

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0015118

Insp Area: 1

Thos Bros: 297D1 518

Site Address: 1424 F ST SAC

Parcel No: 002-0165-008

UNITS 1,2,&3

Sub-Type: AOTHR

Housing (Y/N): N

CONTRACTOR

OWNER

MICHAEL ROBINSON
1305 CHESTNUT LANE
DAVIS CA 95616

ARCHITECT

Nature of Work: CONVERT FIRE-DAMAGED RES/OFFICE TO TRIPLEX(PRESENT BLDG WAS HS/DB) - ONE UNIT PER STORY, ADD 238 SF LVNG PER UNIT(TOTAL 714 SF), INTERIOR REMODEL ALL FLOORS TO INCLUDE KTCHN, 2 FULL BATHS, 3 BDRMS, (N) PLMBG/ELEC/HVAC, (N) 3-STRY EXTERIOR STAIRCASE AT REAR OF BUILDING, REAR YARD SITE IMPROVEMENTS(PARKING, LIGHTING, WALKS & LANDSCAPE)

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 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 10-17-01 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 hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 10-17-01 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 _____ 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 10-17-01 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

DEC 27 2000

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION
1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 00-15118 Insp. Area 1R

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1424 F ST. Suite 1, 2+3
PARCEL # 002-0165-002

CONTACT Name <u>Michael Robinson</u> Street Address <u>1305 Chestnut Lane</u> City/State/Zip <u>Davis, CA 95616</u> Phone <u>(530) 297-3909</u> FAX <u>(530) 753-5542</u> E-mail: <u>MRobinson@thatismybank.com</u>		LICENSED CONTRACTOR Lic No. # _____ Name <u>Owner/B</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
ARCHITECT/ENGINEER Name <u>Brett Osborn</u> Address <u>PO Box 344</u> City/State/Zip <u>Loomis, CA 95650</u> Phone <u>916 652-2113</u> FAX _____ E-mail: _____		OWNER Name <u>See Above</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: Fire Repair, Restoration Addition (New) 600
Removal 800 living area
Change of use from office to triplex

OCCUPANT/TENANT: _____ VALUATION: \$ 75,000

FLOOD STATUS:				S.C.A.T.					
JOB DESCRIPTION	BLDG	SHELL	APT	TIC	REM	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC		SITE		FIRE
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File
						SPR	ALARM		[H] [Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	<u>PW</u> <u>UTIL</u>

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

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.

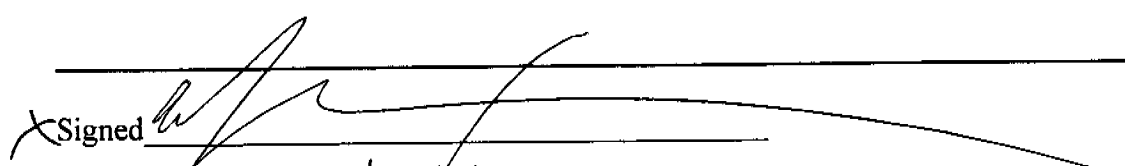
Name _____ Address _____

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

Signed 

Job Address 1424 F ST

Permit No: 0015118

PC 0015118R.

Date of Request: _____

By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 1426 F Street

Assessor's Parcel Number: 002-0165-008

Previous Use: SF with office to tri-plex.

Description of Request/Proposed Use: Convert to triplex - Remove all interior walls and reconfigure to 3 dwelling units.

Is This a Change of Use? Yes

Zoning Designation: R-O

Prior Applications for Project Site(P#, Z#, DRPB#): P80-043

Comments: Must apply for preservation approval which must be issued prior to bldg permit issuance; Verify parking layout for 3plex. Washington Dist. Preservation!

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: Donna Decker 12/27/00

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

MICROFILM AFTER FINAL

PB 010010

AREA 1R

0015118

PLANNING AND ZONING REVIEW

..... to be filled out by Planning staff

ADDRESS: 1424 F St

APN: 002-0165-008 ZONING: RD

DESIGN REVIEW AREA: Washington District Preservation Area

PREVIOUS FILES RELATED TO SITE: 986-043, ~~280~~ PB-01-010

EXISTING LAND USE: Residential 3 units

PROPOSED USE: Rear Stairs - shift 2' to west (modification to what was originally approved under PB-01-010).

COMMENTS: Okay w. Preservation to shift stairs 2' to west, per Randy Lum. Consultation with

~~DO NOT POUR CONCRETE~~
Okay to pour concrete under said stairway. No other changes.

DATE: 7/12/02 BY: M. May

DOES IT APPEAR THAT THE PROJECT WILL REQUIRE A PLANNING APPLICATION?

YES NO (If yes, circle applications needed below)

.....Staff.....ZA.....Planning Commission.....Design Review.....Preservation Review.....

CONCLUSION: See above - okay w Randy Lum

DATE: 7/12/02 BY: M. May



JOB REPORT

PAGE: 1

PROJECT NAME: Cory Johnson Mast. FILE NO. 5610

INSPECTOR: Michael P. H. DATE: 4-23-02

PERSONS CONTACTED: Cory Johnson PERMIT #: CO 15118

REFERENCE DOCUMENTS: ICBO Report # 4945 WEATHER: _____

SERVICE PROVIDED: CONCRETE (INSP/SAMPLE ONLY/PU) MASONRY WELDING (SHOP/FIELD) SOILS

OTHER Epoxy Anchor

product loaded 11 PHD-2 to 4000lbs per 4000
without failures At 1424 F St.

COMPLIANCE OF WORK: Acceptable

ATTACHMENTS: _____

EQUIPMENT/SUPPLIES USED: Hydrantors

NEXT VISIT: _____

REMARKS: _____
 REVIEWED BY: [Signature] DATE: 4-23-02