2121 Arliss Way
RECORD OF SUBSEQUENT PERMITS ISSUED PRESENT OWNER AND ADDRESS PERMIT NO. ..
AND FEE TYPE OF PERMIT AND VALUATION FINALED BY DATE NATURE OF WORK CONTRACTOR & ADDRESS Add one room to rear Homer W. & T.C. CANCELLED bldg \$5,600.00 G-1740 \$32. owner same 6-9-70 CALLOWAY 1-29-70 of dwelling · Deane same

DATE

|            |                                         |            | MICROFILM RECORD    |            |                     |  |  |
|------------|-----------------------------------------|------------|---------------------|------------|---------------------|--|--|
| PERMIT NO. | REEL AND FRAME NOS.                     | PERMIT NO. | REEL AND FRAME NOS. | PERMIT NO. | REEL AND FRAME NOS. |  |  |
| G-711.0    | R282 F525-526                           |            |                     |            |                     |  |  |
| 37/40      | R282 F525-526<br>CONDUNKA 5 F 3 8 30 30 |            |                     |            |                     |  |  |
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|                               |                        |             |                                                                               | R                                     | ECORD   | CARD - BUILE | DING INSPECTION   | AS DIVISIO  | N - CITY                               | OF            | SACRAMEN       | TO, CALI | FORNIA                                |                  |          |
|-------------------------------|------------------------|-------------|-------------------------------------------------------------------------------|---------------------------------------|---------|--------------|-------------------|-------------|----------------------------------------|---------------|----------------|----------|---------------------------------------|------------------|----------|
| PROPERTY                      | PARCEL NO. JOB ADDRESS |             |                                                                               |                                       |         |              |                   | 5           |                                        | •             |                |          | INSPECTION<br>AREA                    | ENAL INSPECT     | TIONIC . |
|                               | 2121 Arliss Way        |             |                                                                               |                                       |         |              |                   |             |                                        | FINAL INSPECT | 1002           |          |                                       |                  |          |
| LEGAL DESCRIPTION             |                        |             |                                                                               |                                       |         |              |                   |             | OCCUP. GR                              |               | CONST TYPE     | VAR, NO  | , FIRE ZONE                           | BUILDING BY      | DATE     |
| lot 158 Golf Course Terr. #19 |                        |             |                                                                               |                                       |         |              |                   |             |                                        |               |                |          | Shumway                               | 12-2-5           |          |
| TITLE AND NAME                |                        |             | 1/C                                                                           |                                       | ADDRESS |              |                   | ZII         |                                        | CITY LI       | C. NO.         | TEL. NO. | ELECTRÍCAL BY                         | DATE             |          |
| GEN. CONTR.                   | owner                  | _           |                                                                               |                                       |         |              |                   |             |                                        |               |                |          |                                       |                  |          |
| ELEC. CONTR.                  |                        |             |                                                                               |                                       |         |              |                   |             |                                        |               |                |          |                                       | PLUMBING BY      | DATE     |
| PLBG. CONTR. MECH. CONTR.     |                        |             |                                                                               |                                       |         |              |                   |             | -                                      |               |                |          |                                       |                  |          |
| ARCH, ENGR.                   |                        |             |                                                                               |                                       | ļ       |              |                   |             | <del></del>                            |               |                |          |                                       | MECHANICAL BY    | DATE     |
|                               |                        |             |                                                                               |                                       |         |              |                   |             |                                        | <u> </u>      |                |          |                                       |                  |          |
| CONST. LOAN LENDI             |                        | <u></u> C.0 | •                                                                             |                                       |         | 920_9th      | St.               |             |                                        |               |                |          |                                       | CERTIFICATE-OF-O | CCUPANCY |
|                               |                        | 1           |                                                                               | т                                     | L       | <u> </u>     |                   | 1 201       | ***                                    |               | 1              |          |                                       | ISSUED BY        | DATE     |
| BLDG, WIDTH                   | BLDG, LENGTH           | 101         | AL HEIGHT                                                                     | NO. OF \$1                            | ORIES   | ROOF CONSTR. | AREA 1st FLOOR    | 50419       |                                        |               | C.S.D.         |          | I. CASE                               |                  |          |
| SIDE YARDS                    | REAR YARDS             | CET.        | BACK REQ.                                                                     | 1100.7                                | 0115    |              |                   | 1016        |                                        |               | CENSUS TRC     |          |                                       |                  |          |
| SIDE TARDS                    | - REAR TARDS           | 3511        | BACK REQ.                                                                     | USE Z                                 | UNE     | PARK'G REQ.  | SPACES            | TREES RM    | VD.                                    | EX            | (ISTING BLDG'S | SAME LOT | HOW USED                              |                  |          |
| NATURE OF W                   | OPK.                   | Con         | a + 3                                                                         | , , , , , , , , , , , , , , , , , , , |         |              | 7 07 77           | <u> </u>    |                                        |               |                |          |                                       |                  | ·        |
| MATORE OF W                   | OK K.                  | COH         | St aw                                                                         | errrn                                 | g ar    | na gar P     | lan 21 <b>-</b> H |             |                                        |               |                |          |                                       |                  |          |
| PERMIT NO. S.P                | D <b>-</b> 2356        |             | Ĭ                                                                             |                                       |         |              |                   |             |                                        |               |                |          |                                       |                  |          |
| ISSUED BY                     |                        |             | 1                                                                             |                                       |         |              | MICROFILM         | M RECORD    | •                                      |               |                |          |                                       |                  |          |
| ISSUANCE DATE                 | 6-15-59                |             | PLANS AND APPLICATION REEL NO: 57 FRAME NO: 265 TO 266 Ru6 F201-209           |                                       |         |              |                   |             |                                        |               |                |          |                                       | <del></del>      |          |
| VALUATION                     | \$ 10,800              | )           | INSPECTION RECORD CANADA MEDICAGE 15 18 18 RAME NO:- 265 TO 266 RU46 F201-209 |                                       |         |              |                   |             |                                        |               |                |          | <del></del>                           |                  |          |
| R.D.F. FEE                    | \$                     |             | JOB FILE REEL NO. FRAME NO:- TO                                               |                                       |         |              |                   |             |                                        |               |                |          | · · · · · · · · · · · · · · · · · · · |                  |          |
| S.M.I. FEE                    | \$                     |             | Transition 10                                                                 |                                       |         |              |                   |             |                                        |               |                |          |                                       |                  |          |
| PLAN CK. FEE                  | \$                     |             |                                                                               |                                       |         |              |                   |             |                                        |               |                |          |                                       |                  |          |
| SEWER INCL. FEE               | \$                     |             |                                                                               |                                       |         |              |                   |             | ······································ |               | •••••••        |          |                                       |                  |          |
| PERMIT FEE                    | \$ 31.00               |             | REMARKS AND/OR VARIANCES                                                      |                                       |         |              |                   |             |                                        |               |                |          |                                       |                  |          |
|                               | \$ form 7-13359 Court  |             |                                                                               |                                       |         |              |                   |             |                                        |               |                |          |                                       |                  |          |
| \$                            |                        |             |                                                                               | frame 9-4-59 "                        |         |              |                   |             |                                        |               |                |          |                                       |                  |          |
| TOTAL FEES \$                 |                        |             | lath 9-22-59 "                                                                |                                       |         |              |                   |             |                                        |               |                |          |                                       |                  |          |
|                               |                        |             |                                                                               |                                       |         |              |                   |             |                                        |               |                |          |                                       |                  |          |
|                               |                        |             |                                                                               |                                       |         |              |                   |             |                                        |               |                |          |                                       |                  |          |
|                               |                        |             |                                                                               |                                       |         |              |                   |             |                                        |               |                |          |                                       |                  |          |
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| •                             |                        |             |                                                                               |                                       |         |              | -                 |             |                                        |               |                |          |                                       |                  |          |
|                               |                        |             |                                                                               |                                       |         |              |                   |             |                                        |               |                |          |                                       |                  |          |
|                               |                        |             |                                                                               |                                       |         |              |                   |             |                                        |               |                |          |                                       |                  |          |
|                               |                        |             |                                                                               |                                       |         |              |                   | <del></del> |                                        |               |                |          |                                       |                  |          |
|                               |                        |             |                                                                               |                                       |         |              |                   |             |                                        |               |                |          |                                       |                  |          |
|                               |                        |             |                                                                               |                                       |         |              |                   |             | · · · · · · · · · · · · · · · · · · ·  |               |                |          |                                       |                  |          |
|                               |                        |             |                                                                               | <del></del>                           |         | <del></del>  |                   |             |                                        |               |                |          |                                       |                  |          |
|                               |                        |             |                                                                               |                                       |         |              | <del></del>       |             |                                        |               |                |          |                                       |                  |          |
|                               |                        |             |                                                                               |                                       |         |              |                   |             |                                        |               |                |          |                                       |                  |          |
|                               | <del> </del>           |             |                                                                               |                                       |         |              |                   |             |                                        |               |                |          |                                       |                  |          |