

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0514488

Insp Area: 1

Thos Bros: 297F3

Site Address: 317 24TH ST SAC
Parcel No: 003-0092-024

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

CONTRACTOR
TOM COLE
317 24TH STREET
SACRAMENTO CA 95816

OWNER
COLE FAMILY TRUST
317 24TH ST
SACRAMENTO, CA 95816

ARCHITECT

Nature of Work REPLACE AND REPAIR SIDING TO MATCH EXISTING, REPLACE LIGHTING FIXTURES (OUTDOOR), REPLACE GUTTERS, HOUSE WILL ALSO BE PAINTED.

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 822978 _____ 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);

Tom Cole 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.)

Tom Cole, 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 *Sept 19, 2005* Owner Signature *Tom Cole*

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 county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the property for inspection purposes.

Date *Sept 19, 2005* Applicant/Agent Signature *Tom Cole*

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.

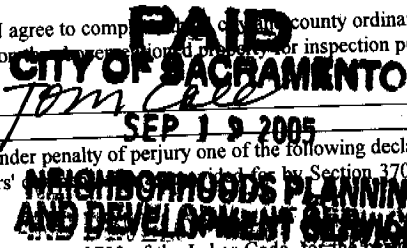
I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

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 _____ 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.



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

ADDRESS: 317 24 th Street	APN: 003-0092-024
DRPB AREA / PUD / SPD: Central City	ZONING: R-1B
EXISTING LAND USE: SFR	
PROPOSED USE: SFR-REHAB	
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 X PB Required Planning application must be approved <i>before</i> project can be submitted for plan check
<input checked="" type="checkbox"/>	Application(s) IN PROGRESS: File Number: DR05-294 August 26, 2005 Application must be approved before project can be submitted for plan check.
<input checked="" type="checkbox"/>	Application(s) COMPLETED: File Number & approval date: DR05-294 September 13, 2005 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"/>	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 type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input 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 only, plan check not required.
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
CONDITIONS AND COMMENTS:	Applicant proposes to repair and replace shingle siding to match existing, dry rot repairs as needed, and add rain gutters. No change to foot print or setbacks. 10 day appeal period shall be waived.
DATE: 8-26-05	BY: Andrea Di Matteo

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**CITY OF SACRAMENTO
CALIFORNIA**

PLANNING AND
BUILDING DEPARTMENT

1231 I STREET, ROOM 200
SACRAMENTO, CA 95814-2998

PHONE 916-808-5381

FAX 916-808-5543

MINOR - STAFF LEVEL PROJECT REVIEW

DR Number:	DR05-294	Applicant/Owner:	Nathan Gilmore
Address:	317 24 th Street	Date Filed:	August 26, 2005
Description:	Siding repair, Gutters, Replace Light Fixtures	Date Approved:	September 13, 2005
Staff Contact:	Andrea Di Matteo, 808-1928	APN:	003-0092-024

STAFF ACTION AND CONDITIONS OF APPROVAL:

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

1. Repair and replace siding to match existing.
2. Replace existing light fixtures, per lighting cut sheet.
3. Ogee gutters and down spouts shall be provided.
4. Repair and replace damaged shed door and basement door.
5. Any woodwork shall be smooth finish. No rough sawn.
6. Retain vent detail at front elevation.
7. Paint entire house, all gutters, exposed wood and trim shall be painted a complementary accent color.
8. The scope of exterior work is limited to the above listed items. Any changes are subject to Design Review staff approval.

Andrea Di Matteo
Planning Technician
Design Review



CHK # 2119

CITY OF SACRAMENTO
 www.cityofsacramento.org
 Help Line: 1-916-808-8656 OR 1-888-EZ-PERMIT
 Inspection Request: 1-916-808-7622

Downtown Permit Center
 1231 I Street, Suite 200
 Sacramento, CA 95814
 North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834

Fax # 916-264-1901

MINOR PERMIT APPLICATION

Date: 9/19/05

Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to a quad fee.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM
Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

Job Address: 317 24th Street Bid Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited) \$ 33,600K
 CONTACT INFO Name: TOM COLE Phone #: 916-323-3090 Email: Mr. Cole@ Unit # Contract Price

Property Owner: TOM COLE Contractor: Four Square Construction License #: 822978
 Address: 317-24th Street Address: 7108 - 9th Ave
 City/State/Zip: SAC. CA. 95816 City/State/Zip: RIO Linda CA.
 Phone: 916 447-8355 Phone: 916-849-0770 Fax: Pre-Registered? YES NO Registration #

Nature of Work: Provide description of work & indicate type of work in selections below.
 Description of Work: Residing

<input type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: Cedar Shingles <input checked="" type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<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) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termite Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<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"/> PG&E * NOTE * Correction Notice items will require an additional building permit.
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Office Use Only: Parcel #: Date Received: Date Issued: Processor's Initials: Permit #: