## 2327 N Street

|                                       | RECORD OF SUBSEQUENT PERMITS ISSUED |                            |                       |                          |          |   |              |              |                |                                       |  |  |
|---------------------------------------|-------------------------------------|----------------------------|-----------------------|--------------------------|----------|---|--------------|--------------|----------------|---------------------------------------|--|--|
| DATE                                  |                                     | OF PERMIT<br>/ALUATION     | PERMIT NO.<br>AND FEE | NATURE                   |          | PRESENT OWNER<br>AND ADDRESS            | CONTRACTO    | OR & ADDRESS | FINALED BY     | DATE                                  |  |  |
| 9-25-74                               | Elect.                              | Elect. \$200 B-7332 \$7.50 |                       | Elect Servic             | e Change | Madalena Domich                         | Owner        | //           | elliagen       | 10-1-74.                              |  |  |
|                                       |                                     |                            |                       | Elect Servic<br>Dwelling |          |   |              | P            | V              | ·                                     |  |  |
|                                       |                                     |                            |                       |                          |          |   |              |              |                | <del></del>                           |  |  |
|                                       |                                     |                            |                       |                          |          |   |              |              |                |                                       |  |  |
|                                       |                                     |                            |                       |                          |          |   |              |              |                | -                                     |  |  |
|                                       |                                     |                            |                       |                          |          |   |              |              |                |                                       |  |  |
|                                       |                                     |                            |                       |                          |          |   |              |              |                |                                       |  |  |
|                                       |                                     |                            |                       |                          |          |   |              |              |                |                                       |  |  |
|                                       |                                     |                            |                       |                          |          |   |              |              |                | -                                     |  |  |
|                                       |                                     |                            |                       |                          |          |   |              |              | <u> </u>       |                                       |  |  |
|                                       |                                     |                            |                       |                          |          |   |              |              |                |                                       |  |  |
|                                       | ·                                   |                            |                       |                          |          |   |              |              |                |                                       |  |  |
|                                       |                                     |                            |                       |                          |          | · · · · · · · · · · · · · · · · · · ·   |              | <del></del>  | ļ              |                                       |  |  |
|                                       |                                     |                            |                       |                          |          |   |              |              |                |                                       |  |  |
|                                       |                                     |                            |                       |                          |          |   |              |              |                |                                       |  |  |
|                                       | <u> </u>                            |                            |                       |                          |          |   |              |              |                |                                       |  |  |
|                                       |                                     |                            |                       |                          |          |   | <del></del>  |              | -              |                                       |  |  |
|                                       |                                     |                            |                       |                          |          |   |              |              |                | J.F                                   |  |  |
|                                       | <u> </u>                            |                            |                       | <u> </u>                 |          |   |              |              |                |                                       |  |  |
|                                       | !                                   |                            |                       |                          |          |   | •            |              |                |                                       |  |  |
|                                       |                                     |                            |                       |                          |          | ,,                                      | <del> </del> |              |                | · · · · · · · · · · · · · · · · · · · |  |  |
|                                       |                                     |                            |                       |                          |          |   |              | -            |                |                                       |  |  |
|                                       |                                     |                            |                       |                          | ·        | *************************************** |              |              |                |                                       |  |  |
|                                       |                                     |                            |                       |                          |          |   |              |              |                |                                       |  |  |
|                                       |                                     |                            |                       |                          |          |   |              |              |                |                                       |  |  |
|                                       |                                     |                            |                       |                          | <u> </u> |   |              |              |                |                                       |  |  |
|                                       |                                     |                            |                       |                          |          |   |              |              |                |                                       |  |  |
|                                       |                                     |                            |                       |                          |          |   |              |              |                |                                       |  |  |
|                                       | <u> </u>                            |                            |                       |                          |          |   |              |              |                |                                       |  |  |
| MICROFILM RECORD                      |                                     |                            |                       |                          |          |   |              |              |                |                                       |  |  |
| B-7332 R398 F199 . B-1332 R398 F199 . |                                     |                            |                       | PERMIT NO.               | REEL A   | ND FRAME NOS.                           | PERMIT NO.   | REEL         | AND FRAME NOS. |                                       |  |  |
| B-                                    | ·/332 / «                           | 4395 E                     | 199 J. D              |                          |          |   |              |              |                |                                       |  |  |
| D-133                                 | 33 16                               | 396 F =                    | 539 flugt             |                          |          |   |              |              | ,              |                                       |  |  |
|                                       |                                     |                            |                       |                          |          |   |              | <u> </u>     |                | <del></del>                           |  |  |
|                                       |                                     |                            |                       |                          |          |   |              |              |                |                                       |  |  |
|                                       |                                     |                            |                       |                          |          | ,                                       |              |              |                |                                       |  |  |
|                                       | <b></b>                             |                            |                       |                          |          |   |              |              |                |                                       |  |  |
|                                       | -                                   | <del></del> -              |                       | <u> </u>                 |          |   |              |              |                |                                       |  |  |
|                                       |                                     |                            |                       |                          |          |   |              |              |                |                                       |  |  |
|                                       | -                                   |                            |                       |                          |          |   |              |              | <u> </u>       |                                       |  |  |
| L                                     |                                     |                            | <del></del>           | L                        |          |   |              |              |                | · ·                                   |  |  |

| ·               |                   |                            |               |                           | RECORD       | CARD - BUIL                 | DING INSPECTION     | S DIVISIO   | ON - CITY (                           | OF SACRAME    | NTO, CAL                 | IFORN        | IA                                     |  |             |  |
|-----------------|-------------------|----------------------------|---------------|---------------------------|--------------|-----------------------------|---------------------|-------------|---------------------------------------|---------------|--------------------------|--------------|--|--|-------------|--|
| PROPERTY        | PARCEL NO.        |                            |               | JOB ADDRESS 2327 N Street |              |                             |                     |             |                                       |               |                          |              |  | FINAL INSPECTIONS  |             |  |
|                 |                   |                            | LEGAL [       | AL DESCRIPTION            |              |                             |                     |             | OCCUP. GR.                            | CONST TYPE    | VAR. N                   | 10.          | FIRE ZONE                              | BUILDING BY  | DATE        |  |
|                 |                   |                            |               |                           |              |                             |                     |             |                                       |               |                          |              |  |  |             |  |
|                 | TITLE AND NAM     |                            | 1             | /C                        | ADDRESS      |                             |                     | ZIP         | CITY I                                | IC. NO.       | TE                       | L. NO.       | ELECTRICAL BY                          | DATE   |             |  |
| GEN. CONTR.     |                   |                            |               |                           |              | ·                           |                     |             |                                       |               |                          |              |  | DI HUDING BY   | DATE        |  |
| ELEC. CONTR.    |                   |                            |               |                           |              |                             |                     |             |                                       |               |                          |              |  | PLUMBING BY  | DATE        |  |
| PLBG. CONTR.    |                   |                            |               |                           |              |                             |                     |             |                                       |               |                          | ļ. ——        |  | MECHANICAL BY  | DATE        |  |
| MECH. CONTR.    |                   |                            |               |                           |              |                             |                     |             |                                       |               |                          |              |  | MECHANICAE DI  | - DATE      |  |
|                 | ARCH, ENGR.       |                            |               |                           |              |                             |                     |             |                                       |               | <u>!</u>                 | <del>-</del> | CERTIFICATE OF O                       | CCUPANCY   |             |  |
| OWNÉR           |                   |                            |               |                           |              |                             |                     |             | <del> </del>                          | <u> </u>      |                          |              | -                                      | ISSUED BY  | DATE        |  |
|                 | ONST. LOAN LENDER |                            |               |                           |              | DOOR COUNTY AREA Ist ELOOP  |                     | 1           | TOTAL AREA C.S.D.                     |               | C.I. CASE                |              |  | 133010 61  | DATE        |  |
| BLDG. WIDTH     | BLDG. LENGTH      | 101                        | TOTAL HEIGHT  |                           | STORIES      | ROOF CONSTR. AREA 1st FLOOR |                     | TOTAL AREA  |                                       | CENSUS TE     | CENSUS TRCT NO           |              |  |  |             |  |
|                 | REAR YARDS        | cr.T.                      | SET BACK REQ. |                           |              |                             | SPACES              | TREESR      | MVD I                                 |               | EXISTING BLDG'S SAME LOT |              | HOW USED                               | The second secon | **          |  |
| SIDE YARDS      | REAR TARDS        | SEL                        |               |                           | L Z ONC      | PARK'G REQ.                 | - OFACE             | TKEE3 KI    |                                       |               |                          |              |  |  |             |  |
| NATURE OF W     | IOPK              | <u> </u>                   |               | <del> </del>              | <u> </u>     | <u>i</u>                    |                     | 1           |                                       |               |                          |              |  |  | <del></del> |  |
| NATORE OF W     | OKK.              |                            |               | · - ·                     |              |                             |                     |             |                                       |               |                          |              |  |  |             |  |
| PERMIT NO. S.P  |                   |                            | Γ             |                           |              |                             |                     |             |                                       |               |                          |              |  | The state of the s |             |  |
| ISSUED BY       |                   |                            | †             |                           |              |                             | MICROFILM           | M RECOR     | D                                     |               |                          |              |  |  |             |  |
| ISSUANCE DATE   |                   |                            |               |                           |              |                             |                     |             |                                       | FRAME NO:- TO |                          |              |  |  |             |  |
| VALUATION       | \$                | INSPECTION RECORD REEL NO. |               |                           |              |                             |                     | FRAME N     | 0:-                                   | ТО            |                          |              |  |  |             |  |
| R.D.F. FEE      | <del></del>       |                            |               |                           |              | 1                           | REEL NO. FRAME NO:- |             |                                       |               | то                       | •            |  |  |             |  |
| Ś.M.I. FEE      | \$                |                            |               |                           |              |                             |                     |             |                                       |               |                          |              |  |  |             |  |
| PLAN CK. FEE    | \$                |                            |               |                           |              |                             |                     |             |                                       |               |                          |              |  |  |             |  |
| SEWER INCL. FEE | \$                |                            |               |                           |              |                             |                     |             |                                       |               |                          |              |  |  |             |  |
| PERMIT FEE      | \$                |                            |               |                           |              | R                           | EMARKS AND/OR       | VARIANC     | CES                                   |               |                          |              |  |  |             |  |
|                 | \$                |                            | Dwelling      |                           |              |                             |                     |             |                                       |               |                          |              |  |  |             |  |
|                 | \$                |                            | ~a            |                           |              |                             |                     |             |                                       |               |                          |              |  |  |             |  |
| TOTAL FEES      | \$                |                            | <u> </u>      |                           |              |                             |                     |             |                                       |               |                          |              |  |  |             |  |
|                 |                   |                            |               |                           |              |                             |                     |             |                                       |               |                          |              |  |  |             |  |
|                 |                   |                            |               |                           |              |                             |                     |             |                                       |               |                          |              | · · · · · · · · · · · · · · · · · · ·  |  |             |  |
|                 | · .               |                            |               |                           |              |                             |                     |             |                                       |               |                          |              |  |  |             |  |
|                 |                   |                            |               |                           |              |                             |                     | ·           |                                       | <del></del>   |                          |              |  |  |             |  |
| ·               |                   |                            |               | ····                      |              |                             |                     |             |                                       |               | *                        |              |  |  |             |  |
|                 |                   |                            |               |                           |              |                             | <u> </u>            | <del></del> |                                       |               |                          |              |  |  |             |  |
|                 |                   |                            |               |                           |              |                             |                     |             | -                                     |               |                          |              |  |  | <u> </u>    |  |
|                 |                   |                            |               |                           | <del> </del> |                             |                     |             |                                       |               |                          |              |  |  |             |  |
|                 |                   |                            |               |                           |              | ·                           |                     |             |                                       |               |                          |              |  |  |             |  |
|                 |                   |                            |               |                           |              |                             |                     |             | · · · · · · · · · · · · · · · · · · · |               |                          |              |  |  | <del></del> |  |
|                 |                   |                            |               |                           |              | <del></del>                 |                     |             |                                       |               |                          |              |  |  |             |  |
|                 |                   |                            |               |                           |              |                             |                     |             |                                       |               |                          |              |  |  |             |  |
|                 |                   |                            |               |                           |              |                             |                     |             |                                       |               |                          |              | ************************************** |  |             |  |