

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0520031

Insp Area: 3

Thos Bros: 317J3

Site Address: 4525 55TH ST SAC

Parcel No: 021-0291-025

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

CAPITOL RECONSTRUCTION
204 21ST ST
SACRAMENTO CA 95814

OWNER

MAHONEY SEAN
4300 E ST
SACRAMENTO, CA 95819

ARCHITECT

Nature of Work: REBUILD SFD, 1056SF HABITABLE SPACE & 144SF PATIO. SINGLE STORY.

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 522603

Date 2-16-06

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 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

Owner Signature

PAID
CITY OF SACRAMENTO
FEB 16 2006
NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

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.

Date 2-16-06

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 STATE COMPENSATION INS FUND

Policy Number 467-0000646

Exp Date 04/01/2006

(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 2-16-06

Applicant Signature

WARNING: FAILURE TO SECURE WORKERS 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.



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 # 021 - 0291 - 025 PERMIT # 0520031
 SITE ADDRESS 4525 55th St ACREAGE _____

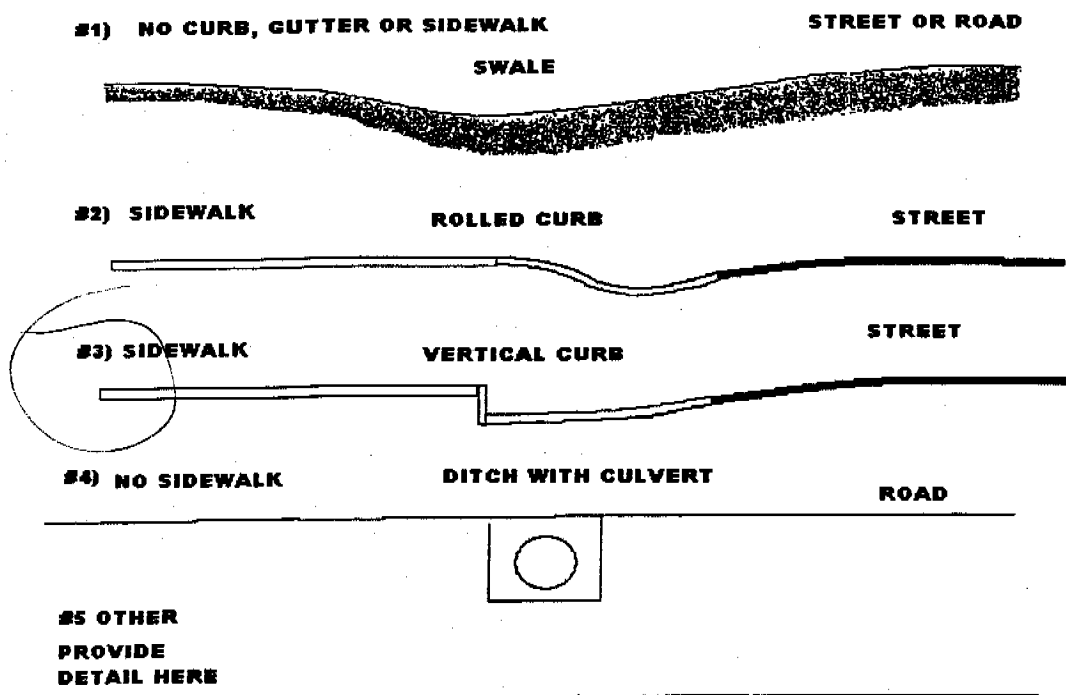
The City of Sacramento requires a building site to be graded to drain correctly and site drainage routed to an approved location. To help us understand the site drainage for your project and determine if a driveway permit or an encroachment permit is required please answer the following questions. All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

- | | | | |
|--|---|------------------------------------|--|
| 1. Are there existing structures on the site? | Y | <input checked="" type="radio"/> N | |
| 2. Is there an existing concrete or paved driveway to this parcel from the street? | Y | <input checked="" type="radio"/> N | |
| 3. Will the existing access to this parcel be changed in any way for this project? | *Y | <input checked="" type="radio"/> N | |
| 4. Are all portions of the lot higher than the crown of the street? | Y | <input checked="" type="radio"/> N | |
| 5. Are all portions of the lot higher than the back of the sidewalk? | Y | <input checked="" 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? | *Y | <input type="radio"/> N | N/A |
| 9. Is there a rolled curb at the street? | Y | <input checked="" type="radio"/> N | N/A |
| 10. Is there a drainage ditch or culvert at the street? | CITY OF SACRAMENTO | <input checked="" type="radio"/> N | N/A |
| 11. Does the lot drain from back to front? | FEB 16 2006 | <input checked="" type="radio"/> Y | *N |
| 12. Does the lot drain from front to rear? | NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES | Y | <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? | | *Y | <input checked="" type="radio"/> N |
| 15. Does the site have an existing low area or drainage swale? | | *Y | <input checked="" type="radio"/> N |
| 16. Does the drainage swale drain to an adjacent parcel? | | *Y | <input checked="" type="radio"/> N N/A |
| 17. Does the drainage swale drain to the street? | | <input checked="" type="radio"/> Y | *N N/A |
| 18. Will existing drainage be re-routed? | | *Y | <input checked="" type="radio"/> N |
| 19. Will drainage ditches or culverts be constructed or modified? | | *Y | <input checked="" type="radio"/> N N/A |
| 20. Did this project require approval from the Zoning Administrator? | | *Y | <input checked="" type="radio"/> N |
| 21. Did the project require approval from the Planning Administrator? | | *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 | <input checked="" type="radio"/> | N | |
| 23. Is this a corner lot? | *Y | <input checked="" type="radio"/> | N | |
| 24. Is the posted speed limit on this street greater than 25 MPH? | *Y | <input checked="" type="radio"/> | N | |
| 25. Is this parcel located on a four-lane street? | *Y | <input checked="" type="radio"/> | N | |
| 26. If site is greater than 1/2 acre has an erosion and sediment control plan been submitted? | Y | <input checked="" type="radio"/> | 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 | <input checked="" type="radio"/> | 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 | <input checked="" type="radio"/> | 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 *Kimberly Kennedy* DATE *2-15-06*
 TITLE *Vice President*
 PHONE NO. *916-446-2774*



CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
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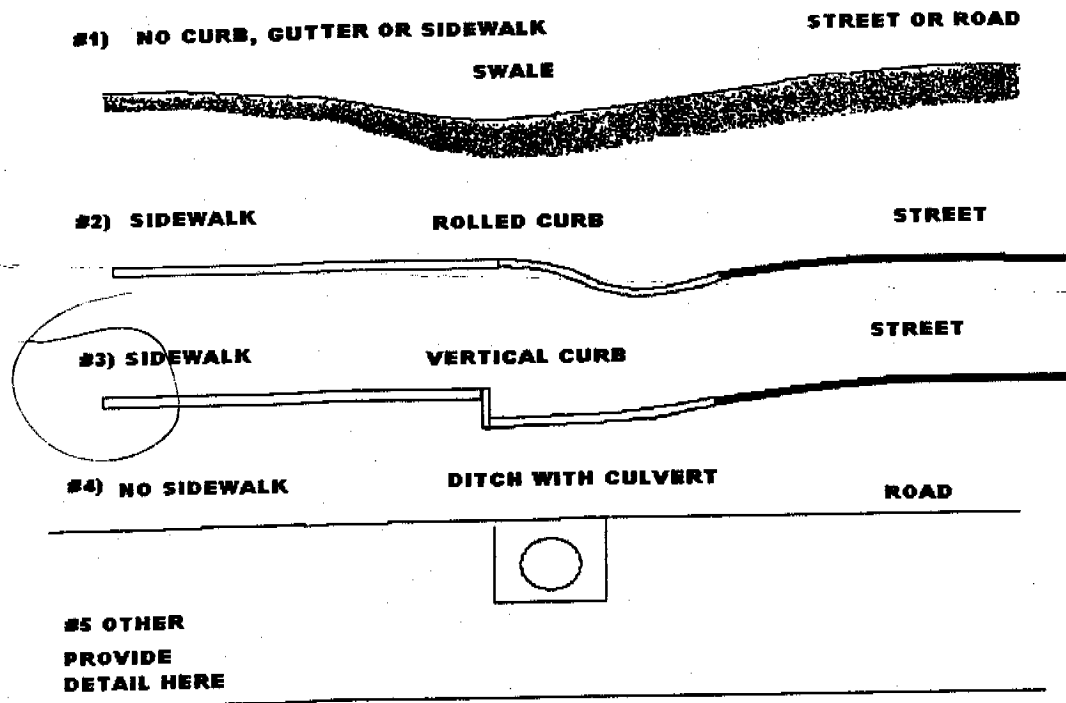
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SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

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SIGNED Jim La Kennedy DATE 2-15-06
 TITLE Vice President
 PHONE NO. ~~916-446-2774~~ 916-446-2774



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

RESIDENTIAL PLAN REVIEW 2001 CBC Adopted Codes Effective November 1st, 2002

PROJECT DESCRIPTION NEW SFR 4525 55th ST DATE 2-2-06 PERMIT No. 0520031

These sheets, when attached to a set of plans, become part of those plans and must remain attached thereto. The approval of this plan and the specifications shall not be held to permit or approve the violation of any City ordinance or State or Federal law. (Note: Authorized agent must provide a letter from Owner verifying Authorization.) (The code requirements circled do not limit the code requirements for this project.)

I have read and will comply with the items in this document and as marked on the plans.
Signature of: [Signature] Date 2-15-06
 Owner Authorized Agent Contractor Architect/Engineer

BUILDING CODE REQUIREMENTS

- B-1 **Smoke detector location within dwelling units.** In dwelling units, a detector shall be installed in each sleeping room and at a point centrally located in the corridor or area giving access to each separate sleeping area. When the dwelling unit has more than one story and in dwellings with basements, a detector shall be installed on each story and in the basement. In dwelling units where a story or basement is split into two or more levels, the smoke detector shall be installed on the upper level except that, when the lower level contains a sleeping area, a detector shall be installed on each level. When sleeping rooms are on an upper level, the detector shall be placed at the ceiling of the upper level in close proximity to the stairway. In dwelling units where the ceiling height of a room open to the hallway serving the bedrooms exceeds that of the hallway by 24 inches (610 mm) or more, smoke detectors shall be installed in the hallway and in the adjacent room. Detectors shall sound an alarm audible in all sleeping areas of the dwelling unit in which they are located. In new construction, required smoke detectors shall receive their primary power from a commercial source and have a battery back up. 2001 CBC, Section 310.9.1.
- B-2 When alteration, repairs, or additions having a value in excess of \$1,000 are made, provide an approved smoke detector to protect existing sleeping rooms. The detector may be battery operated as per 2001 CBC, Section 310.9.1.2.
Exception: Repairs to the exterior surfaces of a Group R occupancy are exempt from the requirements of this section.
- B-3 **Emergency escape and rescue.** Basements in dwelling units and every sleeping room below the fourth story shall have at least one operable window or door approved for emergency escape or rescue that shall open directly into a public street, public way, yard, or exit court. Escape or rescue windows shall have a minimum net clear openable area of 5.7 square feet / 821 SQ. inches. The minimum net clear openable height dimension shall be 24 inches. The minimum net clear openable width dimension shall be 20 inches. Emergency escape or rescue windows shall have a finished sill height not more than 44 inches above the floor. 2001 CBC, Section 310.4.
- B-4 **All Group U occupancies attached to Group R, Division 3 occupancies shall be separated by materials approved for one-hour fire-resistive construction.** The separation may be limited to the garage side only and requires a self-closing, tight fitting solid wood door 1 3/8 inches in thickness or a self-closing, tight fitting door having a fire protection rating of not less than 20 minutes. 2001 CBC, Section 302.4, Exception 3.

Certification of Compliance
School District Development

Part I - To be completed by the APPLICANT

Owner's Name/Address 4525 55th St
 Project Address 4525 55th St
 Parcel Number 021-0291-025 Lot No. _____
 Subdivision Name _____ No. of Units _____
 Applicant's Signature Parula Kennedy, Capital Reconstruction Secretary
 Phone No. 916-446-2774 Date 2-3-06

Notice to Applicant: Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

Part II - To be completed by the BUILDING DEPARTMENT

Plan Identification Number 0520031
 Building Type (check one) Residential Apartment/Condominium Commercial/Industrial
 Square Feet of Chargeable Building Area 1066 #
 Signature/Title Don Salin BIC Date 2-2-06

Part III - To be completed by the SCHOOL DISTRICT

School District SCUSD Certificate No. 11144
 Exempt Comments fire repair under 300 #
 Residential/Apartment/etc. 384 Square ft. x \$ 224 = \$ Ø
 Commercial/Industrial _____ Square ft. x \$ _____ = \$ _____
 Total fees collected..... = \$ Ø

This certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized school official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

Signature Yous E Date 2/3/06

White & Canary - School District • Pink - Building Department • Goldenrod - Applicant

-----: MetroScan / Sacramento (CA) :-----

Owner :Mahoney Sean	Parcel :021 0291 025 0000
Site :4525 55th St Sacramento 95820	Xfered :10/20/2005
Mail :4525 55th St Sacramento Ca 95820	Price :
Use :Ala00a Res,Single Family In Subdiv	Phone :
Bedrm:2 Bath:1.00 TotRm:4 YB:1924 Pool:No BldgSF:672 Ac:.14	

Information compiled from various sources. Real Estate Solutions makes no representations or warranties as to the accuracy or completeness of information contained in this report.

Residential Triage

Address: 4525 35th ST PC #: 0520031

Flood Zone: X APN: 021 - 0291 - 025

Owner Name: SEAN MAHONEY Contractor Name: Capitol Reconstruct

Address: _____ Address: _____

City: _____ Zip Code: _____ City: _____ Zip Code: _____

Phone #: _____ Phone #: _____

Fax #: _____ Fax #: _____

Email: _____ Email: _____

Applicant Name: Capitol Reconstruction

Address: _____ City: _____ Zip Code: _____

Phone #: 446-2774 Fax #: 446-5573 Email: _____

Job Description: Rebuild 1056 sq SFR

NSFD _____ Duplex _____ Addition _____ 2nd Unit _____

Square Footage: 1056

Utility Location: _____ Easement: yes no NONE FOUND

Water: 6" Water in Alley Sewer: 8" in ALLEY 12" in street
(COUNTY)

Power: _____ Gas: _____

Any Other Planning Issues

"Z" File #: _____ DR File #: _____

P File #: _____ PB File #: _____

Public Works: _____ Utility: _____

Fire: _____



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RESIDENTIAL APPLICATION
1-916-264-5656 OR 1-866-EZ-PERMIT

4525 55th St.		3
BUILDING SITE ADDRESS	SUITE	INSP. AREA
021-0291-025-0000		0520031
ASSESSOR'S PARCEL NO.	COMMUNITY PLAN NO.	PLAN CHECK NO.

NAME OF APPLICANT	ADDRESS	ZIP CODE	PHONE NO.
LICENSED CONTRACTOR			
CAPITOL RECONSTRUCTION		446-2774	Fax 446-5573
CONTRACTOR'S LICENSE NO.:			
PROPERTY OWNER			
Sean Mahoney, Amy Roberts			
ARCHITECT/ENGINEER			

No. of Stories	No. of Rooms	Roof Covering	Area 1 st Floor	Total Area	Garage Area	Patio Area
1			1056	1056		

THIS PERMIT IS FOR:

- BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

NATURE OF WORK IN DETAIL

Replace - FIRE damaged home.

\$ _____
VALUATION

PBF10008

144 Porech
1056.

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

ADDRESS: 4525 55 th STREET	APN: 021-0291-025
DRPB AREA / PUD / SPD: DESIGN REVIEW	ZONING: R-1
EXISTING LAND USE: FIRE DEMO SFR W/ EXISTING DETACHED GARAGE	
PROPOSED USE: REBUILD W/ NEW SFR	
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 checked="" type="checkbox"/>	Requires APPLICATION(s): PC ZA IR <u>ER</u> 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: ER05-288 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: ER05-288 Building permit must conform to approved plans and comply with all conditions of approval.
<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"/>	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 rebuild SFR destroyed by fire. Existing Garage to remain. No proposed work on Garage. Lot is 6250 sq ft. New SFR w/ covered porch and (E) Garage is approx. 1492 sq ft / 6250 = under 24% lot coverage. Maximum lot coverage in R-1 zone is 40%. All setbacks ok as shown on Site Plan. Parcel has Fire case on it. Contact Code Enforcement. IR05-331 in progress.
DATE: 12-13-2005	BY: Debra K. Russell <i>DKR</i>

Permit #
05 20031**CF-4R**

June, 6 2006

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING

This CF-4R Issued by CalCERTS® is for the home located at:

4525 55th St
Sacramento CA, 95820

Certificate Number: CC3-1798367914
Date Inspected: June, 6 2006
CalCERTS Rater: Patricia Cummings
 CC2004407
HERS Analyst: N/A
Builder/Developer: Owner-Builder
Project: 4525 55th St
Phase: Phase 1
Plan Name: 4525 55th St
Lot Number: 001

**Specifics about this home:***General Information*

Conditioned Floor Area: 1200 Square Feet
Conditioned Volume: 0 Cubic Feet
Front Orientation: N/A
Number of Stories: 1

Testing & Verification Results

Main System HVAC System	
Duct Sealing	Passed
Installation of Thermostatic I Expansion Valve (TXV)	Passed

Heating and Cooling Systems

Heating Equipment: Furnace: 80
Cooling Equipment: AC: 13

HVAC Air Distribution

Duct Location: Attic
Duct Leakage Target:
Duct Insulation R-Value: 6

Water Heating System Proposed

QTY	Size	Fuel	EF	Distribution

Water Heating System Actual

QTY	Size	Fuel	EF	Distribution

The energy efficiency rating of this home is determined using California Home Energy Rating System (C-HERS) rules. The rating considers heating, cooling and water heating and assumes average weather, thermostat settings, and quantities of hot water for a typical household. Actual energy use will vary according to occupant behavior. This Rating Completion Summary is provided only after the features listed have been verified and approved by the CalCERTS Certified Rater shown above. If you have a concern or complaint regarding this report of the services used in obtaining it, you may contact: CalCERTS - Customer Service 11 Natoma St Suite 140, Folsom, CA 95630.

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8) CF-4R

Project Address 4525 55th St	Builder Name Owner-Builder
Builder Contact <i>Patricia Cummings</i>	Telephone 4525 55th St
HERS Rater Patricia Cummings	Plan Number 27332 / 001
Compliance Method (Prescriptive)	Sample Group Number / Lot # (if applicable) Climate Zone 12
Certifying Signature <i>Patricia Cummings</i>	Date June 6, 2006
Firm: IDT-Independent Duct Testing	HERS Provider: CalCERTS
Street Address: PO Box 3614	City/State/Zip: Citrus Heights / CA / 95611
Certificate Number CC3-1798367914	

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

HERS RATER COMPLIANCE STATEMENT

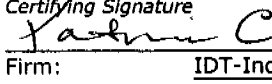
The house was Tested Approved as part of sample testing, but was not tested. As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form. The HERS rater must check and verify that the new distribution system is fully ducted and correct tape is used before a CF-4R may be released on every tested building. The HERS rater must not release the CF-4R until a properly completed and signed CF-6R has been received for the sample and tested buildings.

- The installer has provided a copy of the CF-6R (Installation Certificate).
- New Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).
- New systems where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks at duct connections.

MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT: Main System

NEW CONSTRUCTION			
	Duct Pressurization Test Results (CFM @ 25 Pa)	Measured Values	
1	Enter Tested Leakage Flow in CFM:	56	
2	Fan Flow: Calculated (Nominal <input type="radio"/> Cooling <input checked="" type="radio"/> Heating) or <input type="radio"/> Measured Enter Total Fan Flow in CFM:	1106	
3	Pass if Leakage Percentage <= 6% [100 x (Line 1 / Line 2)]:	5.06%	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
ALTERATIONS: Duct System and/or HVAC Equipment Change-Out			
4	Enter Tested Leakage Flow in CFM from CF-6R: Pre-Test of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM: Final Test of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.		
6	Enter Reduction in Leakage for Altered Duct System [Line 4 - Line 5] - (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		
8	Entire New Duct System - Pass if Leakage Percentage <= 6% [100 x (Line 5 / Line 2)]:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out, use one of the following four Test or Verification Standards for compliance:			
9	Pass if Leakage Percentage <= 15% [100 x (Line 5 / Line 2)]:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage <= 10% [100 x (Line 7 / Line 2)]:		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage >= 60% [100 x (Line 6 / Line 4)] and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Pass if One of Lines #9 through #12 pass			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3-4 of 8) CF-4R

<i>Project Address</i> 4525 55th St	<i>Builder Name</i> Owner-Builder
<i>Builder Contact</i>	<i>Telephone</i> 4525 55th St
<i>HERS Rater</i> Patricia Cummings	<i>Telephone</i> 916-768-7951
<i>Compliance Method (Prescriptive)</i>	<i>Sample Group Number / Lot # (if applicable)</i> 27332 / 001
<i>Certifying Signature</i> 	<i>Climate Zone</i> 12
<i>Firm:</i> IDT-Independent Duct Testing	<i>Date</i> June 6, 2006
<i>Street Address:</i> PO Box 3614	<i>Certificate Number</i> CC3-1798367914
	<i>HERS Provider:</i> CalCERTS
	<i>City/State/Zip:</i> Citrus Heights / CA / 95611

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

HERS RATER COMPLIANCE STATEMENT

The house was Tested Approved as part of sample testing, but was not tested.
 As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form.

The installer has provided a copy of the CF-6R (Installation Certificate).

THERMOSTATIC EXPANSION VALVE (TXV): Main System

Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified.

Main System HVAC System TXV	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail
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CERTIFICATION OF INSULATION

PART I GENERAL	Capital Reconstruction 4525 55th street LOT #	<input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026 <input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026 <input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/> 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675	
	DATE INSULATION COMPLETED 5-15-06		
PART II AREAS INSULATED	WALLS	CEILINGS	FLOORS
	(SQUARE FEET)	(856 SQUARE FEET)	(SQUARE FEET)
	TYPE OF INSULATION		
	MATERIAL FIBERGLASS	MATERIAL FIBERGLASS	MATERIAL FIBERGLASS
	FORM BATTS	FORM BATTS & BLOW	FORM BATTS
	MANUFACTURER'S PRODUCT I.D.		
	MANUFACTURER		
	CT	OC	JM
	CT	OC	JM
	BAGS		
R-VALUE INSTALLED 13 19	R-VALUE INSTALLED 3.5 5.5	R-VALUE INSTALLED R-38	APPLIED THICKNESS 14 3/4
OTHER THAN WALLS ABOVE			
MATERIAL FIBERGLASS	FORM BATTS	R VALUE	MANUFACTURER CT OC JM
AIR AND VAPOR SEALANT			
MATERIAL FOAM		MANUFACTURER HILTI HANDY FOAM	
THIS IS TO CERTIFY THAT THE INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND CONDITIONS.			
SIGNATURE — INSULATION CONTRACTOR	B.G.	TITLE MANAGER	DATE 5-15-06
SIGNATURE — GENERAL CONTRACTOR		TITLE	DATE
REMARKS			

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

ADDRESS: 4525 55 TH STREET	APN: 021-0291-025
DRPB AREA / PUD / SPD: NONE	ZONING: R-1
EXISTING LAND USE: SINGLE FAMILY RESIDENCE W/DETACHED GARAGE	
PROPOSED USE: TO ALLOW EXISTING GRAVEL DRIVEWAY TO REMAIN	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input checked="" 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 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 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:	FIRE CASE: THERE WAS A FIRE TO AN EXISTING RESIDENCE. APPLICANT DECIDED TO CONSTRUCT A NEW SINGLE FAMILY RESIDENCE, PART OF THE CHECKLIST IS TO PROVIDE A CONCRETE DRIVEWAY. HOWEVER THE EXISTING DETACHED GARAGE WAS NOT DESTROYED WITH THE FIRE TO THE HOUSE AND THEREFORE WAS UNTOUCHED DURING THE CONSTRUCTION OF THE NEW SINGLE FAMILY RESIDENCE. THERE WAS AN EXISTING GRAVEL DRIVEWAY AT THE TIME OF FINAL INSPECTION. A CORRECTION NOTICE WAS GIVEN TO THE APPLICANT TO PROVIDE A NEW CONCRETE DRIVEWAY OR GET PLANNING APPROVAL. AT THIS TIME THE EXISTING GRAVEL DRIVEWAY IS ALLOWED TO REMAIN AND SHALL NOT BE REQUIRED TO BE CONCRETE. THE GRAVEL DRIVEWAY WAS EXISTING AT THE TIME OF THE FIRE AND WAS UNTOUCHED ALONG WITH THE DETACHED GARAGE WHEN NEW CONSTRUCTION OCCURRED.
DATE: 7-17-2006	BY: CHRISTINA MONTANEZ