

050 7703

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814
Help Line: 1-916-264-5656

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DEPARTMENT
BUILDING DIVISION
www.cityofsacramento.org

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834
Inspection: 1-916-808-4677

OWNER BUILDER VERIFICATION

1. Check one below – I or my immediate family (parent, spouse, or child) will perform:

- A - all the work authorized by this permit.
- B - a portion of the work.
- C - none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do:

all of the authorized work.

a portion of the authorized work.

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

3. I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner Paula Benson

Date 6/27/05 Case No. _____ Permit No. 050 7703

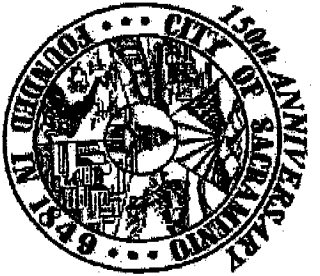
Job Address 944 Hawk Av.

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.

DUPLICATE

PD: 06/01/2005 042 DLB
DATE: 06/01/2005 11:12AM 00005478
PMT#: 0507703 SHT RES BLD PT
02008BLDG PHT-RESID \$383.00
0204PLAN CK-RESID'L \$122.00
02079.N.I. \$1.50
0208EXCISE TAX \$119.64
0213GENERAL PLAN FEE \$8.85
0259TECH SURCHARGE \$20.20
PC
CHANGE

\$655.19
\$0.00



**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)**

Fax # 916-264-1901

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

DATE: 4/1/05

0507703

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

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (Qualified) CONTRACT PRICE \$

JOB ADDRESS: 924 Hawk AVE UNIT # _____

CONTACT PERSON: Carlos Barbas 806 3091 CONTACT PHONE: _____

Property Owner: Carlos Barbas License # _____

Address: 3140 LEWITTA WAY Address: _____

City/State/Zip: SM CA 95833 City/State/Zip: _____

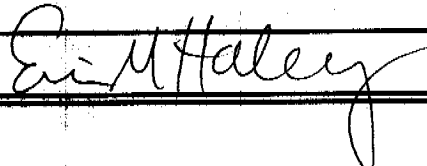
Phone: 916-806-3091 Phone: 916-806-3091 FAX: _____

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 checked="" type="checkbox"/> GARAGE # STD RIE'S : # SQUARES Material: <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> vinyl <input type="checkbox"/> stucco 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: \$ Cut-in: \$ 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 TERMITE 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 # strips <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"/> PGE *NOTE: Correction Notice items will require an additional building permit
---	---	---	---	---

DESCRIPTION OF WORK: 720 SF

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

ADDRESS: 944 Hawk Ave	APN: 274-0083-029
DRPB AREA / PUD / SPD: Expanded North Design Review	ZONING: R-1
EXISTING LAND USE: 1-story single family home with concrete driveway and no garage	
PROPOSED USE: Construct detached garage 24' x 30' and concrete driveway extension	
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 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 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"/>	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: Setbacks, lot coverage, wall height, overall height, all ok. Detached structure will be behind house, not visible from street; Design Review not required. Concrete driveway must be provided to garage.	
DATE: 06-01-2005	BY: Erin Haley 



CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
 Inspection: 1-916-808-7622

Downtown Permit Center
 1231 I Street, Suite 200
 Sacramento, CA 95814

North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834

SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

PARCEL # 274 - 0083 - 029 PERMIT # 0507703
 SITE ADDRESS 944 Hawk Av ACREAGE _____

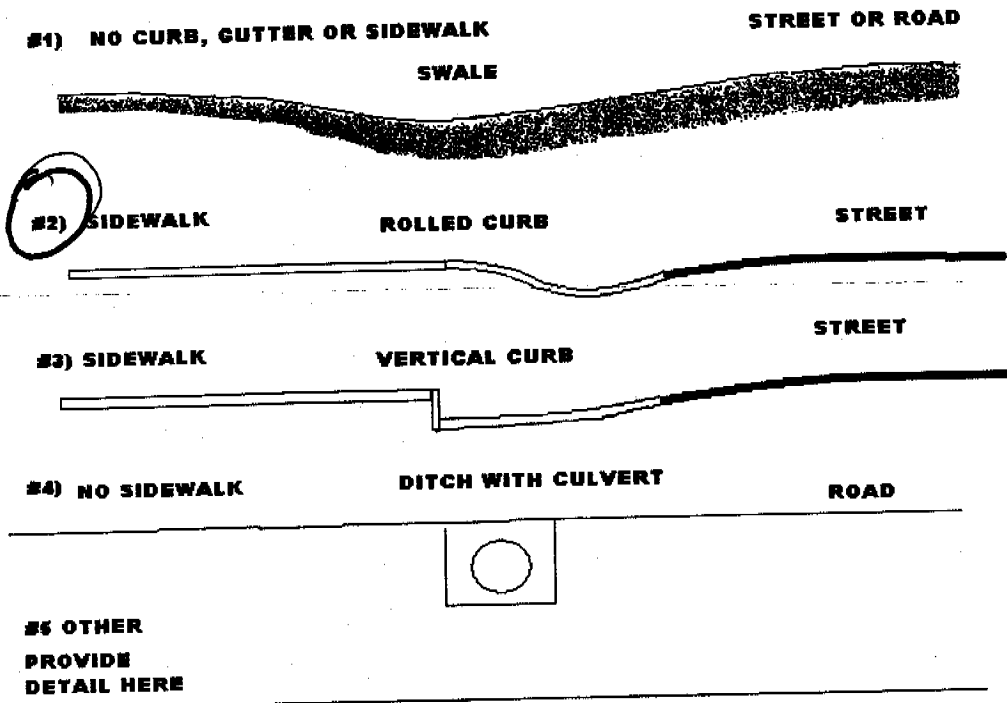
The City of Sacramento requires a building site to be graded to drain correctly and site drainage routed to an approved location. To help us understand the site drainage for your project and determine if a driveway permit or an encroachment permit is required please answer the following questions. All questions must be answered.

- | | | |
|--|-------------------------------------|--|
| 1. Are there existing structures on the site? | <input checked="" type="radio"/> Y | <input type="radio"/> N |
| 2. Is there an existing concrete or paved driveway to this parcel from the street? | <input checked="" type="radio"/> Y | <input type="radio"/> *N |
| 3. Will the existing access to this parcel be changed in any way for this project? | <input checked="" type="radio"/> *Y | <input checked="" type="radio"/> N |
| 4. Are all portions of the lot higher than the crown of the street? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N |
| 5. Are all portions of the lot higher than the back of the sidewalk? | <input checked="" type="radio"/> Y | <input type="radio"/> *N |
| 6. Is there a curb and gutter at the street level? | <input checked="" type="radio"/> *Y | <input type="radio"/> N |
| 7. Is there a sidewalk with a curb and gutter at the street? | <input checked="" type="radio"/> *Y | <input type="radio"/> N |
| 8. Is the curb at the street square? | <input checked="" type="radio"/> *Y | <input checked="" type="radio"/> N N/A |
| 9. Is there a rolled curb at the street? | <input checked="" type="radio"/> Y | <input type="radio"/> N N/A |
| 10. Is there a drainage ditch or culvert at the street? | <input checked="" type="radio"/> N | <input checked="" type="radio"/> N N/A |
| 11. Does the lot drain from back to front? | <input checked="" type="radio"/> Y | <input type="radio"/> *N |
| 12. Does the lot drain from front to rear? | <input checked="" type="radio"/> N | <input checked="" type="radio"/> N |
| 13. Does another lot drain across this parcel? | <input checked="" type="radio"/> *Y | <input checked="" type="radio"/> N |
| 14. Does the lot drain from side to side? | <input checked="" type="radio"/> *Y | <input type="radio"/> N |
| 15. Does the site have an existing low area or drainage swale? | <input checked="" type="radio"/> *Y | <input checked="" type="radio"/> N |
| 16. Does the drainage swale drain to an adjacent parcel? | <input checked="" type="radio"/> *Y | <input checked="" type="radio"/> N N/A |
| 17. Does the drainage swale drain to the street? | <input type="radio"/> Y | <input checked="" type="radio"/> N N/A |
| 18. Will existing drainage be re-routed? | <input checked="" type="radio"/> *Y | <input checked="" type="radio"/> N |
| 19. Will drainage ditches or culverts be constructed or modified? | <input checked="" type="radio"/> *Y | <input checked="" type="radio"/> N N/A |
| 20. Did this project require approval from the Zoning Administrator? | <input checked="" type="radio"/> *Y | <input checked="" type="radio"/> N |
| 21. Did the project require approval from the Planning Administrator? | <input checked="" type="radio"/> *Y | <input checked="" type="radio"/> N |

SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

- 22. Is there any tree, telephone pole, guy wire or similar obstruction located at the front of the property adjacent to the street or road? Y N
- 23. Is this a corner lot? *Y N
- 24. Is the posted speed limit on this street greater than 25 MPH? *Y N
- 25. Is this parcel located on a four-lane street? *Y N
- 26. If site is greater than 1/2 acre has an erosion and sediment control plan been submitted? Y N N/A
- 27. If site disturbs 1 acre or more has a copy of the State General Permit NOI and SWPPP been submitted? Y N N/A
- 28. If site is part of a larger subdivision greater than 1 acre has a copy of the State General Permit NOI and SWPPP been submitted? Y *N N/A

CIRCLE THE DRAWING NUMBER BELOW THAT BEST ILLUSTRATES THE EXISTING CONDITION AT THE LOCATION OF THE PROPOSED DRIVEWAY OR SITE ACCESS.



The information provided on this document is accurate. I understand that if this form is incomplete, contains inaccurate or misleading information, the project located at this address may be delayed until any drainage or encroachment issues are resolved to the satisfaction of the City of Sacramento.

SIGNED *John J. [Signature]* DATE 6-16-05
 TITLE _____
 PHONE NO. 715-1933

Site nearby drainage to street
Jim R 6/22/05