

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0318121

Insp Area: 4

Thos Bros: 277 H6

Site Address: 1915 EL MONTE AV SAC

Parcel No: 275-0034-012

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

PETER MELNIKOV
5929 SHIRLEY AV
SACRAMENTO CA 95608

OWNER

DICK ARMSTRONG ENTS INC
PO BOX 214066
SACRAMENTO CA 958442115

ARCHITECT

Nature of Work: NSFR 1669 SQ FT W/ATT GARAGE 452 SQ FT/DESIGN REVIEW AREA

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 BHIC License Number 724336 Date 01/05/04 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 _____ Owner 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 01/05/04 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 my workers compensation as required 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 COMBINED SPECIALTY INS CO

NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

Exp Date 01/01/2004

(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 01/05/04 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.

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 1915 EL MONTE AVE	APN: 275-0034-012
DRPB AREA / PUD / SPD: NORTH SACRAMENTO	ZONING: SACRAMENTO
EXISTING LAND USE: VACANT	CITY OF SACRAMENTO PERMIT ASSISTANCE
PROPOSED USE: NEW SFR	NOV 19 2003

RECEIVED

PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:

- Planning review is NOT required.
- Use is NOT allowed; applicant CANNOT submit for plan check.
- Requires APPLICATION(s): PC ZA IR ER DR PB
 Required Planning application must be submitted *before* project can be submitted for plan check.
- Application(s) IN PROGRESS:** DR03-312 REC'D 11/04/2003
 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.
- 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.
- Plans may be submitted for plan check.** Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards *prior to issuance* of building permit.
- Meets setback & lot coverage requirements as shown on site plan provided.
- Plans to be submitted have been stamped/signed by Planning counter staff.
- Route to SITE** for plan check and inspection.
- Preliminary review ONLY; the information on this form **must be reviewed again and confirmed** at the time of building permit submittal.

COMMENTS: Lot - 5,585 sq ft (approx) Proposed SFR w/attached garage & porch 2,220 sq ft
 Lot coverage = 40% The proposed height of the new SFR is within the 35' limit.

DATE: 11/04/2003	BY: Darryl W.
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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 1916 EL MONTE AVE SACRAMENTO CA
 NUMBER CITY STATE

CEILINGS:

BLOW: MANUFACTURER GREEN FIBER THICKNESS 10.3" R/VALUE 38
 SQUARE FEET 1425 #BAGS/LBS PER BAGS 70

BATTS: MANUFACTURER JOHNS MANVILLE THICKNESS N/A R/VALUE N/A
JOHNS MANVILLE

EXTERIOR WALLS:

MANUFACTURER JOHNS MANVILLE THICKNESS N/A R/VALUE N/A
JOHNS MANVILLE

FLOOR INSULATION:

MANUFACTURER JOHNS MANVILLE THICKNESS N/A R/VALUE N/A
JOHNS MANVILLE

AIR INFILTRATION: (TITLE 24)

YES _____ NO XXX

OTHER: _____

GENERAL CONTRACTOR: MELNIKOV CONSTRUCTION LICENSE # _____

BY: _____ TITLE _____ DATE _____

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: Becky Gutierrez TITLE AUTH. AGENT DATE 3/25/04

BECKY GUTIERREZ

OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4004

1915 EL RIVIERE AVE
SERRANO CA 95815

Date of Job Completion 03-10-04

PLASTERING CONTRACTOR:

Name: MELNICK CONSTRUCTION, INC
Address: 5029 SMITHS AVE, CARMICHAE CA 95608
Telephone No: (916) 484-6360
Contractor Number of Diamond Wall System #724336

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.

Date 03-10-04
[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.



CITY OF SACRAMENTO
CALIFORNIA

PLANNING AND
BUILDING DEPARTMENT
PLANNING DIVISION

1231 I STREET, ROOM 200
SACRAMENTO, CA
95814-2998

WATER DEVELOPMENT FEE WAIVER

Applicant: MELNICOV Construction Phone: 484-6360

Property Address: 1915 El Monte

APN: 275-0034-017 Zoning: R-1 No. of Units: 1

This project qualifies for the fee waiver because it is in a:

REDEVELOPMENT AREA; or

DESIGNATED INFILL AREA; or

QUALIFIED INFILL AREA, meeting all of the following requirements:

1. The site is located in a neighborhood where the median year of housing construction is 1965 or earlier as shown on the Neighborhood Statistics Boundary Map, or the applicant has proof to the satisfaction of the Planning Director that the median age of housing within 500 feet of the site was developed prior to 1965; and
2. The lot is surrounded on three sides by existing or approved development; and
3. The project is consistent with the General Plan or more specific plan designation; and
4. The site is no more than 5 acres in size for single family development, or 2 acres in size for multiple family development; and
5. The site has City sewer, water, and drainage services, or is within proposed or existing assessment district for these services; and the services provided are capable of serving the proposed development to the satisfaction of the Public Works Director.

Fee Waiver Denied by: _____

Date: _____

Fee Waiver Approved by: Robert Williams

Date: 1/5/01

WD No: _____

S R C S D

Sacramento Regional County Sanitation District
10545 Armstrong Avenue, Suite 101
Mather, California 95655

November 4, 2003
Receiving FAX: 916-944-0579
Sending FAX: 916-876-6161

TO: **TO WHOM IT MAY CONCERN**
Tom Armstrong Ph: 916-769-4178

FROM: **Fred R. Wingfield**
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

RE: **SEWER FACILITY IMPACT FEES** **APN: 275-0034-012**
1915 El Monte Avenue **CASE:**

There are NO SRCSD Sewer Facility Impact Fees due for 1- Single Family Dwelling at the above address and parcel, based on a record of prior sewer billing.

~~NO SRCSD SEWER IMPACT FEES DUE~~

If you have any questions regarding the above, please feel free to call me at 876-6073.



Fees are subject to adjustment if the data supplied is changed.

www.srcsd.com / www.csd-1.com

e-mail: wmgfieldf@SacCounty.NET