

NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL, PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.

INSPECTION	INSPECTOR	DATE
B10 FOUNDATION FORMS		
E60911 UFER GROUND		
B12 CONCRETE SLAB FORMS	<i>[Signature]</i>	<i>6-2-00</i>
P40 PLUMB. UNDERFLOOR/SLAB		
M30 MECH/UNDERFLOOR/SLAB		
E61 ELECT. UNDERGROUND		
E62 ELECT. CONDUIT-SLAB		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B13 FLOOR JOISTS OR GIRDERS		
DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED		
B1415 INSULATION/WALL/FLOOR		
P41 TOP PLUMBING	<i>[Signature]</i>	<i>8-2-00</i>
M31 TOP MECHANICAL/WALL/CEIL.	<i>[Signature]</i>	<i>8-2-00</i>
E63 ROUGH ELECTRICAL/WALL/CEIL.	<i>[Signature]</i>	<i>8-2-00</i>
B19 FRAME		
B17 ROOF PLYWOOD NAIL COMM. & APTS.		
B18 EXTERIOR LATH/SIDING		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B22 INT LATH OR WALL BD NAILING		
DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
E66 SERVICE UNDERGRD CONDUIT		
P43 SEWER SERVICE		
P42 WATER SERVICE		
P46 SPRINKLER SYSTEM		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
P47 GAS TEST		
P48 GAS TEST	<i>[Signature]</i>	<i>9-18-00</i>
E68 TEMP GAS		
E67 TEMP POWER #	<i>[Signature]</i>	<i>10-16-00</i>
SWIMMING POOLS ONLY		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
E72 ELECTRICAL UNDERGRD		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B29 BUILDING		
E67 ELECTRICAL	<i>[Signature]</i>	<i>10/10/01</i>
M30 PLUMBING	<i>[Signature]</i>	<i>10/10/01</i>
M30 MECHANICAL	<i>[Signature]</i>	<i>10/10/01</i>
F94 FIRE		
S92 SILL		

FINAL APPROVALS

DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED
THIS CARD TO BE POSTED ON JOB AT ALL TIMES UNTIL FINAL APPROVAL

File under 1882 Bell Ave. (main office)
246 Attor Majestic Ln (Bldg 501)
INSURANCE

BUILDING SITE ADDRESS: 4551 Roseville Rd
ASSESSOR PARCEL NO.: 4551 Roseville Rd
NAME OF APPLICANT: HomeWood Const
ADDRESS: 4551 Roseville Rd
PROPERTY OWNER: HomeWood Const
ARCH ENGR: DUPLEX

NO. OF STORIES: 1 NO. OF ROOMS: 10 ROOF COVERING: MECHANICAL
AREA 1ST FLOOR: 104 GARAGE AREA: 55660 PATIO AREA: 332-4003
TOTAL AREA: 114

THIS PERMIT IS FOR: BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE
NATURE OF WORK IN DETAIL: FLOOR REPAIR 511 PLANS

FLOOD STATUS: () SPECIAL CONDITIONS ATTACHMENTS:
CITY OF SACRAMENTO INSPECTIONS DIVISION 264-5191

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: State 713-4502
 (This section need not be completed if the permit is for one hundred dollars (\$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: 5-30-02
 Signature: [Signature]

VALUATION	\$ 68,000	ISSUED BY:	[Signature]
DATE ISSUED			
BUILDING PERMIT FEE	\$		
PLAN CHECK PROC. FEE	\$		
S.M.I. FEE	\$		
CONST. EXCISE TAX	\$		
CITY BUS. LICENSE	\$		
TECH. FEE	\$		
WATER DEV. FEE	\$		
CITY SEWER DEV. FEE	\$		
REG. SEWER FEE	\$		
RESIDENTIAL CONST. TAX	\$		
TOTAL FEES	\$		

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Date of Request: _____

By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 1896 Bell Ave

Assessor's Parcel Number: 238-0120-004

Previous Use: MH Park

Description of Request/Proposed Use: Fire Repair Mgrs. Res

Is This a Change of Use? _____

Prior Applications for Project Site(P#, Z#, DRPB#): _____
Zoning Designation: R-1
ER 00-038

Comments: Design Review approved
per ER 00-038

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: W. Johnson 5/31/00

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

MICROFILM AFTER FINAL