

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0502701

Insp Area: 1

Thos Bros: 298B4

Site Address: 5539 MODDISON AV SAC

Parcel No: 005-0153-025

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

FRAZIER CONSTRUCTION, INC
18 BUSINESS PARK WAY
SACRAMENTO CA 95828

OWNER

OKANE STEPHEN
5539 MODDISON AVE
SACRAMENTO, CA 95819

ARCHITECT

Nature of Work: 382 SQ FT ADDITION T REAR OF EXIST SFR, & REMODEL EXISTING BATHRM & MASTER BEDROOM.

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 B License Number 541041 Date April 1, 2005 Contractor Signature [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 April 1, 2005 Owner Signature [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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date April 1, 2005 Applicant/Agent Signature [Signature]

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury 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 STATE FUND Policy Number 1625038 Exp Date 02/01/2006

(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 April 1, 2005 Applicant Signature [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.

Department of Planning and Development
Building Inspection Division

05-02701

Grading and Erosion Control Questionnaire

To be completed for all residential new construction and additions

PART I (To be completed by applicant)

Site Address 5539 Moddison Ave A.P.N. _____

Applicant Information

Name Stephen O'KANE
Address 5539 Moddison Ave
Sacto, CA 95819
Phone 286-0400

Project Information (Check One)

Single Family Dwelling
Duplex _____
Triplex _____
Deep Lot Development _____

PART II (To be completed by the applicant when the project is not a part of a larger subdivision)

Are there existing structures on site? Y N
Does the site front on a paved road? Y N*
Is the site higher than the crown of adjacent road? Y N*
Is the proposed building site higher than the back of the sidewalk or curb? Y N*
Describe existing frontage improvements along road.
 Ditch * Curb and Gutter Curb, Gutter, and Sidewalk
The direction of drainage on this site is:
 Front to Rear * Rear to Front Side to Side *
Does an adjacent site drain across this parcel? Y* N
Does this site have an existing low area or drainage swale? Y* N
Will construction require cut or fill on site? (* >50FT3 or >2FT)
- How much cut? 6 Yards Depth _____
- How much fill? _____ Yards Depth _____
Has building site been previously been filled? Y* N
Will existing drainage be re-routed? Y* N
Do you plan to construct or modify culverts or drainage ditches? Y* N

Print Name EVELYN FRAZIER Title CONTRACTOR

Signature Evelyn Frazier Date MAR 21, 2005
Owner or Contractor

PART III (To be completed by staff)

Site verify drainage to street

Form with multiple rows of checkboxes and text, including fields for 'Subdivision Name', 'Grading and drainage approval required prior to permit issuance', and 'Approved by'.

[Signature] MICROFILM THIS DOCUMENT 3/21/05
05-02701

White Copy - Permit Jacket
Yellow - Utilities
Pink - Bldg. Div.

Department of Planning and Development
 Building Inspection Division
 Grading and Erosion Control Questionnaire

05-02701

To be completed for all residential new construction and additions

PART I (To be completed by applicant)

Site Address 5539 Moddison Ave A.P.N. _____

Applicant Information

Name STEPHEN O'KANE
 Address 5539 MODDISON AVE
SAC TO, CA 95819
 Phone 286-0400

Project Information (Check One)

Single Family Dwelling
 Duplex _____
 Triplex _____
 Deep Lot Development _____

PART II (To be completed by the applicant when the project is not a part of a larger subdivision)

Are there existing structures on site? Y N
 Does the site front on a paved road? Y N*
 Is the site higher than the crown of adjacent road? Y N*
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 - How much fill? _____ Yards Depth
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 Do you plan to construct or modify culverts or drainage ditches? Y* N

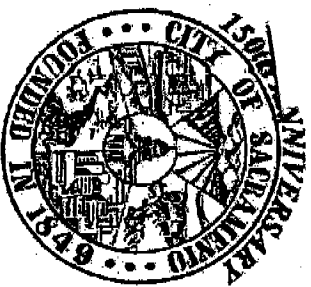
Print Name EVELYN FRAZIER Title CONTRACTOR
 Signature Evelyn Frazier Date MAR 21, 2005
Owner or Contractor

PART III (To be completed by staff)

Site verify drainage to street

What is the acreage of the parcel to be built on? _____ Acres
 Has an approved erosion and sediment control plan been provided?
 Has the original subdivision tract plan been provided?
 Has the State General Permit (NOI) and the SWPPP been provided?
 Has grading and drainage approval been provided prior to permit issuance?
 Approved by: _____ Date: _____
 Building permit # _____

Microfilm THIS DOCUMENT 3/21/05
 05-02701
 White Copy - Permit Jacket
 Yellow - Utilities
 Pink - Bldg. Div.



CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 FAXED PERMIT APPLICATION (certain restrictions apply)
 Fax # 916-264-1901

DATE: Feb 28, 2005

OSD 2701

*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

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (qualified)
 JOB ADDRESS: 5539 MODDISON AVE. SACRTO 95815 UNIT # _____ CONTRACT PRICE \$ _____
 CONTACT PERSON: _____ CONTRACT PHONE: 381-9484

Property Owner: STEPHEN O'KANE
 Address: 5539 MODDISON AVE.
 City/State/Zip: SACRAMENTO, CA 95819
 Phone: _____
 Contractor: BRAZIER CONSTRUCTION License # 541041
 Address: 18 BUSINESS PARK WAY
 City/State/Zip: SACRAMENTO CA 95828
 Phone: 381-9484 FAX: 381-9488

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 GARAGE # SQRARES: _____ 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 # amps <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
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DESCRIPTION OF WORK:

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 5539 MODDISON AVE	APN: 005-0153-025
DRPB AREA / PUD / SPD: CITYWIDE	ZONING: R-1
EXISTING LAND USE: SINGLE STORY RSF WITH ATTACHED GARAGE	
PROPOSED USE: 382 SQ FT ADDITION TO REAR OF EXISTING RSF	
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 submitted <i>before</i> project can be submitted for plan check.
<input type="checkbox"/>	Application(s) IN PROGRESS:
	Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.
<input type="checkbox"/>	Application(s) COMPLETED:
	Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 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 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"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
<p>COMMENTS: LOT AREA = 6550 (METROSCAN) EXISTING FOOTPRINT = 1588 + PROPOSED 382 = 1970 / 6550 = 30% TOTAL LOT COVERAGE. MEETS ALL SETBACK AND LOT COVERAGE REQUIREMENTS. NO ADDITIONAL PLANNING ENTITLEMENTS REQUIRED. NO DESIGN REVIEW APPROVAL REQUIRED. ALL MATERIALS AND COLORS TO MATCH EXISTING.</p>	
DATE: 02/28/05	BY: Bonnie Surgeon