

# PERMIT SUMMARY DOCUMENT

Bldg Minor Permit  
ISSUED

Address: **3400 L ST SAC**      Date Issued: 10/04/2000      Area: 1  
Permit #: **0011874**      Thomas Bros: 298E5 672  
Location:  
APN: 007-0193-001

Owner: CARTWRIGHT CHARLSEY      Contractor:  
3400 L ST  
SACRAMENTO CA  
95816  
Phone:      Phone:

JOB DESCRIPTION: BUSTER RESIDING W/O PERMI. SIDING 9 SQS. REROOF REAR 3.5  
SQS.DRY ROT REPAIR AT PORCH FLOORING.

DBA:

Occupancy: R3	Change of Use: N	Zoning:			
Const Type:	Sub-Type: RES	DR:			
Fire Sprinkler?:	Activity Code: B7	Fed Code: 1A			
Flood Zone:	Cert Req'd: ??	Balance: \$0.00			
VALUATION: \$1,500.00    Sq. Ft: 0	Reg San:	School Fees Req'd: Y or N			
BLDG Y	MECH N	PLBG N	ELEC N	SITE	FIRE

CONDITIONS:

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) \_\_\_\_\_
2. I ~~(have)~~ have not \_\_\_\_\_ signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Telephone \_\_\_\_\_  
Contractors License No. \_\_\_\_\_

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Telephone \_\_\_\_\_  
Contractors License No. \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

Signed Paul Herz

Job Address 3400 Jk St 95816

Permit No: 0011874



DEPARTMENT OF  
NEIGHBORHOODS, PLANNING  
AND DEVELOPMENT SERVICES

**CITY OF SACRAMENTO**  
CALIFORNIA

1231 I STREET  
ROOM 200  
SACRAMENTO, CA  
95814-2904

DEVELOPMENT SERVICES  
DIVISION

916-264-7619  
FAX 916-264-7046

EXHIBIT 1

I have read and am familiar with the contents of the 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) Paul C Herz

to sign the Owner-Builder Verification on my behalf.

Signature Charles  
Print Name y Cartwright  
Address 3400 L Street  
Sacramento CA 95816  
Telephone 916 737 1162

City of Sacramento

Date of Request: \_\_\_\_\_  
By: \_\_\_\_\_

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

X Project  
Address: 3400 L St

Assessor's Parcel Number: 007 0193 001

Previous Use: SFC

X Description of Request/Proposed Use: Re-side w/ red cedar 16" wood shingles. Same material as before -- only... new -- Also: small 3.5 ft re-roof on South exposure

Is This a Change of Use? \_\_\_\_\_

Zoning Designation: ALHAMBRA 6000000  
E-1 SPD

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

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

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

MICROFILM AFTER FINAL



CITY OF SACRAMENTO  
CALIFORNIA

PLANNING AND  
BUILDING  
DEPARTMENT

1231 I STREET  
ROOM 200  
SACRAMENTO, CA  
95814-2998

PHONE 916-264-5381

FAX 916-264-7046

OVER-THE-COUNTER PROJECT REVIEW

Address: 3400 L Street  
Description: **New siding and roofing**

Applicant/Owner: Charlsey Cartwright  
Date Approved: October 4, 2000  
Staff Contact: Ellen A. Schmidt, Assistant Architect, 264-5962

STAFF ACTION AND CONDITIONS OF APPROVAL:

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

1. New roofing shall match existing and shall not exceed 40% of the roofing area.
2. Remove existing wood shingles and replace with new red cedar wood shingles to match existing.
3. Paint new shingles.
4. No new roof-mounted mechanical equipment is allowed.
5. The scope of work is limited to the above listed items. Any changes are subject to Design Review staff approval.

Sincerely,

Ellen A. Schmidt  
Assistant Architect  
Design Review