

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0605742
Insp Area: 4
Thos Bros: 277J1

Site Address: 12 HIGHGATE CT SAC
Parcel No: 237-0580-040

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

CONTRACTOR
OWNER BUILDER

OWNER
DIAZ ALFONSO GARCIA
60 HIGHGATE CT
SACRAMENTO, CA 95838

PAID
CITY OF SACRAMENTO
APR 26 2006

Nature of Work: PAPERLESS PERMIT- STUCCO ENTIRE BUILDING

NEW CITY HALL

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 0 _____ 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);

AL 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: _____
x Date *4-26-06* 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

x Date *4-26-06* 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 |
| <i>AL</i> | | |

(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.

x Date *4-26-06* 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.

237.0580-040



PAID
CITY OF SACRAMENTO
APR 26 2006

CITY OF SACRAMENTO

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814
North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834
Fax # 916-264-1901

MINOR PERMIT APPLICATION

Date: 4/26/06

Facel/web request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to quad fee.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM
Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

Job Address: 12 HIGHGATE CT
 CONTACT INFO Name: Alhousse Garsie owner Phone # (916) 927-4071 Email: Garsie@alhouglobal.net
 Bidg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 Property Owner: _____ Unit # _____ Contract Price _____
 Address: 12 HIGHGATE CT Contractor: The owner of _____ License #: _____
 City/State/Zip: SACRAMENTO CA, 95838 City/State/Zip: SACRAMENTO, CA 95838
 Phone: (916) 927-4071 Phone: (916) 927-4071 Fax: _____
 Nature of Work: Provide description of work & indicate type of work in selections below.
 Pre-Registered? YES NO Registration # _____

Description of Work: The they are going to put stucco and ~~plaster~~

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: <u>stucco</u> <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input checked="" type="checkbox"/> Stucco | <input type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Cut-in: \$ _____ | <input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termitie <input type="checkbox"/> Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior | <input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste | <input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Correction Notice items will require an additional building permit. | Office Use Only: _____ Parcel #: _____ Date Received: 4/26/06 Date Issued: 4/26/06 Processor's Initials: <u>AKC</u> Permit #: <u>0005678</u> |
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City of Sacramento
Development Services Department
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ADDRESS: 12 HIGHGATE COURT | APN: 237-0580-040 |
| DRPB AREA / PUD / SPD: EXPANDED NORTH D.R. | ZONING: R-1 |
| EXISTING LAND USE: SFR | |
| PROPOSED USE: NEW STUCCO EXTERIOR | |
| 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 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 checked="" type="checkbox"/> | Application(s) COMPLETED: File Number & approval date: OTC APPROVED 4-26-06 Building permit must conform to approved plans and comply with all conditions of approval. |
| <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 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: Applicant proposes to install new smooth finish stucco at all exterior elevations. Windows and doors to have stucco "Pop Out" trim, painted in a complementary color. No other work needing Design Review approval to be completed. No change to setbacks, footprint or lot coverage. No other planning entitlements apparent at this time. | |
| DATE: 4-26-06 | BY: Diana Parker |



**CITY OF SACRAMENTO
CALIFORNIA**

PLANNING AND
BUILDING
DEPARTMENT
PHONE 916-264-5381

915 I STREET, 3rd Floor
SACRAMENTO, CA
95814-2998
FAX 916-264-7046

Over-The-Counter Project Review


Address: 12 & 16 Highgate Ct
Description: New Stucco Exterior

Applicant: Claudia Colunga
Date Approved: April 26, 2006
Staff Contact: Diana Parker, Planning Technician, 808-5194

STAFF ACTION AND CONDITIONS OF APPROVAL:

Staff has reviewed the proposed project, and approves it with the following conditions of approval:

1. Applicant shall install new smooth finish stucco to all exterior elevations.
2. All windows to have stucco "Pop Out" trim, painted a complementary color.
3. The scope of exterior work is limited to the above listed items. Any changes are subject to Design Review staff approval. All work must comply with current Building Codes.



Diana Parker
Planning Technician
Design Review



**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DEPARTMENT
BUILDING DIVISION**

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834
Inspection: (916) 808-4677

OWNER BUILDER VERIFICATION

1. Check one below -- I or my immediate family (parent, spouse, or child) will perform:

- A - all the work authorized by this permit.
- B - a portion of the work.
- C - none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do:

- all of the authorized work.
- a portion of the authorized work.

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

3. I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner 

Date 4-26-06 Case No. _____ Permit No. _____

Job Address 12 HZGHGATE CT Sacramento, CA 95838

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.