<b>CITY OF SACRAMENTO</b>		Permit No:	0612152
1231 I Street, Sacramento, CA	The first of the control of the cont	Insp Area:	2
A COLUMN TO THE PARTY OF THE PA	* ** ** ** ** ** ** ** ** ** ** ** *	Thos Bros:	297C6
		TITO PARTY	
		Sub-Type:	REM
Site Address: 1232 X ST SAC	A Company of the Comp	Housing (Y/N)	
Parcel No: 009-0251-016	of Market Contraction	Housing (1/14)	
ONTRACTOR	ÓWNER	<b>ARCHITECT</b>	
OWNER BUILDER	RAMIREZ CARLOS L	NEWTON & ASSO	CIATES
	PO BOX 189340 SACRAMENTO, CA 95818	PO BOX 160273 SACRAMENTO CA	A 95816
NatureofWork:CHANGEROOFPITCH	RAISEFLOOR, ANDREMODE LAPPRO	XIMATELY750SQFTOF	ANEXISTINGSFR-DES
EVIEW			and the second s
CONDITIONS ATTACHED			
의 기계는 그리고 있는 나는 삐를 어떻게 들었다. 꽃이 되었다.			
ONSTRUCTION LENDING AGENCY	: I hereby affirm under penalty of perjury that ther	e is a construction lending agen	cy for the performance of
ne work for which this permit is issued (Sec. 3097	?, Civ. C).		
ender's Name	Lender's Address		
하고 있다면 그 그 그릇 하는데 요즘 바람들은 사람이다.			
ICENSED CONTRACTORS DECLAR commencing with section 7000) of Division 3 of the section 7000 of Division 8 of The section 8 of	ATION: I hereby affirm under penalty of per the Business and Professions Code and my license is	jury that I am licensed under s in full force and effect.	provisions of Chapter 9
icense Class License Number 0	Date Contractor Signatur	e	
the purpose of sale.)	ar of completion, the owner-builder will have the by contracting with licensed contractors to construct		
The Contractors License Law does not apply to an licensed pursuant to the Contractors License Law)	owner of property who builds or improves thereor	a, and who contracts for such pr	ojects with a contractor(s)
I am exempt under Sec.	B & PC for this reason:		
R-9	200		
ate	Owner Signature		
measurements and locations shows on the annix	applicant represents, and the city relies on the represention or accompanying drawings and that the implication of such improvements. This buildment relating to location of improvements.	provement to be constructed do	es not violate any law or
certify that I have read this application and state building construction and berby authorize represen	that all information is correct. I agree to comply w	ith all city and county ordinance ned property for inspection purp	es and state laws relating to oses.
Jane 200 8-9.	Applicant/Agent Signature	2	·· · · · · · · · · · · · · · · · · · ·
WORKER'S COMPENSATION DECLA	RATION: I hereby affirm under penalty of perjudient to self-insure for workers' compensation as id.	ary one of the following declarate provided for by Section 3700 c	tions: of the Labor Code, for the
I have and will maintain workers' compen- this permit is issued. My workers' compensation	sation insurance, as required by Section 3700 of the insurance carrier and policy number are:	e Labor Code, for the performa	ance of the work for which
Carrier	Policy Number	Exp Date	
t it employ any person in any manner so as to be	pennit is for \$100 or less) I certify that in the perfection subject to the workers compensation laws of 0 of the Labor Code, I shall forthwith comply with the	California and agree that if I sh	this permit is issued, Ishall could become subject to the

Applicant Signature

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL PINES 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 BUILDING DIVISION

North Permit Center 2101 Arena Blvd., Suite 200 Sacramento, CA 95834 Inspection: (916) 808-4677

### OWNER BUILDER VERIFICATION

1.	Check one below – I or my immediate family (parent, spouse, or child) will perform:	
	A - all the work authorized by this permit.  B - \Bar{\square} a portion of the work.  C - \Bar{\square} none of the work.	
	If B or C is checked, complete 2 or 3 below.	
2.	A State licensed contractor (*) will be hired to do:	
	□ all of the authorized work. □ a portion of the authorized work.	
	NamePhone	
	Address	
	Type of Work	
	Name Phone	
	Address	
	Type of Work	
	NamePhone	
	Address	
	Type of Work	
	NamePhone	
	Address	
	Type of Work	
3	I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized we Certificate of Workers Compensation must be on file at this office.	vork. A
I t	eclare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder informereverse side of this form.	nation on
	Signed: Property Owner	
	Date 8/9/06 Case No Permit No. 06/2/62	,
	Job Address 1232 K SK SACOO, CA.	

Note: \* Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.



#### CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT Inspection: 1-916-808-7622

New City Hall 915 I Street, 3<sup>rd</sup> Floor Sacramento, CA 95814

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

## RESIDENTIAL APPLICATION 1-916-808-5656 OR 1-866-EZ-PERMIT

•				
1632 X St	•			
BUILDING SITE ADDRESS	SUITE		INSP. AF	REA
000-05-1-011	-		0612	102
<i>009-0251-016</i> ASSESSOR'S PARCEL <b>NO</b> .	COMMUN	ITY PLAN NO.	<del></del>	HECK NO.
NAME OF A PRICANT	ADDDECC	ZID CODE	BHON	NE NO.
NAME OF APPLICANT LICENSED CONTRACTOR	ADDRESS	ZIP CODE	Phor	NE NO.
OWNER/Build	EK			
CONTRACTOR'S LICENSE NO.:				
PROPERTY OWNER CARLOS	RAMIREZ		225	1-1009
	•			
ARCHITECT/ENGINEER	1.	1		
DEWSON ASSOCOA	des - Mobies	& West	OW	
No. of No. of Roof Stories Rooms Covering	Area 1 <sup>st</sup> Total		I PVE arage area	Lbw5 Patio Area
THIS PERMIT IS FOR: BUILDING MECHANICAL	PLUMBING X ELE	ECTRICAL [	] SITE	☐ FIRE
NATURE OF WORK IN DETAIL		· · · · · · · · · · · · · · · · · · ·		<del></del>
UPGRADE ENCLOSED PORCH & C	PANGE BOOF HI	UE, RAISE FL	ook e p	DREH ANGK
<b>.</b>				
· & Know				
\$ 8 12000 VALUATION				
			_	

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

ADDRESS: 1232 X STREET	APN:	009-0251-	016					
DRPB AREA / PUD / SPD: Central City Design Review		ZONING	: C-2	<del></del>				
EXISTING LAND USE: Residential								
PROPOSED USE: New pitched roof at rear addition								
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:								
Planning review is NOT required.								
Use is NOT allowed; applicant CANNOT submit for p	olan check.							
Requires APPLICATION(s): PC ZA	IR	ER	DR	PB				
Required Planning application must be approved before p	roject can b	e submitte	d for plan cl	neck				
Application(s) IN PROGRESS: File Number:								
Application must be approved before project can be subm	itted for pla	n check.						
X Application(s) COMPLETED: File Number & approval date:	TC Appro	ved 8-9-0	6					
Building permit must conform to approved plans and com	ply with all	condition	s of approva	1.				
Plans may be submitted for plan phase back and but the standard and the submitted for plans phase back and but								
Ordinance requirements and all applicable development st	Ordinance requirements and all applicable development standards prior to issuance of building permit.							
	Meets setback & lot coverage requirements as shown on site plan provided.							
Plans to be submitted have been stamped/signed by Plann	ing counter	staff.						
Route to SITE for plan check and inspection.								
Route to SITE for inspection only, plan check not require		· ·						
Preliminary review ONLY; the information on this for confirmed at the time of building permit submittal.	orm <b>must l</b>	oe review	ed again a	nd				
CONDITIONS AND COMMENTS:								
Applicant to change flat roof at rear addition to pitched roof to match existing roof line. No change to sethacks, lot coverses								
or footprint. No other planning entitlements apparent at this time.				ŭ				
DATE: 8-9-06 BY: Diana Parke	er							