

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: **0502774**

Insp Area: 4

Thos Bros: 278B4

Site Address: **1724 KENWOOD ST SAC**

Parcel No: 265-0371-002

Sub-Type: ASFR

Housing (Y/N): N

CONTRACTOR
OWNER BUILDER

OWNER
LANDIS KRISTINA ZARZANA/TER
1724 KENWOOD ST
SACRAMENTO, CA 95815

ARCHITECT

Nature of Work: 324SF ADDITION OF LIVABLE AREA TO 1ST FLOOR & 324SF ADDITION FOR MASTER BED/BATH TO 2ND FLOOR
W/72 SF UPPER DECK

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);

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 5/13/05 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 a 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 5/13/05 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 _____

PAID
CITY OF SACRAMENTO
NORTH PERMIT CENTER

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 _____ Applicant 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.

[Signature]



6502774

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)
Fax # 916-264-1901

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.
Note: Contractors must have a current certificate of Worker's Compensation Insurance.

Note: Work started before a Building Permit is issued will be subject to grand fee

DATE: 3-1-05

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:
CONTRACT PRICE \$ 40,115.52

RESIDENTIAL APARTMENTS (4+ units per building)
 CONTACT PERSON: Levinwood St
UNIT # _____

COMMERCIAL (qualified)
Contractor: OTB License # _____
Address: _____
City/State/Zip: _____
Phone: _____ FAX: _____

Property Owner: Levinwood St
Address: 1724 Levinwood St
City/State/Zip: Sac. Ca. 95818
Phone: 975 18613

NATURE OF REQUEST:				
Indicate from the selections below & provide details under description of work.				
<input type="checkbox"/> ROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHIBET <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE <input type="checkbox"/> # STORIES: # SQUARES Material:	<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)	<input type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New	<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"/> PGE *NOTE: Correction Notice items will require an additional building permit
<input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> vinyl <input type="checkbox"/> stucco	Value of duct work: Equipment: \$ Cur-in: \$	<input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below)		
Note: Design Review approval may be required in certain areas.				

DESCRIPTION OF WORK:
72 SF upper 2nd story deck addition, 1/2 304 SF addition on 2nd floor for master bed/bath, 1/2 304 SF addition to 1st story.

CERTIFICATE OF COMPLIANCE: RESIDENTIAL (page 1 of 2) **CF-1RA**

Prescriptive Package for Additions

Climate Zone: 12

Project Title: Terry Landis's Addition
 Project Address: 1724 Kenwood Street, Sacramento CA
 Documentation Author: Richard Le Telephone: 916-501-9039

Date: Feb, 12, 05.

Building Permit #
Plan Check / Date
Plan Check / Date
Enforcement Agency Use Only

Floor Construction Type: Slab Raised Floor (circle one)

Conditioned floor area for the addition: 648 sq. ft.

Building Shell Insulation

Component Type	Insulation R-Value		Location / Comments (attic, garage, typical, etc.)
	Min.	Installed	
Ceiling	<u>38</u>	<u>38</u>	
Wall	<u>13</u>	<u>13</u>	
Slab Edge	<u>1</u>	<u>1</u>	
Floor	<u>1</u>	<u>1</u>	

Windows and Glass Doors

Orientation Type	Area (sq. ft)	Window Type (single pane, dual pane, etc...)	U-Value	Solar Heat Gain Coefficient (window alone)	Exterior Shading Devices (Shade screens, shutters, etc...)	Total Solar Heat Gain Coefficient
						Max. / Installed
North	<u>20</u>	<u>Dual pane</u>	<u>0.65 / 0.62</u>	<u>0.65</u>	<u>None</u>	<u>1</u>
East	<u>46</u>	<u>Dual pane</u>	<u>0.65 / 0.62</u>	<u>0.65</u>	<u>None</u>	<u>1</u>
South	<u>18</u>	<u>Dual pane</u>	<u>0.65 / 0.60</u>	<u>0.65</u>	<u>None</u>	<u>1</u>
West						
Skylight						

Total Area: 84 Total Percentage: 12.46% (total window area / conditioned floor area)

Adjusted area calculation

Include only window areas that were removed from a wall that was either removed or altered in order to accommodate the addition.

Area removed _____ (total window area - window area removed)
 Adjusted Window Area _____ (adjusted window area / conditioned floor area)
 Adjusted Percentage _____ (from Tables 2 or 3--Percent of glass allowed)
 Allowed Percentage _____

NOTE: The adjusted percentage must be less than or equal to the allowed percentage.

CITY OF SACRAMENTO
 NORTH PERMIT
 CENTRAL

MAR 01 2005

RECEIVED



Six Steps to an Energy Efficient Addition

CERTIFICATE OF COMPLIANCE: RESIDENTIAL (page 2 of 2) **CE-1RA**

Project Title _____ Date _____

HVAC Systems

Heating Equipment Type (furnace, heat pump, wall heater, etc.)	Efficiency (AFUE or HSPF)		Setback Thermostat	Configuration (split or package)
	Min	Installed		
<u>Existing</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____

Cooling Equipment Type (air conditioner, heat pump, wall air conditioner)	Efficiency (SEER, EER, etc.)		Setback Thermostat	Configuration (split or package)
	Min	Installed		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Water Heating System

Water Heater Type (gas, electric, heat pump, etc.)	Distribution Type (standard, recirculating, etc.)	Number Installed	Rated Input (kW or Btu/hr)	Volume (gallons)	Energy Factor or Recovery Efficiency *	Standby Loss * (%)	External Tank Insulation (R-Value)
<u>Existing</u>	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

* For small gas storage water heaters (rated inputs of less than or equal to 75,000 Btu/hr), electric resistance, and heat pump water heaters, use Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Rated Input, Recovery Efficiency and Standby Loss. For instantaneous gas water heaters, list rated input and recovery efficiencies.

Special Features and Remarks

Compliance Statement

This certificate of compliance lists the building features and performance specifications needed to comply with Title 24, Parts 1 and 6 of the California Code of Regulations, and the administrative regulations to implement them. This certificate has been signed by the individual with overall design responsibility.

Designer or Owner

Name: Richard Le
 Title/Firm: _____
 Address: 8425 Honeycomb way
Sacramento CA 95828
 Telephone: 916-501-9039/682-0992
 Lic. #: C52489

 (signature) Richard Le (date) 2/12/05

Documentation Author

Name: Richard Le
 Title/Firm: _____
 Address: 8425 Honeycomb way
Sacramento CA 95828
 Telephone: 916-682-0992

 (signature) Richard Le (date) 2/12/05

Enforcement Agency

Name: _____
 Title: _____
 Agency: _____
 Telephone: _____

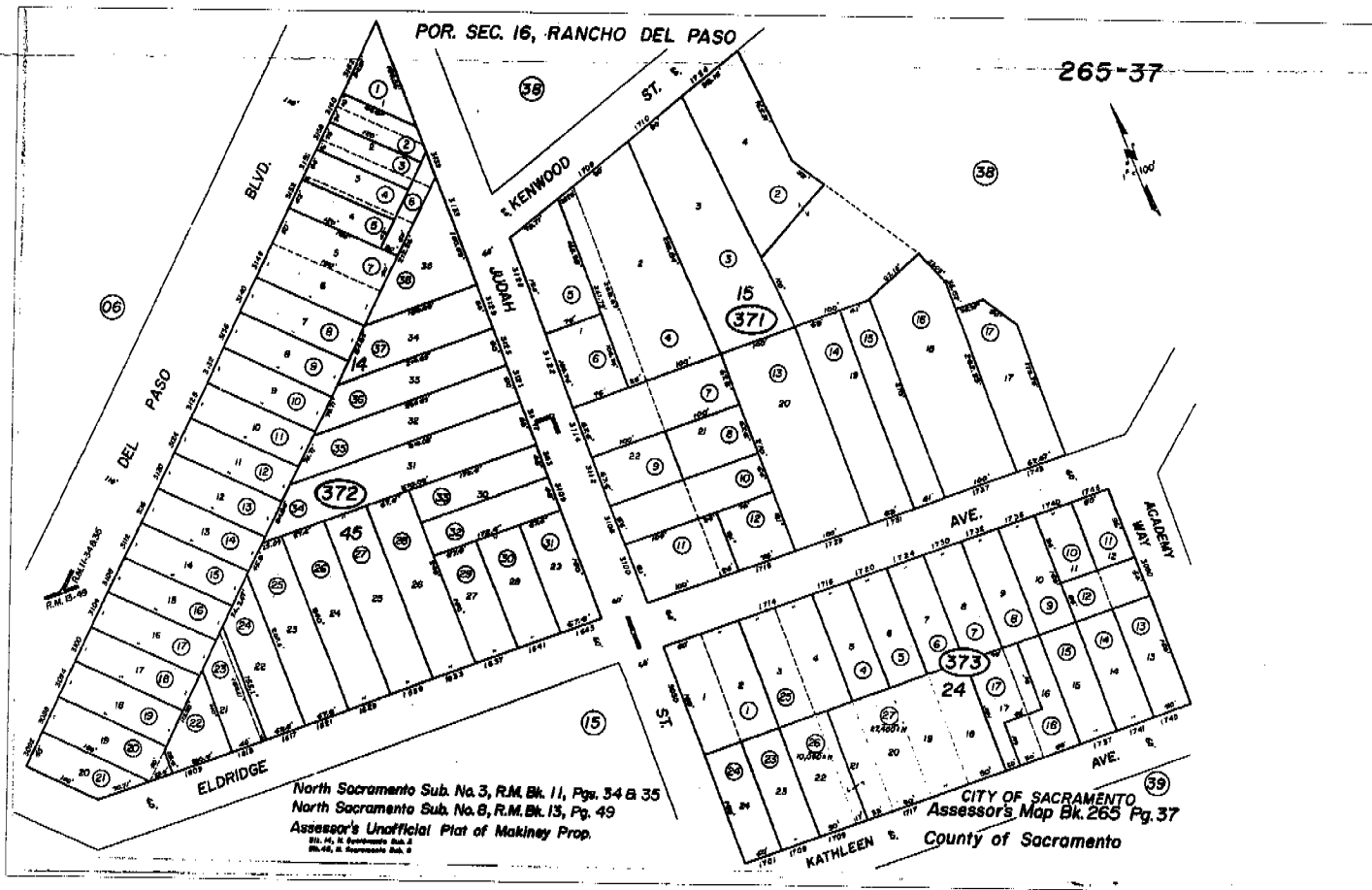
 (signature / stamp) _____ (date) _____



MetroScan / Sacramento (CA)

Owner	: Zarzana Mary	Parcel	: 265 0371 002 0000
CoOwner	:	Land	: \$31,851
Site	: 1724 Kenwood St Sacramento 95815	Struct	: \$34,958
Mail	: 1724 Kenwood St Sacramento Ca 95815	Other	:
Xfered	: 04/17/1992 Doc # : 334	Total	: \$66,809
Price	:	Exempt	:
LoanAmt	: Deed : Aff Death Of Jt	Type	:
VestTyp	: Surviving Joint IntTy :	% Imprv	: 52
Lender	:	% Owned	: 100
LandUse	: A1A00A Res,Single Family In Subdiv	TaxArea	: 03347
Zoning	: R2b City R2b.. Garden Apt/Inter. Density	04-05 Tax	: \$822.44
Legal	: LOT 4, BLK. 15, NORTH SACRAMENTO	OwnerPh	:
Census	: Tract : 63.00 Block : 3	MapGrid	: 768 B5

Bedrms	: 3	Garage Sp	: 1	Stories	: 2	Condition	:
Bathrms	: 1.00	Patio	: No	Acres	: .53	Appliances	: Minimum
Dining	:	Pool	: No	LotSqFt	: 23,262	Year Built	: 1938
Family	:	Spa/HtTub	: No	Bldg SF	: 1,120	Foundation	:
Utility	: 1	Fireplace	: No	GarSqFt	: 1	Solar Heat	: No
TotalRm	: 5	CntlHt/AC	: Both	Bsmt SF	:		
Units	: 1	1stFlr SF	: 672	2ndFlrSF	:		
Roof Type	: Composition						



Information compiled from various sources. Real Estate Solutions makes no representations or warranties as to the accuracy or completeness of information contained in this report.

N.S.

Certification of Compliance School District Development Fees

PART 1 To be completed by APPLICANT

Owner's Name & Address Kris Landis
 Project Address 1724 Remond St. Sacto, 95815
 Parcel Number 265-0371-002 Lot No. _____
 Subdivision Name _____ Number of Units _____
 Applicant's Signature & Title [Signature]
 Date _____ Phone No. _____

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 2 To be completed by BUILDING DEPARTMENT

Plan Identification Number 0502774
 Square Feet of Chargeable Building Area 648 S.F.
 Signature [Signature]
 Title Building Inspector
 Building Type (CHECK ONE)
 Residential
 Apartment/Condominium
 Commercial/Industrial
 Date 3-10-05

PART 3 To be completed by SCHOOL DISTRICTS

Grant Joint Union High School District
 District Certification No. 05-1301
 EXEMPT _____
 Comments additions
 RESIDENTIAL / APARTMENT / CONDOMINIUM
648 Sq.Ft. x \$ 224 = \$ 1451.52
 COMMERCIAL / INDUSTRIAL _____
 _____ Sq.Ft. x \$ _____ = \$ _____
 OTHER FEE TYPE _____
 _____ Sq.Ft. x \$ _____ = \$ _____
 TOTAL FEES COLLECTED = \$ 1451.52

Robla Elementary School District
 District Certification No. _____
 EXEMPT _____
 Comments _____
 RESIDENTIAL / APARTMENT / CONDOMINIUM _____
 _____ Sq.Ft. x \$ _____ = \$ _____
 COMMERCIAL / INDUSTRIAL _____
 _____ Sq.Ft. x \$ _____ = \$ _____
 OTHER FEE TYPE _____
 _____ Sq.Ft. x \$ _____ = \$ _____
 TOTAL FEES COLLECTED = \$ _____

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 district 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.

GRANT	Authorized School District Official	ROBLA
Signature <u>[Signature]</u>	Signature _____	Signature _____
Title _____	Title _____	Title _____
Date <u>5/13/05</u>	Date _____	Date _____

Original: Grant Joint Union High School District
 Robla Elementary School District
 1st Copy: Building Department
 2nd Copy: Applicant

GJUHSD: Facilities Planning and Construction Department
 Certificate of Compliance Form (rev. 10/02) bep

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 1724 KENWOOD STREET		APN: 265-0371-002	
DRPB AREA / PUD / SPD: NORTH SACRAMENTO		ZONING: R-2B-R	
EXISTING LAND USE: SFR			
PROPOSED USE: ADDITION: FIRST FLOOR: KITCHEN, SECOND FLOOR: MASTER BED/BATH			
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 submitted <i>before</i> project can be submitted for plan check.			
<input type="checkbox"/>	Application(s) IN PROGRESS:		
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.			
<input checked="" type="checkbox"/>	Application(s) COMPLETED: DR04-291 (approved 02-25-2005)		
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.			
<input checked="" 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"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.		
COMMENTS: Building permit must conform to approved plans and comply with all conditions of approval DR04-0291. Do NOT issue building permit prior to end of 10 day appeal period. Setbacks & Lot coverage okay. Any trees that need to be removed need to get approval from City arborist prior to removal.			
DATE: 10-19-2004/03-07-2005		BY: Pcaldwell/Elise Gumm	