

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0101854
Insp Area: 1

Site Address: 4625 FREEMAN WY SAC
Parcel No: 008-0472-009

Sub-Type: REM
Housing (Y/N): N

CONTRACTOR

OWNER
JONES DANIEL S/KATHLEEN L
4625 FREEMAN WY
SACRAMENTO CA 95819

ARCHITECT
ROBERT MCDUGAL

Nature of Work: REMODEL & ASFR - 1ST FLR BATH & FIREPLACE RMDL, + 1170
SF(237 1st, 933 2nd) ADDN, +106 SF ATTCHD DECK, +100 SF
CVRD PRCH

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 S 33512 Date 5/7/01 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 contractor(s) for 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 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 5-7-01 Applicant Agent Signature [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 exempt 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 5-7-01 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.



MATRISCOPE / SMITH-EMERY
Engineering Laboratories & Consultants

3102 Industrial Blvd.
West Sacramento, CA 95691
(916) 375-6700
Fax: (916) 375-6702
E-mail: web@matriscope.com

June 15, 2001
File No. 1116

City of Sacramento
Development Services Division
1231 I Street, Room 200
Sacramento, CA 95814
Attn: John Tang, Plan Check Engineer

Re: Final Report Affidavit for Special Inspection and Testing Services

Project: Jones Project
4625 Freeman
Sacramento, California
Permit # 0101854

Dear Mr. Tang:

THIS IS TO CERTIFY that the following on-call inspections and materials testing (UBC, Chapter 17) were performed by certified inspectors/technicians performing such services under the direct supervision of the undersigned.

1. Epoxy Anchor Installation Inspection by Certified Structural Concrete ICBO Inspector.

The work performed, which required special inspection/testing, was to our best knowledge, in conformance with the approved plans, specifications, approved changes and the applicable workmanship provisions of the Uniform Building Code (UBC), 1997.

Respectively submitted,

MATRISCOPE/SMITH-EMERY LABORATORIES

Gary C. Balbi, CEF
Vice President

Raja Rodrigo, C.E.



cc: Mr. Steve Winkel / Omni Contractors, 6032 Mariposa Ave., Citrus Heights, CA 95610

O.K. JT
7/12/01



MATRISCOPE / SMITH-EMERY
Engineering Laboratories & Consultants

3102 Industrial Blvd.
West Sacramento, CA 95691
(916) 375-6700
Fax: (916) 375-6702
E-mail: web@matriscope.com

June 4, 2001

MS Job No.: **1116**

Steve Winkel
Omni Contractors
6032 Mariposa Avenue
Citrus Heights, CA 95610

Project: Jones Project
Sacramento, CA

REPORT SUMMARY

From: 05/19/01 To: 06/01/01

As directed by **Omni Contractors**, MatriScope/Smith-Emery was present at the above project on the dates shown to provide inspections of the work in progress as follows:

05/29/01 – Tuesday
Epoxy Anchor or Dowel
Report #2975

I arrived at the project site for the purpose visually inspecting the installation of anchor bolts, results as follows: 26 MTT 28B and RFB #5X16" rebar. with 12" embedment, also anchor bolts at existing walls 1/2" threaded rods with 4" embedment 14 total. Epoxy used was Simpson E.T meeting ICBO product code 5279. Installation is in accordance with structural drawing and product directions.

Inspector: J.T. Patterson

Unless noted otherwise, the above work was performed in accordance with the project plans and specifications

Respectfully submitted,

MatriScope/Smith-Emery

Gary Balbi
Vice-President, Operations

0101859R.

Date of Request: _____

By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 4625 Freeman Way

Assessor's Parcel Number: 008-0472-009

Previous Use: exist. S.F.R.

Description of Request/Proposed Use: room addition & covered porch

Is This a Change of Use? NO

Prior Applications for Project Site(P#, Z#, DRPB#): none Zoning Designation: R-1

Comments: max. lot coverage allowed on 5000 s.f. lot = 2000 s.f. (40%); lot coverage = 1928 s.f. (39%); min rear setback = 15'; side yard setback may match exist. (shown as 3.0')

Are There Any Planning Issues?: (circle one) YES NO

- * Staff Site Plan Check Required? (Circle one) YES NO
- * Field Inspection Required? (Circle one) YES NO
- * Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: PHIL REED 2/12/01

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL



DAILY FIELD REPORT

No. _____ of _____ Page: _____ of _____

Project Name: <u>WATER RESERVOIR</u>		Client's Job No.: <u>0417</u>	MSE Job No.: <u>1116</u>
Address: <u>4625 WINDMILL WAY</u>		Date: <u>5/29/01</u> M (T) W Th F S Sun	
Project-Site Time (Start): <u>2:30</u> Lunch, min: _____		Completed: <u>90</u> Overtime; Travel Time; or a Cancellation/Delay see footnote *	
Type of Work Observed: <u>TESTING OF EXISTING</u>		MSE Code No.: <u>FD</u>	
Project Specification(s): _____		Plan Sheet(s): _____	
Permit or Jurisdiction No.: _____			

Report: ** NO. 17 TESTED IN RESERVOIR AS PERMITTED BY THE STATE DEPARTMENT OF WATER RESOURCES. RESULTS IN TABLE. FOUND IN 20' MIN. 22.8 HUNDRED PPM. 20'S #5 / 16 LAYER. ALSO FOUND IN 20' MIN. 22.8 HUNDRED PPM. ALL TESTED AS PER STR. MANUAL. REPORT USED FOR PERMITS.

Sampling & Testing: Type of Material: _____	Source: _____
Location(s) Sampled: _____	No. of Samples: _____
Laboratory Tests Requested: _____	
Field Test(s): _____	Equipment Used: _____
Field Test Result(s): _____	Specified Tolerance: _____
Pick-up Ordered: Date, Time & Site Location: _____	No. of Specimens: _____

The herein named Inspector, or Technician, Verifies that the work Observed &/or Tested, Complies with, Contract Document Requirements, unless otherwise noted.

Inspector / Technician: <u>print J. TRASSO</u>	Licenses / Certification No.: <u>SE-80</u>
Inspector: <u>[Signature]</u>	
Project-Site Authorized Representative: *** <u>[Signature]</u>	Position: <u>V.F.</u>

Note: This is not an Invoice. Services are based on 4 & 8 hour minimums, 2 hour cancellation minimum. Overtime becomes effective after the first 8 hours worked, on Holidays (legal), on Weekends; & after 3:30 PM; unless contracted otherwise; prior to services being performed. Laboratory Testing, Material Engineering, Equipment Rental & Travel Time Charges may also apply.

Distribution of Report Field Copies: **White to MSE;** **Canary to Inspector / Technician;** **Pink to Authorized Project Representative**

* Any Overtime or Travel needs approval. Note on the last line(s) of the report who authorized the hours. For Travel Time the origin and destination need to be noted in the report. Fully explain any Cancellation or Delay.
 ** Location of Work Inspected is Identified by Grid Line(s), Column(s), Floor Level(s) or Specific Location(s) on Site.
 *** Note: The signature of the Authorized Representative verifies that the MSE Inspector / Technician was present on-site; does not indicate your acceptance of the work, report details, or test.

Certification of Compliance
School District Development

Part I - To be completed by the APPLICANT

Owner's Name/Address Don & Karen Wilson
Project Address 4625 Firman 95819
Parcel Number _____ Lot No. _____
Subdivision Name _____ No. of Units _____
Applicant's Signature [Signature] Title Contractor
Phone No. [Phone] Date 5/7/01

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 0101354
Building Type (check one) Residential Apartment/Condominium Commercial/Industrial
Square Feet of Chargeable Building Area 1170
Signature/Title [Signature] Date 5-7-01

Part III - To be completed by the SCHOOL DISTRICT

School District 70000 Certificate No. 70823
 Exempt Comments _____
Residential/Apartment/etc. 1170 Square ft. x \$ 1.72 = \$ 2012.40
Commercial/Industrial _____ Square ft. x \$ _____ = \$ _____
Total fees collected 411577 = \$ 2012.40

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] Date 5/7/01

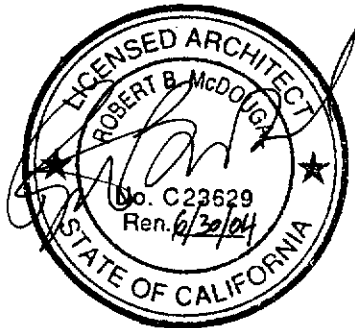
Robert McDougal Architect
P.O. Box 161533
Sacramento, CA 95816
(916) 454 9209

Response to field inspection for 4625 Freeman Way

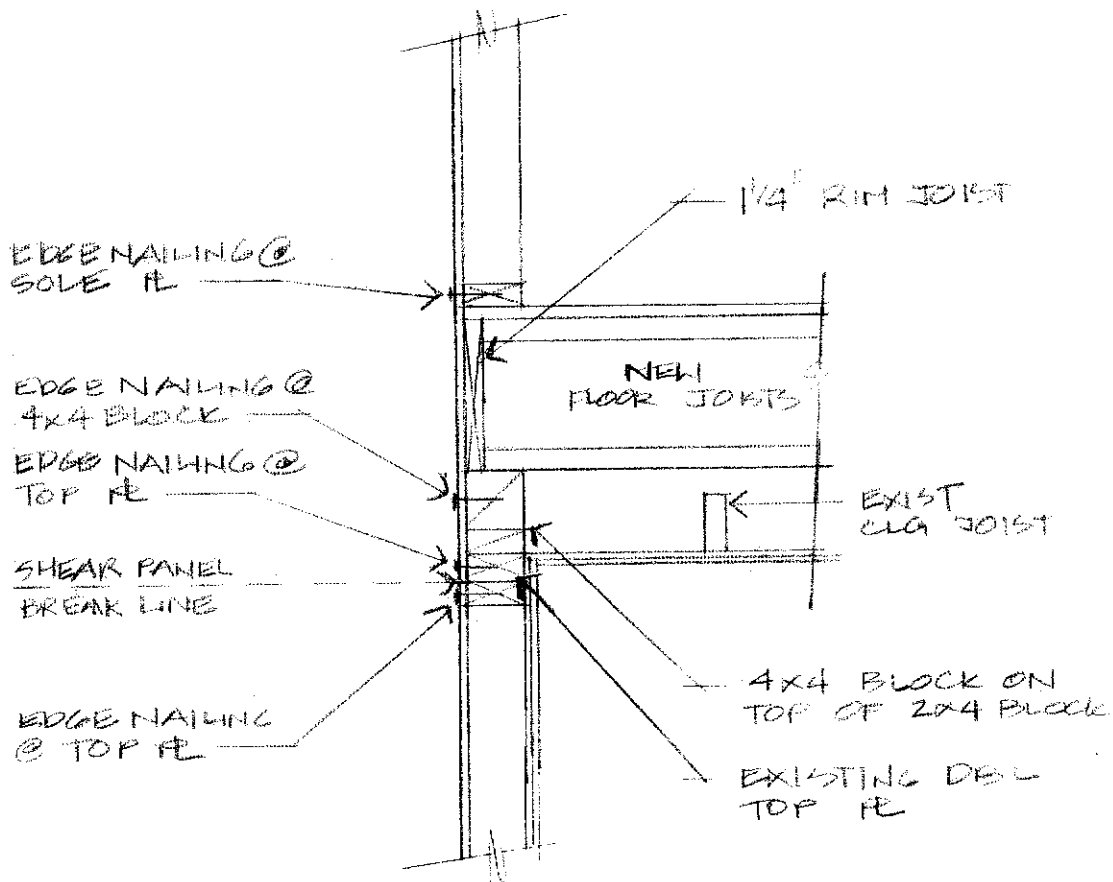
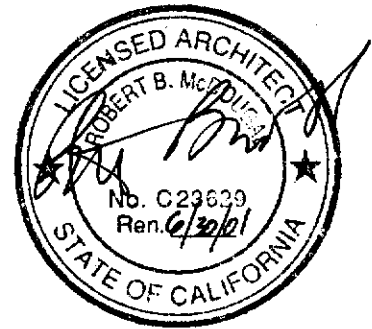
In order to provide "positive connections" at the second floor wall-to-roof locations, use H-1 or H-3 seismic ties at the following locations:

1. At the front second floor wall line (Exercise Room, Stair, Bathroom 3), use (4) H-1's or H-3's to supplement the UBC required (3) 8d's per rafter-to wall connection (page 16 of 22 in structural calcs)
2. At rear wall line of exercise room, use (2) H-1's or H-3's, equally spaced at the rafter-to-top plate to supplement the standard UBNC nailing already in place. (Page 15 of 22 in structural calcs.).
3. At each, right and left sidewalls of Music room, use (2) H-1's or H-3's, equally spaced, to supplement the standard UBC nailing already in place.
4. Gable end locations already have A-35-F's called for on plans.

AUG 08 2001



ROBERT B. McDOUGAL
ROBERT B. McDOUGAL ARCHITECT
P.O. BOX 161533
SACRAMENTO, CA 95816
(916) 454-9209



4625 FREEMAN WAY
LOWER TO UPPER WALL SHEAR NAILING
@ EAST & WEST WALLS 1"=1'0"