

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0000485
Insp Area: 2

Site Address: 1057 L ALOUTTE WY SAC
Parcel No: 031-1430-023

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

CONTRACTOR

OWNER
MR&MRS HAN SO CHINN
1622 I ST
SAC, CA 95814

ARCHITECT

Nature of Work: NSFR, 3111 SF LVNG(1691 SF 1ST FLR.1420 SF 2ND FLR), 765 SF
ATTCHD GAR, 164 SF FOR CVRD PRCH(45)/PATIO(70)/2ND FLR
DECK(49)

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 3 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 Professions 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 7/3/11 Owner Signature Han So Chinn

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 7/3/11 Applicant Agent Signature Han So Chinn

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 2001 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 provisions of the Labor Code of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall comply with those provisions.

Date 7/3/11 Applicant Signature Han So Chinn

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.

Insulation Certificate

This is to certify that insulation has been installed in conformance with the current energy regulations, California Administration code. Title 24, State of California, in the building located at:

Site Address: 1057 L-Alourte Way Sacramento, CA
Number Street City State

Ceilings:

Blow: Manufacturer Greenfiber Thickness 10.27" R / Value 38
Square Feet 1686 # Bags / Lbs. Per Bag 68
Batts: Manufacturer _____ Thickness _____ R / Value _____

Exterior Walls:

Manufacturer _____ Thickness _____ R / Value _____

Floor Insulation:

Manufacturer _____ Thickness _____ R / Value _____

Air Infiltration: (Title 24)

Yes No

Other: _____

General Contractor: _____ Lic. # _____

By: _____ Title: _____ Date: _____

Insulation Contractor: Goldstar Insulation, Inc. Lic. # 797510

By: Jami Roberts Title: Office Manager Date: 4/18/2003



OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

ICBO Report #4004

JOB ADDRESS:

Date of Job Completion _____

PLASTERING CONTRACTOR:

Name: GONZALEZ PLASTERING

Address: 229 ST. TROYER LN LINCOLN CA 95648

Telephone No: 916 - 300 - 9481

Contractor Number of Diamond Wall System 2440

This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

15 APRIL 2003
Date

[Signature]
Signature of authorized representative of
Plastering Contractor

This installation card must be presented to the building inspector after completion of work and before final inspection.

INSULATION CERTIFICATE

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH THE CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATION CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

SITE ADDRESS 1057 DALOUTTE WAY SACRAMENTO CA
NUMBER CITY STATE

CEILINGS:

BLOW: MANUFACTURER N/A THICKNESS N/A R-VALUE N/A
SQUARE FEET N/A #BAGS/LBS PER BAGS N/A

BATTS: MANUFACTURER JOHNS MANVILLE THICKNESS 13" R-VALUE 38

EXTERIOR WALLS:

MANUFACTURER JOHNS MANVILLE THICKNESS 6.5" R-VALUE 19
JOHNS MANVILLE

FLOOR INSULATION:

MANUFACTURER JOHNS MANVILLE THICKNESS 6.5" R-VALUE 19

AIR INFILTRATION:

(TITLE 24)

YES XX NO _____

OTHER: _____

GENERAL CONTRACTOR: NEWCASTLE HOMES LICENSE # _____

BY: _____ TITLE _____ DATE _____

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: Jamie Blair TITLE AUTH. AGENT DATE 10/24/2002
JAMIE BLAIR

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 TBD 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 [Signature]

Job Address 1057 L'ALOUETTE WY

Permit No: 0000485

Date of Request: 1/18/00
By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 1050 L'ARLOUTTE WAY

Assessor's Parcel Number: 031-143-023-

Previous Use: N/A

Description of Request/Proposed Use: NEW RES. CONSTRUCTION

Is This a Change of Use? NO

Prior Applications for Project Site(P#, Z#, DRPB#): N/A Zoning Designation: R1A

Comments: _____

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: Pbeach 1/18

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

MICROFILM AFTER FINAL

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) yes
- 2. I (have/have not) have 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:

not decide yet, wait
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.

not decide yet, wait
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
<i>will decide</i>			

Signed *Han Ao CL*

Job Address 1057 LALOUTTE WAY SAC CA 95831

Permit No: _____

Owner's Name

Project Name

Parcel Number

Site Address

Applicant's Signature

Phone No. (416) 491-1111

Title

Date 4/23/03

Notice to Applicant: Pursuant to Ontario's Access to Information Act (R.S.O. 1990, c. A.3, s. 20(4)), the Board has the duty to notify you that the 2003 Building Code which you may protest the fees or other payments identified as such 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 City of Toronto or other public body authorized to collect them on behalf of the City of Toronto, whichever is earlier.

Plan Identification Number 0000 R

Building Type (check one) Residential Apartment/Condominium Commercial/Industrial

Square Feet of Chargeable Building Area 3111 S.Q. FT

Signature/Title *Judith Wilson*
PLANS EXAMINER

Date 3/29/01

Part III - To be completed by the SCHOOL DISTRICT

School District SEWISD

Certificate No. 7000

Exempt Comments MILD RIDE GREAT DEMO

Residential/Apartment/etc 3111 sq ft

1772 120012

Commercial/Industrial sq ft

Signature

ELEVATION CERTIFICATE

Important: Read the Instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME <i>Chinn Fong Y</i>		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <i>1057 E Alouette Way</i>		Company NAIC Number
CITY <i>Sacramento</i>	STATE <i>CA</i>	ZIP CODE 95831 <i>95831</i>
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <i>APN 031-1430-023</i>		
BUILDING USE (e.g., Residential, Non-residential, Additional Accessory, etc. Use Comments section if necessary.) <i>Residential</i>		
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-###" or ##.#####)	HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983	SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other:

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NEIP COMMUNITY NAME & COMMUNITY NUMBER <i>City of Sacramento 060266</i>	B2. COUNTY NAME <i>Sacramento</i>	B3. STATE <i>CA</i>
B4. MAP AND PANEL NUMBER <i>060266 0030</i>	B5. SUFFIX <i>F</i>	B6. FIRM INDEX DATE <i>July 6, 1998</i>
B7. FIRM PANEL EFFECTIVE/REVISED DATE <i>May 22, 2000</i>	B8. FLOOD ZONE(S) <i>A99</i>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <i>10.3'</i>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
 FIS Profile FIRM Community Determined Other (Describe): _____

B11. Indicate the elevation datum used for the BFE in B9: NGVD 1929 NAVD 1988 Other (Describe): _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No
Designation Date: _____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum _____ Conversion/Comments _____

Elevation reference mark used _____ Does the elevation reference mark used appear on the map? No

a) Top of bottom floor (including basement or enclosure) _____ ft.(m)

b) Top of next higher floor _____ ft.(m)

c) Bottom of lowest horizontal structural member (V zones only) _____ ft.(m)

d) Attached garage (top of slab) _____ ft.(m)

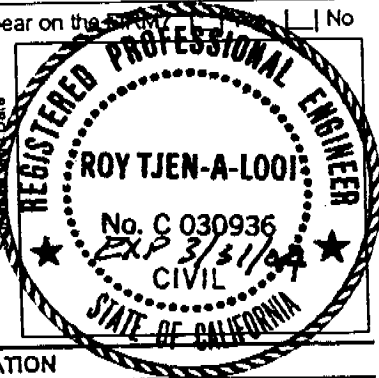
e) Lowest elevation of machinery and/or equipment servicing the building _____ ft.(m)

f) Lowest adjacent grade (LAG) _____ ft.(m)

g) Highest adjacent grade (HAG) _____ ft.(m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade _____

i) Total area of all permanent openings (flood vents) in C3h _____ sq. in. (sq. cm)



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME *Roy Tjen-A-Looi* LICENSE NUMBER *C030936*

TITLE *Engineer* COMPANY NAME _____

ADDRESS *978 Cobble Shores Drive* CITY *Sac* STATE *CA* ZIP CODE *95831*

SIGNATURE *Roy Tjen-A-Looi* DATE *7/1/01* TELEPHONE *293-7691*

FFMA Form 81-31 4/03 99 SEE REVERSE SIDE FOR CONTINUATION REPI ACES ALL PREVIOUS EDITIONS