

CITY OF SACRAMENTO

1731 I Street, Sacramento, CA 95814

Permit No: 0514883

Insp Area: 4

Thos Bros: 278C2

Site Address: 2020 NORTH AV SAC

Parcel No: 252-0025-004

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

OWNER

HRH ENTERPRISES LLC
PO BOX 191451
SACRAMENTO, CA 95819

ARCHITECT

Nature of Work: RE-ROOF & RESIDE (STUCCO), TEAR OFF, INSTALL 25 SQ'S OF 30 YR DIM LAM COMP HOUSE & DETACHED GARAGE. NEW HVAC SPLIT SYSTEM

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 a 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 intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder shall have the same obligations as a contractor. (The owner-builder shall not build or improve for the purpose of sale.)

PAID
CITY OF SACRAMENTO
SEP 23 2005
NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

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 9-23-05 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 above mentioned property for inspection purposes.
Date 9-23-05 Applicant/Agent 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 _____ Applicant 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.



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

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.

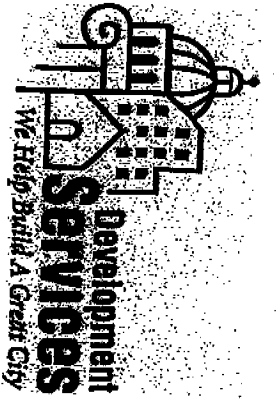
I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner HRIT ENTERPRISES LLC

Date 9-23-05 Case No. _____ Permit No. _____

Job Address 2020 NORTH AVE SACTO 95838

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



CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-E2-PERMIT

Inspection Request: 1-916-808-7822

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

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

Fax # 916-264-1901

MINOR PERMIT APPLICATION

Date: 9-23-0

Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. 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.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM

Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)

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

Job Address: 2020 Bldg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited) Contract Price \$10,000.00

CONTACT INFO Name: ARRH SNT LLC Unit # _____ Email: _____

Property Owner: ARRH SNT LLC Contractor: T. GAFFNEY License #: _____

Address: 1828 1914th Ave Address: _____

City/State/Zip: SACRO CA 95819 City/State/Zip: _____

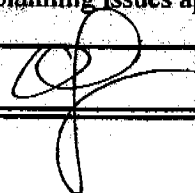
Phone: _____ Phone: _____ Fax: _____

Nature of Work: Provide description of work & indicate type of work in selections below.

Description of Work: RENOVE, REMOVE STAKE WITH STEEL, ADD HVAC

<input checked="" type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input checked="" type="checkbox"/> House Garage # Stories: <u>1</u> # Squares: <u>25</u> Material: <u>30 yr Durolow</u> <input checked="" type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Stucco	<input checked="" type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input checked="" type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input checked="" 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: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-write	<input type="checkbox"/> Public Utilities Safety Inspection <input type="checkbox"/> (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Correction Notice items will require an additional building permit.
Office Use Only: Parcel #: _____ Date Received: _____ Date Issued: _____ Processor's Initials: _____ Permit #: <u>0514883</u>				

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

ADDRESS: 2020 NORTH AVE	APN: 252-0025-004
DRPB AREA/PUD/SIDE: EXPANDED NORTH AREA	ZONING: R-1
EXISTING LAND USE: SFR/WDETACHED GARAGE	
PROPOSED USE: SFR/WDETACHED GARAGE	
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 <i>before</i> project can be submitted for plan check.
<input type="checkbox"/>	Application(S) IN PROGRESS: File Number: Application must be approved <i>before</i> project can be submitted for plan check.
<input checked="" type="checkbox"/>	Application(S) COMPLETED: File Number & approval date: OVER THE COUNTER APPROVAL 9-23-2005 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 <i>prior to issuance</i> of building permit.
<input type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input 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:	Proposed project to replace existing redwood shingles with stucco on all sides. Window will have decorative sills/framing. Re-roofing, pitch to stay the same. HVAC will be ground mounted in back of house. No change to footprint/lot coverage/setbacks. Building permit must conform to approved plans and comply with all conditions of approval. No other planning issues apparent.
DATE: 9/23/2005	BY: Adrienne Spease 



**CITY OF SACRAMENTO
CALIFORNIA**

PLANNING AND
BUILDING
DEPARTMENT
PHONE 916-808-5656

915 I STREET 3RD FL
SACRAMENTO, CA
95814-2998
FAX 916-264-5543

Over-The-Counter Project Review

Address: 2020 NORTH AVE
Description: New Stucco Siding for SFR

Applicant: HRH Enterprises LLC
Date Approved: September 23, 2005
Staff Contact: Adrienne Spease, Planning Technician

STAFF ACTION AND CONDITIONS OF APPROVAL:

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

1. Provide new stucco siding on all sides to replace existing redwood shingle siding.
2. Provide trim at all street-facing doors and windows. Provide trim and sills at all street-facing windows.
3. The scope of exterior work is limited to the above listed items. Any changes are subject to Design Review staff approval.

Adrienne Spease
Planning Technician
Design Review

RECORDING REQUESTED BY
Financial Title Company
AND WHEN RECORDED MAIL TO

Name **H R H Enterprises LLC**
Street Address **Box 191451**
City, State **SACRAMENTO 95819**
Zip
Order No. **42494115-803-BMC**

THIS IS CERTIFIED TO BE A TRUE
AND CORRECT COPY OF THE ORIGINAL

[Signature]
FINANCIAL TITLE COMPANY

SPACE ABOVE THIS LINE FOR RECORDER'S USE **NORTH**

GRANT DEED

THE UNDERSIGNED GRANTOR(S) DECLARE(S)
City of Sacramento or Unincorporated Area
City Conveyance Tax is \$
Parcel No. 252-0025-004

Documentary Transfer Tax is \$NA Not a sale
 computed on full value of interest or property conveyed, or
 full value less value of liens or encumbrances remaining at
the time of sale

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
Lori Fox and Joseph Lilley, wife and husband as joint tenants
hereby GRANT(s) to
H R H Enterprises LLC, a California Limited Liability Company
the following real property:
See Exhibit A attached hereto and made a part hereof.

Dated: September 20, 2005

STATE OF CALIFORNIA
COUNTY OF Sacramento) s.s.

On 9/20/05 before me,
B. McPherson

a Notary Public in and for said County and State, personally appeared

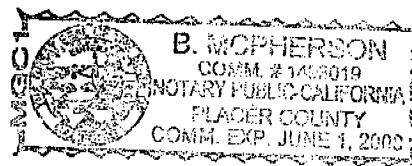
Lori Fox and Joseph Lilley --

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s), acted, executed the instrument.

WITNESS my hand and official seal.

Signature *[Signature]*

[Signature]
Lori Fox
[Signature]
Joseph Lilley



(This area for official notarial seal)

MAIL TAX STATEMENTS TO PARTY SHOWN ON THE FOLLOWING LINE; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE

Name Street Address City & State

Exhibit A

All that certain real property situated in the City of Sacramento, County of Sacramento, State of California, described as follows:

The East 55 feet of the West 295 feet of the North 150 feet of Lot 1 in Block 1, as shown on the Map entitled, "Subdivision No. 6 of North Sacramento", filed for record August 8, 1912, in Book 13 of Maps, Page 31.

RECORDING REQUESTED BY
Financial Title Company
AND WHEN RECORDED MAIL TO

Name **Joseph Lilley and Lori Fox**
Street **P.O. Box 191451**
Address **Sacramento, CA 95819**

City, State
Zip
Order No. **42494115-803-BMC**

THIS IS CERTIFIED TO BE A TRUE
AND CORRECT COPY OF THE ORIGINAL

[Signature]
FINANCIAL TITLE COMPANY

SPACE ABOVE THIS LINE FOR RECORDER'S USE ~~NOT~~

GRANT DEED

THE UNDERSIGNED GRANTOR(S) DECLARE(S)
City of Sacramento or Unincorporated Area
City Conveyance Tax is \$523.00
Parcel No. 252-0025-004

Documentary Transfer Tax is \$209.00
 computed on full value of interest or property conveyed, or
 full value less value of liens or encumbrances remaining at
the time of sale

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
Janet Kay Bell, Trustee of the Janet Kay Bell Revocable Trust dated April 5, 2000
hereby GRANT(s) to

LORI FOX AND JOSEPH LILLEY, WIFE AND HUSBAND AS JOINT TENANTS
the following real property:
See Exhibit A attached hereto and made a part hereof.

Dated: September 13, 2005

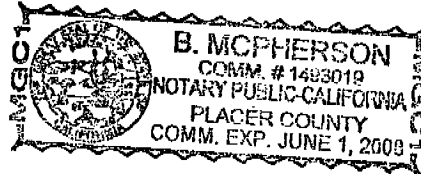
STATE OF CALIFORNIA
COUNTY OF Sacramento } s.s.

[Signature]
Janet Kay Bell, Trustee

On 9-15-05 before me,
B. McPherson

a Notary Public in and for said County and State, personally appeared
Janet Kay Bell

personally known to me (or proved to me on the basis of satisfactory
evidence) to be the person(s) whose name(s) is/are subscribed to the
within instrument and acknowledged to me that he/she/they executed
the same in his/her/their authorized capacity(ies) and that by
his/her/their signature(s) on the instrument the person(s), or the entity
upon behalf of which the person(s), acted, executed the instrument.



WITNESS my hand and official seal.

Signature B. McPherson

(This area for official notarial seal)

MAIL TAX STATEMENTS TO PARTY SHOWN ON THE FOLLOWING LINE; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE

Name Street Address City & State

Exhibit A

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