

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9913384
Insp Area: 2

Site Address: 1630 OREGON DR SAC
Parcel No: 017-0241-009

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

CONTRACTOR

OWNER
VIEGAS LISA M
1630 OREGON DR
SACRAMENTO CA 95822

ARCHITECT

Nature of Work: 280 SQ FT STORAGE SHOP

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 permit 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 contractor to construct, alter, improve, demolish, or repair any structure, prior to its construction, also requires the applicant for such permit to be a licensed contractor 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);

→ T.M.W. I, as a owner of the property, or my employees with wages as the sole compensation, will do the work on this 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 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. _____ Because of the reason: _____

✓ Date 11/22/99 _____
Applicant Signature Timothy M Walhaut

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 11/22/99 _____
Applicant/Agent Signature Timothy M Walhaut

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 _____

→ T.M.W. (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 11/22/99 _____
Applicant Signature Timothy M Walhaut

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.

Date of Request: _____

By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 1630 OREGON DRIVE SACRAMENTO, CA 95822

Assessor's Parcel Number: 017-0241-009

Previous Use: SFR.

Description of Request/Proposed Use: GARAGE / STORAGE

Is This a Change of Use? No.

Zoning Designation: P-1

Prior Applications for Project Site(P#, Z#, DRPB#): NONE.

Comments: WISHES TO BUILD DETACHED GARAGE; LOT COVERAGE OK

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: D. Decker 11/19/95

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

MICROFILM AFTER FINAL

9913384R

Date of Request: 11.5.99

By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 1630 OLESON DR.

Assessor's Parcel Number: 017-0241-009

Previous Use: _____

Description of Request/Proposed Use: STORAGE/SITOP

Is This a Change of Use? _____

Zoning Designation: R-1 EAY

Prior Applications for Project Site(P#, Z#, DRPB#): _____

Comments: Max rear lot covg. = 33%

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: W. J. Bourne 11/5/99

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

MICROFILM AFTER FINAL

PERMIT SERVICES USE ONLY
PV#



PERMIT NUMBER
(Required)
9915384 R
Attach job copy of permit

CITY OF SACRAMENTO
NEIGHBORHOODS, PLANNING & DEVELOPMENT SERVICES DEPARTMENT

DEVELOPMENT SERVICES DIVISION
1231 I STREET, RM. 200
SACRAMENTO, CA 95814

PERMIT SERVICES
916-264-7619
FAX 916-264-7046

BUILDING INSPECTIONS
916-264-5716
FAX 916-264-8370

REQUEST FOR PERMIT REFUND

JOB ADDRESS: 1630 OREGON DR.
 DATE OF WRITTEN REQUEST: _____ DATE REQUEST RECEIVED: 5/11/00
 PERMIT FOR: STORAGE SHOP
 REASON FOR REFUND: JOB CANCELLED
 CONTRACTOR: _____ OWNER: LISA M. VIEGAS
 ADDRESS: _____ ADDRESS: 1630 OREGON DR
 CITY/ST/ZIP: _____ CITY/ST/ZIP: SAC. CA. 95822
 PHONE: _____ PHONE: 731-7082

REFUND RECIPIENT: CONTRACTOR OWNER OTHER: _____

ORIGINAL PERMIT "JOB COPY" IS REQUIRED FOR REFUND (SCC SECTION 9.01.051)

AMOUNT PAID		AMOUNT TO BE REFUNDED	
Permit Value	<u>5815 60</u>	Adj. Value	<u>5815 60</u>
BPF pd	<u>230 00</u>	BPF pd	<u>230 00</u>
PC/PPF pd	<u>71 00</u>	PC/PPF pd	<u>0</u>
SMI pd	<u>52</u>	SMI pd	<u>52</u>
CBL pd	<u>0</u>	CBL pd	<u>0</u>
Tech pd	<u>12 04</u>	Tech pd	<u>12 04</u>
Other EXCISE	<u>46 52</u>	Other	<u>46 52</u>
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Other	_____	Other	_____
Total Paid	<u>360 14</u>	(Comm/Res Adman)	<u>(-30.00) (-50.00)</u>
		Total Refund Amount	<u>239 4</u>

PERMIT SERVICES USE ONLY

Job Card Attached

App. Book Marked

Permit Cancelled

Supp. Paper Work

Letter Mailed

REFUND PROCESSED BY: [Signature] DATE: 5/17/00
 REFUND APPROVED BY: [Signature] DATE: 5.17.00

PLEASE ALLOW 30 DAYS FOR PROCESSING

11/22/99 09:18

DEVELOPMENT SERVICES → 916 356 5300

NO.199 P001/001



EXHIBIT 1

I have read and am familiar with the contents of City's standard Owner-Builder Notification and Owner-Builder Verification, as required by California Health and Safety Code Section 19830 and 19831.

I authorize my agent(s) TIMOTHY M. WOLHART

to sign the Owner-Builder Verification on my behalf.

Signature Lisa M. Viegas

Print Name LISA M. VIEGAS

Address 1630 OREGON DR.
SACRO, CA. 95822

Telephone (916) 731-7082

ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires July 31, 1999

ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR). You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Instructions for completing this form can be found on the following pages.

SECTION A PROPERTY INFORMATION		FOR INSURANCE COMPANY USE	
BUILDING OWNER'S NAME <i>Lisa Kieges</i>		POLICY NUMBER	
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER <i>1630 Oregon Dr.</i>		COMPANY NAIC NUMBER	
OTHER DESCRIPTION (Lot and Block Numbers, etc.) <i>APN 017-0241-009 Bldg. Permit # 9913384R</i>			
CITY <i>Sacto</i>	STATE <i>CA</i>	ZIP CODE <i>95822</i>	
SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION			

Provide the following from the proper FIRM (See Instructions):

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION <small>(in AO Zones, use depth)</small>
<i>060266</i>	<i>0025</i>	<i>F</i>	<i>7/6/98</i>	<i>A/R</i>	<i>24</i>

7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): NGVD '29 Other (describe on back)
8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE: feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION C BUILDING ELEVATION INFORMATION

1. Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 5 and 6 that best describes the subject building's reference level. *8*
- 2(a) FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference level floor from the selected diagram is at an elevation of feet NGVD (or other FIRM datum—see Section B, Item 7).
- (b) FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of feet NGVD (or other FIRM datum—see Section B, Item 7).
- (c) FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is feet above or below (check one) the highest grade adjacent to the building.
- (d) FIRM Zone AO. The floor used as the reference level from the selected diagram is feet above or below (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance? Yes No Unknown
3. Indicate the elevation datum system used in determining the above reference level elevations: NGVD '29 Other (describe under Comments on Page 2). (NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)
4. Elevation reference mark used appears on FIRM: Yes No (See Instructions on Page 4)
5. The reference level elevation is based on construction drawings construction drawings
(NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)
6. The elevation of the lowest grade immediately adjacent to the building is: feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION D COMMUNITY INFORMATION

1. If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest floor" as defined by the ordinance is: feet NGVD (or other FIRM datum—see Section B, Item 7).
2. Date of the start of construction or substantial improvement *11/22/99*

SECTION E CERTIFICATION

This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1-A30, AE, AH, A (with BFE), V1-V30, VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

Reference level diagrams 6, 7 and 8 - Distinguishing Features-If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 1, must still be entered.

I certify that the information in Sections 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.

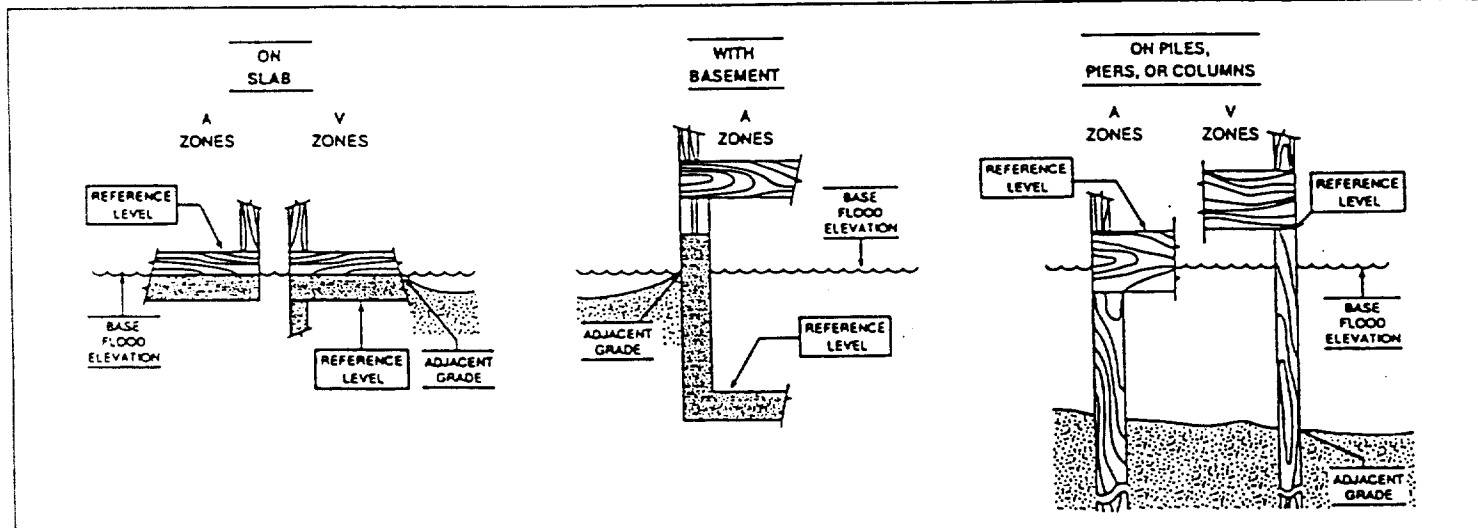
CERTIFIER'S NAME <u> </u>	LICENSE NUMBER (or Affix Seal) <u> </u>
TITLE <u> </u>	COMPANY NAME <u> </u>
ADDRESS <u> </u>	CITY <u> </u>
<u> </u>	STATE <u> </u>
<u> </u>	ZIP <u> </u>
SIGNATURE <u> </u>	DATE <u> </u>
<u> </u>	PHONE <u> </u>

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

COMMENTS: _____

FIRM ZONE AR

1. The floor used as the reference level from the selected diagram is 3 ft. above the highest grade adjacent to the building.
2. Structure elevated on fill? Yes (attach grading plan and complete items 3,4, and 5 below) No
3. Highest natural elevation of the ground surface adjacent to the structure is EL. _____ ft.
4. Elevation of the top of the reference level floor from the selected diagram is EL. _____ ft. At or above BFE?
 Yes No
5. The floor used as the reference level from the selected diagram with fill is elevated _____ ft. above the highest natural elevation of the ground surface adjacent to the building (Item 4 EL. - Item 3 EL.).
6. Elevation datum used for above elevations. NGVD '29 City of Sacramento Datum (NGVD '29 = City of Sacramento Datum) Other (description attached)



The diagrams above illustrate the points at which the elevations should be measured in A Zones and V Zones. Elevations for all A Zones should be measured at the top of the reference level floor. Elevations for all V Zones should be measured at the bottom of the lowest horizontal structural member.