

NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL, PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.

B13	FLOOR JOISTS OR GIRDERS	INSPECTOR	DATE
B13	DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED	JH Sande	11-14-01
B14	INSULATION/WALL/FLOOR		
B15	TOP PLUMBING		
B16	TOP MECHANICAL/WALL/CEIL.		
B17	ROUGH ELECTRICAL/WALL/CEIL.		
B18	FRAME		
B19	ROOF PLYWOOD NAIL COMM. & APTS.		
B20	EXTERIOR LATH/SIDING		
B21	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B22	INT. LATH OR WALL BD. NAILING		
B23	DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
B24	SERVICE UNDERGRD CONDUIT		
B25	SEWER SERVICE		
B26	WATER SERVICE		
B27	SPRINKLER SYSTEM		
B28	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B29	GAS TEST		
B30	TEMP GAS ISSUED		
B31	POWER POLE EXPIRES		
B32	TEMP POWER #		
SWIMMING POOLS ONLY			
B47	GAS TEST		
B48	PLUMBING PRE-GUNITE		
B49	PLUMBING PRE-DECK		
B50	ELECTRICAL PRE-GUNITE		
B51	ELECTRICAL PRE-DECK		
B52	ELECTRICAL UNDERGRD		
FINAL APPROVALS			
BUILDING			
ELECTRICAL			
PLUMBING			
MECHANICAL			
FIRE			
SITE			
FINAL INSP NO			

BUILDING SITE ADDRESS
1853 IVY
 ASSESSOR
 PARCEL NO. **225-01070036**
 NAME OF APPLICANT
DVIDE SUE CONSTRUCTION
 LICENSED CONTRACTOR
 PROPERTY OWNER
HOWES, KAY MARY JO
 ARCH. ENGR.

ADDRESS
8251 WESTPORT CIR SAC CA 95828
 ZIP CODE
916 688 8628
 COMMUNITY PLAN NO.
916 441 8700
 PHONE NO.

NO. OF STORIES NO. OF ROOMS ROOF COVERING AREA 1ST FLOOR TOTAL AREA GARAGE AREA PATIO AREA USE ZONE STREET WIDTH

THIS PERMIT IS FOR: BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

NATURE OF WORK IN DETAIL
PATIO COVER

FLOOD STATUS () SPECIAL CONDITIONS ATTACHMENTS:
CITY OF SACRAMENTO INSPECTIONS
BUILDING INSPECTION DIVISION 264-5191
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

(This section need not be completed if the permit is for one hundred dollars (\$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)

VALUATION	\$ 2143
ISSUED BY	JH Sande
DATE ISSUED	11/19/00
BUILDING PERMIT FEE	\$
PLAN CHECK/PROC. FEE	\$
S.M.F.F.EE	\$
CONST. EXCISE TAX	\$
CITY BUS. LICENSE	\$
TECH. FEE	\$
WATER DEV. FEE	\$
CITY SEWER DEV. FEE	\$
SEWER FEE	\$
RESIDENTIAL CONST. TAX	\$
TOTAL FEES	\$

PERMIT NO. **00133**

Date of Request: _____

By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 1853 IVYCREST WAY

Assessor's Parcel Number: ~~225-1070-036~~ 225-1070-036

Previous Use: EXIST. RESIDENCE

Description of Request/Proposed Use: Add ± 152 SF Trellis
attached to existing structure.

Is This a Change of Use? Yes

Prior Applications for Project Site(P#, Z#, DRPB#): P09-050 Zoning Designation: R-1A-PUD

Comments: Lot coverage ok; setbacks ok.
NO. Design Review Req.

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 XNA Not Visible

Planning Review by/Date: [Signature] 11/9/00

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

MICROFILM AFTER FINAL