

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0009510**  
**Insp Area: 2**

**Site Address: 1012 EAST LANDING WY SAC**  
Parcel No: 031-1400-024

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

**CONTRACTOR**  
GILEVICH CONSTRUCTION, INC.  
P O BOX 22690  
SACRAMENTO CA 95822

**OWNER**  
L & P PACIFIC TEICHERT  
8144 POCKET RD  
SACRAMENTO CA 95831

**ARCHITECT**

**Nature of Work: 2650 SF NSFR, 685 SF GAR, 57 SF PORCH**

**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.

X License Class B License Number 524787 Date 10-9-00 Contractor Signature [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 & PC for this reason: \_\_\_\_\_

Date \_\_\_\_\_ Owner Signature [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 above-mentioned property for inspection purposes.

X Date 10-9-00 Applicant/Agent Signature [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 \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

X no (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.

X Date 10-9-00 Applicant Signature [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.**



# WesPac

## insulation

a MASCO Company



809 North Market Blvd., Ste. 11 • Sacramento, CA 95834

(916) 927-7149 • Fax (916) 927-4257

Lic #487478

### Installed Insulation Certificate

We certify that the building insulation listed herein is installed in conformance with current energy conservation regulations - California Administrative Code, Title 24, State of California

R FACTOR	AREA	TYPE	INCHES/BAGS (BLOWN)
R38			
R38			
R13			

Certified by

*Jimmy Jimenez*

Address or Lot Number

Title

Date Installed

# OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4004

→ 1012. EAST LANDING.  
Sacramento Ca

Date of Job Completion 5-30-01

PLASTERING CONTRACTOR:

Name: McCann Plastering Inc.

Address: 800 Colusa Court Roseville CA 95678

Telephone No: (916) 784-2274

Contractor Number of Diamond Wall System # 2264

This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

6-29-01  
Date

[Signature]  
Signature of authorized representative of  
Plastering Contractor

This installation card must be presented to the building inspector after completion of work and before final inspection.



Tie top plate Living room / Bedrm cross wall joint

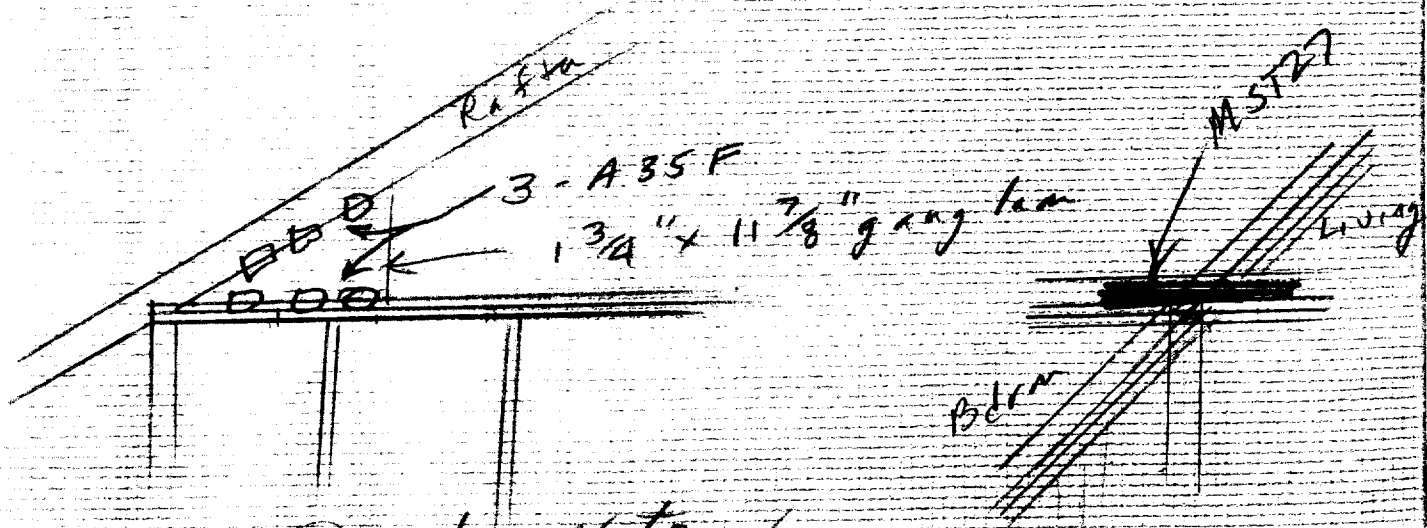
Use MST 27 Allow 2760 #

Use 1 3/4" x 11 7/8" Bevel Block @ top plate

rafta see detail below

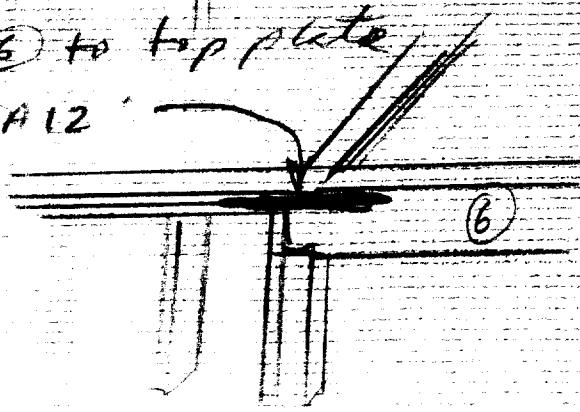
Force =  $[8(20)(220) + (12)(20)(5)](.190) = 1342 \#$

Use 3 - A35F clips - Allow =  $3(500) = 1500 \#$



Tie Beam (6) to top plate

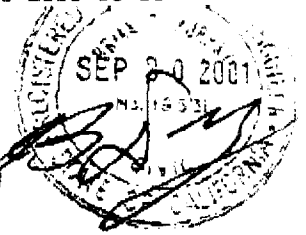
Use LSTA12



PAGE 1 OF 1

DATE 1/8/01

PROJECT 1012 East Landing Way



Contractor placed pony wall ahead  
of bottom of wall above stairs.

To bridge the gap (shear transfer)

some shores are not available

Contractor may use 2" x 4" x 10' tips

Use LPTA also for every 1/2" dia

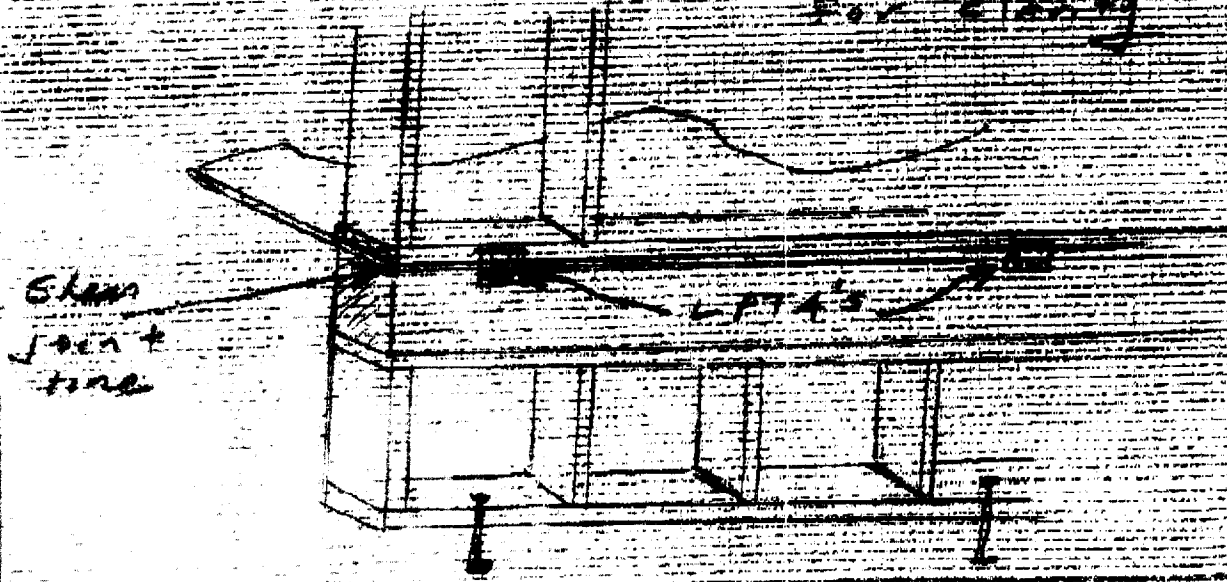
anchor bolt  $696 \leq 710$

LPTA = Allow =  $515(1.33) = 686$  USE B1  
CONCRETE

1/2" dia - 1/2" plate = Allow = 586 max

1/2" dia - 3" plate = Allow = 710 max

Shore not shown  
For clarity



# Certification of Compliance

## School District Development

### Part I—To be completed by the APPLICANT

Owner's Name/Address WALTER CHOKAN

Project Address 1012 EAST LAUNING WAY

Parcel Number 001 400 024 Lot No. 00

Subdivision Name East Union & Riverside No. of Units 1

Applicant's Signature [Signature] Title OWNER

Phone No. 303 555 1234 Date 10-9-00

**Notice to Applicant:** Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

### Part II—To be completed by the BUILDING DEPARTMENT

Plan Identification Number \_\_\_\_\_

Building Type (check one)     Residential     Apartment/Condominium     Commercial/Industrial

Square Feet of Chargeable Building Area \_\_\_\_\_

Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

### Part III—To be completed by the SCHOOL DISTRICT

School District \_\_\_\_\_ Certificate No. \_\_\_\_\_

Exempt    Comments \_\_\_\_\_

Residential/Apartment/etc. 2650 Square ft. x \$ 1.72 = \$ 4558.40

Commercial/Industrial \_\_\_\_\_ Square ft. x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Total fees collected \_\_\_\_\_ 10-09-00A11:16 RCD = \$ 4558.40

*This certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.*

*As the authorized school official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.*

Signature \_\_\_\_\_ Date 10/9/00

Date of Request: \_\_\_\_\_

By: \_\_\_\_\_

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

Project Address: 1012 EAST LANDING WAY

Assessor's Parcel Number: C31-1400-024

Previous Use: \_\_\_\_\_

Description of Request/Proposed Use: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is This a Change of Use? \_\_\_\_\_

Zoning Designation: RIA

Prior Applications for Project Site(P#, Z#, DRPB#): \_\_\_\_\_

Comments: lot coverage - asked  
applicant to recalculate  
#'s.

*40  
Baker  
11/9/00*

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 [Signature]

4-18 CD

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

MICROFILM AFTER FINAL