

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0509017

Insp Area: 2

Thos Bros: 337G2

Site Address: 6 SENTIDO CT SAC

Parcel No: 049-0440-052

Sub-Type: ASFR

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

PRASAD ARUN/PRATIBHA
6 SENTIDO CT
SACRAMENTO, CA 95823

Nature of Work: 310 FAMILY ROOM ADDITION

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 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: PAID CITY OF SACRAMENTO
Date 7.11.05 Owner 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 constitute 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 7.11.05 Applicant/Agent 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:

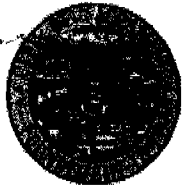
Carrier Policy Number Exp Date

(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 7.11.05 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.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.



Downtown Permit Center  
 1231 I Street, Suite 200, Sacramento, CA 95814

North Permit Center  
 2101 Arena Blvd., Suite 200, Sacramento, CA 95834

**PRELIMINARY RESIDENTIAL APPLICATION**

1-916-808-5656 OR 1-866-EZ-PERMIT

<b>BUILDING SITE ADDRESS</b>	<b>SUITE</b>	<b>INSP. AREA</b>
6 SENTIDO CT		2
<b>ASSESSOR'S PARCEL NO.</b>	<b>COMMUNITY PLAN NO.</b>	<b>PLAN CHECK NO.</b>
		0509017

NAME OF APPLICANT	ADDRESS	ZIP CODE	PHONE #	FAX #
ARUN KUMAR KUMAR	7025 MILBORD WAY	95823	525-2788 5252788	525-2788
<b>PROPERTY OWNER</b>				
ARUN KUMAR ARUN PRASAD	6 SENTIDO CT	95823		
<b>LICENSED CONTRACTOR</b>	<b>LICENSE #:</b>			
_____				
<b>ARCHITECT/ENGINEER</b>				
_____				

No. of Stories	No. of Rooms	Roof Covering	Area 1 <sup>st</sup> Floor	Total Area	Garage Area	Patio Area
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THIS PERMIT IS FOR:

- BUILDING  
  MECHANICAL  
  PLUMBING  
  ELECTRICAL  
  SITE  
  FIRE

NATURE OF WORK IN DETAIL

NEW ADDITION LIVING ROOM 310 SF

\$ \_\_\_\_\_  
 VALUATION

R# 0509017

City of Sacramento  
Development Services Department  
**PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL**

ADDRESS: 6 SENTIDO CT	APN: 049-0440-052
DRPB AREA / PUD / SPD: NONE	ZONING: R-1
EXISTING LAND USE: SFR WITH ATTACHED GARAGE	
PROPOSED USE: 450 SF ROOM ADDITION INCLUDING COVERED PATIO	
<b>PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:</b>	
<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 before project can be submitted for plan check.
<input type="checkbox"/>	Application(s) COMPLETED:    File Number & approval date: Building permit must conform to approved plans and comply with all conditions of approval. Do NOT accept applications for a building permit prior to the end of the 10-day appeal period.
<input checked="" type="checkbox"/>	<b>Plans may be submitted for plan check.</b> 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 <b>only</b> , plan check not required.
<input type="checkbox"/>	Preliminary review <b>ONLY</b> ; the information on this form <b>must be reviewed again and confirmed</b> at the time of building permit submittal.
<b>CONDITIONS AND COMMENTS:</b>	
Lot is 6056 SF per MetroScan. Proposed total lot coverage including existing structure, new family room and new covered patio is approximately 2383 / 6056 = under 39.5%, which meets the maximum 40% lot coverage requirement. Proposed setbacks maintain the existing setbacks. Proposed lot coverage and setbacks are okay. No other planning entitlement apparent.	
DATE: June 22, 2005	BY: Elise Gumm

Residential Triage

Address: Le Sentido Ct PC #: 0509017

Flood Zone: \_\_\_\_\_ APN: \_\_\_\_\_

Owner Name: Prasad Contractor Name: none

Address: Le Sentido Ct Address: \_\_\_\_\_

City: SAC Zip Code: 95823 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: 396-0684 Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Name: Arun Prasad

Address: Same City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Job Description: Family Room Addition

NSFD \_\_\_\_\_ Duplex \_\_\_\_\_ Addition 310 s/f 2<sup>nd</sup> Unit \_\_\_\_\_

Square Footage: \_\_\_\_\_

Utility Location: \_\_\_\_\_ Easement:  yes  no

Water: \_\_\_\_\_ Sewer: \_\_\_\_\_

Power: \_\_\_\_\_ Gas: \_\_\_\_\_

Any Other Planning Issues

"Z" File #: \_\_\_\_\_ DR File #: \_\_\_\_\_

P File #: \_\_\_\_\_ PB File #: \_\_\_\_\_

Public Works: \_\_\_\_\_ Utility: \_\_\_\_\_

Fire: \_\_\_\_\_