

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0110907

Insp Area: 4

Thos Bros: 277F4

Site Address: 57 FAIRBANKS AV SAC

Parcel No: 250-0305-006

Sub-Type: ASFR

Housing (Y/N): N

CONTRACTOR

OWNER

BUCHANAN
136 FAIRBANKS AV
SACRAMENTO CA 95838

ARCHITECT

Nature of Work: BEDROOM AND BATH ASFR(312 SF)

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);

X.H. 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: _____

X Date 9/5/01 *X* Owner Signature Chait Thomas - AUD AGENT

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.

X Date 9/5/01 *X* Applicant/Agent Signature Chait Thomas - AUD AGENT

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 _____

X.H. (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.

X Date 9/5/01 *X* Applicant Signature Chait Thomas - AUD AGENT

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.

REQUEST FOR PLANNING STAFF REVIEW

..... to be filled out by Building staff

CUSTOMER NAME:	<u>MYCHELLE BUCHANAN</u>
PROJECT ADDRESS:	<u>S7 FAIRBANKS AVE</u>
PROJECT DESCRIPTION:	<u>ADDITION TO SFR</u>

DOES THE PROJECT INCLUDE ANY OF THE FOLLOWING TYPES OF WORK ?

New Buildings OR Exterior Work to Existing Buildings	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Site Work (changes to Parking, outdoor Equipment, etc)	<input type="radio"/> YES	<input type="radio"/> NO
Change in Use OR Expansion of Existing Use	<input checked="" type="radio"/> YES	<input type="radio"/> NO

If customer answers "YES" to any of the above questions, application requires Planning review. Planning staff to fill out reverse side of this form.

If customer answers "NO" to ALL of the above questions, do not send application to Planning.

Confirmed by Building staff: _____ DATE: 8-24-01 BY: [Signature]

If, in reviewing the project plans for Building Permit application, there are any issues identified by Building staff that appear to require Planning staff review, please indicate those issues below and send the customer to Planning.

BUILDING STAFF COMMENTS: _____

DATE: _____ BY: _____



CITY OF SACRAMENTO
CALIFORNIA

PLANNING AND
BUILDING DEPARTMENT

PHONE 916-264-5381

1231 I STREET, ROOM 200
SACRAMENTO, CA 95814-2998

FAX 916-264-5543

STAFF LEVEL PROJECT REVIEW

DR Number:	DR01-134	Applicant/Owner:	Mychelle Buchanan
Address:	57 Fairbanks Ave.	Date Filed:	August 3, 2001
Description:	Addition to single family residence	Date Approved:	August 20, 2001
Staff Contact:	Ellen A. Schmidt, 264-5962	APN:	250-0305-006

STAFF ACTION AND CONDITIONS OF APPROVAL:

Staff has reviewed the proposed project, and approves it with the following conditions of approval:

1. Provide new windows to match existing.
2. Provide new plaster system with finish color and texture to match existing.
3. Roofing shall match existing.
4. Gutters and downspouts shall match existing.
5. No roof-mounted mechanical equipment is allowed.
6. All other notes and drawings on the final plans as submitted by the applicant are deemed conditions of approval. Any changes to the final set of plans stamped by Design Review staff shall be subject to review and approval prior to any changes.
7. No building permit shall be issued until the expiration of the 10 day appeal period. If an appeal is filed, no permit shall be issued until final approval is received.
8. The applicant and the owners of all properties adjoining the subject property have the right to appeal this decision to the Design Review and Preservation Board. Appeals must be filed within 10 days of the staff action.

Ellen A. Schmidt
Assistant Architect
Design Review

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
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Signed [Signature] Agent

Job Address 57 FAIRBANKS AVE

Permit No: 0110907

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
8/30/1	8/30/1	/ /	/ /	/ /	/ /

PLAN CHECK # 0762

ADDRESS: _____

Commercial Residential



ACCEPTED BY (NAME): _____

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	OK	DL	7/24/9						
MECHANICAL/PLUMBING	OK	9	7/24/9						
ELECTRICAL									
FIRE									
PLANNING									

STAFF COMMENTS: _____

REQUIRES TITLE 24 (R6-9) DOC.

CITY OF SACRAMENTO * BUILDING INSPECTION DIVISION
SPECIAL PACKAGE D FOR RESIDENTIAL ADDITIONS IN CLIMATE ZONE 12
100 to 999 SQUARE FEET

NOTE: ADDITIONS OF 100 SQUARE FEET OR LESS WITH 50% OR LESS GLAZING NEED MEET ONLY APPLICABLE FEATURES OF MANDATORY MEASURES CHECKLIST ON BACK OF THIS FORM.

CERTIFICATE OF COMPLIANCE CF 1R ADDITION

Project Title _____ Date 8/31/01
Project Address 57 FAIRBANKS AVE
Total Floor Area Addition 312 Addition and existing total 1095
Total Glazing Area Addition 77 Glazing removed existing -20 = 52

REQUIREMENTS THAT APPLY TO NEW AREA: BUILDING SHELL INSULATION:

COMPONENT	TYPE (BATT OR BLOWN)	100 SQ FEET	101-999 SQ FEET
		R VALUE MIN	R VALUE MIN
Ceiling	<u>BATT</u>	R - 19	R - 38
Wall	<u>BATT</u>	R - 13	R - 13
Raised Floor	<u>SLAB</u>	R - 13	R - 19
Shading		Enter Shading Device: _____	
East/West facing Glazing .040 maximum		U = .65 MAX	
Fenestration (Glazing)		<u>DOUBLE REQUIRED</u>	

Maximum Glazing Area of New Addition 16% (Example: New Glazing (-) of Existing Glazing + Total Area of Additional Square Footage. $312 \times 16\% = 49.92$)

NEW HEATING, COOLING OR DOMESTIC WATER HEATING:

System installed in conduction with addition must comply with the appliance standards applicable to new residences. Complete the following standards if new equipment is being installed in conjunction with the room addition; cannot add electric resistant heat:

HVAC SYSTEMS	Minimum Efficiency (SE, SEER, HSPF)	Duct Insulation	Output (Btuh)	Manufacturer/Model # (or approved equal)
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EXISTING _____ R - 4.2 _____
_____ R - 4.2 _____

HOT WATER SYSTEMS

System Type (Storage gas, etc)	Type Capacity	Manufacturer/Model # (Or approved equal)	Special Features
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EXISTING _____

COMPLIANCE STATEMENT

This certificate of compliance lists the building features and performance specifications needed to comply with Title 24, Parts 1 and 6 of the California Code of Regulations, and the administrative regulations to implement them. This certificate has been signed by the individual with overall design responsibility. When this certificate of compliance is submitted for a single building plan to be built in multiple orientations, any shading feature that is varied is indicated in the Special Features / Remarks section.

Designer or Owner (per Business and Professions Code)

Name: _____
Title/Firm: _____
Address: _____
Telephone: _____
Lic. #: _____

Documentation Author

Name: _____
Title/Firm: _____
Address: _____
Telephone: _____

(signature) _____ (date) _____

(signature) _____ (date) _____

Enforcement Agency

Name: City of SAC
Title: _____
Agency: _____
Telephone: _____

(signature / stamp) [Signature] (date) 8.31.01