

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0010147

Insp Area: 1

Site Address: ~~XXXXXXXXXX~~ 1226 MCCARTHY CT

Sub-Type: REM

Parcel No: 001-0090-003

1232;1230;1228;1226 MC CARTHY CT

Housing (Y/N):

N

CONTRACTOR

OWNER

ARCHITECT

MGRT ARCHITECTS  
1725 J ST  
SACRAMENTO CA 95814

Nature of Work: REHAB:LBP& ASBESTOS ABATEMENT, REPLACE ELECTRICAL PANEL,  
PLUMBING, HVAC.ROOF; REMODEL PORCHES, NEW WINDOWS

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

11/6/00

Owner Signature

*[Handwritten Signature]*

NOV 15 2000

NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

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 above-mentioned property for inspection purposes.

Date

11/6/00

Applicant/Agent Signature

*[Handwritten 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

Policy Number

Exp Date

(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

11/6/01

Applicant Signature

*[Handwritten 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.

# 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 # <u>0010147</u>	Insp. Area <u>1C</u>
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ADDRESS 1232; 1230; 1228; 1226 McCarthy CT Suite AKA 321 ELIZA ST  
 PARCEL # 001-0090-003

Applicant MUST complete ALL Unshaded areas

CONTACT	
Name <u>MIKE Miller</u>	
Street Address <u>320 Commerce Circle</u>	
City/State/Zip <u>SACRO, CA 95815</u>	
Phone <u>566-1245</u> FAX <u>566-1275</u>	
E-mail:	

LICENSED CONTRACTOR		Lic No. #
Name <u>To be Bid Out</u>		
Address		
City/State/Zip		
Phone		FAX
E-mail:		

ARCHITECT/ENGINEER	
Name	
Address <u>320 Commerce Circle</u>	
City/State/Zip <u>SACRO, CA 95815</u>	
Phone <u>566-1245</u>	FAX <u>566-1275</u>
E-mail:	

OWNER		Name
		<u>Shea</u>
Name <u>SACRO HOUSING &amp; REDEVELOPMENT AGENCY</u>		
Address <u>320 Commerce Circle</u>		
City/State/Zip <u>SACRO CA</u>		
Phone <u>SAME</u>		FAX <u>SAME</u>
E-mail:		

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: \_\_\_\_\_  
 → WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: RENOV  
Modernization; LBP Abatement & Asbestos Abatement, Replace existing electrical, plumbing, roof, water service, porches, paint & windows (modernize)

OCCUPANT/TENANT: Public Housing DosRios Dev. VALUATION: \$ 153,889

FLOOD STATUS: <u>NR</u>		S.C.A.T. <u>X16</u>								
JOB DESCRIPTION		BLDG	SHELL	APT	TI ( )	REM (✓)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MESH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<del>FIN</del>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y (N)	Fed Code	Vio. File		
<u>2</u>				<u>R1</u>	<u>VN</u>	<u>N</u>	<u>04</u>	[H]	[Quad]	
<u>B</u>	<u>P</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>None</u>	<u>S</u>	<u>D</u>	PW	UTIL	

COMMENTS: Single family & multiple family dwellings  
MARK Dilly Does NOT want to have this routed to him 8-30-02

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

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

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

Project Address: 321 Eliza St

Assessor's Parcel Number: 001-0090-003

Previous Use: public house

Description of Request/Proposed Use: window replacement,  
adding front porch, new roofing, repainting

Is This a Change of Use? no

Zoning Designation: RMX

Prior Applications for Project Site(P#, Z#, DRPB#): DR96-187, DR97-126, P85-059  
DR98-119, DR98-122, DR98-180

Comments: Requires Design Review Approval - Approved  
thru DR98-119 and DR98-122 and DR98-180. ←

Are There Any Planning Issues?: (circle one) YES addressed 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: Arwen Licht 7/21/00

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

MICROFILM AFTER FINAL

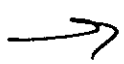
OWNER-BUILDER VERIFICATION

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 PARODAKES CONSTRUCTION Address 901 SUNRISE AVE, Suite A-16  
City Roseville, CA Telephone (916) 782-9059  
Contractors License No. 712978

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 NA 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
<u>NA</u>			

Signed [Signature]

Job Address ~~1228-31~~ RICHARDS + LOUISE ST

Permit No: 0010144 - 0010152