

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0103333
Insp Area: 2

Site Address: 336 RIVER BEND CR SAC
Parcel No: 012-0010-024 336-342

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

CONTRACTOR
SHRA

OWNER
HOUSING AUTHORITY CITY OF SACRAMENTO
SACRAMENTO CA
95812

ARCHITECT

Nature of Work: REHAB APARTMENT

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 C00002504 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.)

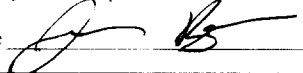
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law.)

I am exempt under Sec. _____ B & P.C. for this reason: _____

Date 7-16-01 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 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 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 7-16-01 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 LEGION INSURANCE Policy Number WC20043586 Exp Date 01/01/2001

(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 the Labor Code, I will forthwith comply with those provisions.

Date 7-01-01 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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # <u>0113333</u>	Insp. Area <u>C</u>
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Applicant MUST complete ALL Unshaded areas

ADDRESS 2750 [Fifth St.] (300-310, 312-326, 336-342) River Oak Circle Suite
 PARCEL # 012-0010-024

<p style="text-align: center;">CONTACT</p> <p>Name <u>Mike Taylor / John Brooks</u> Street Address <u>320 Commerce Circle</u> City/State/Zip <u>Sacramento CA 95815</u> Phone <u>566-1270</u> FAX <u>566-1275</u> E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Mike Taylor</u> Address <u>320 Commerce Circle</u> City/State/Zip <u>Sacramento CA 95815</u> Phone <u>566-1270</u> FAX <u>566-1275</u> E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>SMART / John Brooks</u> Address <u>320 Commerce Circle</u> City/State/Zip <u>Sacramento CA, 95815</u> Phone <u>566-1243</u> FAX <u>566-1275</u> E-mail: <u>J.BROOKS@SHRA.ORG</u></p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: New porch covers, New windows, New Elec, New Plumb, New HVAC, Complete Rehab.
refer to computer

OCCUPANT/TENANT: RIVER OAK DEV. VALUATION: \$ 2,000,000

FLOOD STATUS: <u>NR</u>		S.C.A.T. <u>XII, XII</u>							
JOB DESCRIPTION	BLDG	SHELL	APT	TI ()	REM (✓)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES	<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y (N)	Fed Code	Vio. File	
<u>2</u>		<u>23549</u>		<u>R1</u>	<u>VN1</u>	SPR	ALARM	<u>04</u>	[H] [Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	PW	UTIL

COMMENTS: (UNIT 356-366) (UNIT 300-310) (UNIT 312-326)
(UNIT 336-342) TRUSS Calc's DEFERRED.

SET ID: SHRA

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed NA

Date of Request: _____

By: _____

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

Project

Address: 2750 Fifth St

Assessor's Parcel Number: 012-0010-024

Previous Use: Multi Family

Description of Request/Proposed Use: Upgrade & modernize
Structures

Is This a Change of Use? No

~~P95-060, 296-103~~ Zoning Designation: R-3
Prior Applications for Project Site(P#, Z#, DRPB#): 299-075, 200-071

Comments: Will require ZA minor mod Application

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: Randa Hay 3-19-01

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

MICROFILM AFTER FINAL