32	50
33	51
34	52
35	53
36	54
37	55
38	56
39	57
40	58
41	59
42	60
43	61
44	62
45	63
46	64

LAUNDRY ROOM

248	250	252	254
148	150	152	154
247	249	251	253
147	149	151	153

239	240
139	140
241	242
141	142
243	244
143	144
245	246
145	146

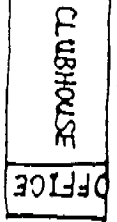
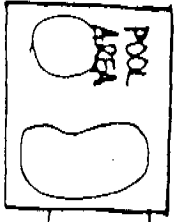
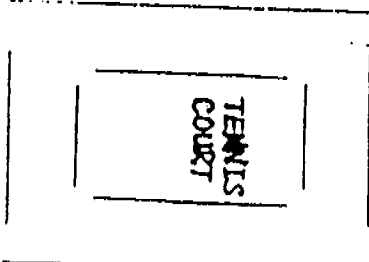
246	215
116	115
218	217
118	117
220	219
120	119
222	221
122	121

232	234	236	238
132	134	136	138
231	233	235	237
131	133	135	137

201	203	205	207
101	103	105	107
202	204	206	208
102	104	106	108

209	211	213
109	111	113
210	212	214
110	112	114

224	226	228	230
124	126	128	130
223	225	227	229
123	125	127	129



GLORIA DRIVE

RIVERGATE WAY

Rear Entrance