

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0509153

Insp Area: 2

Thos Bros: 337C4

Site Address: 7807 AMHERST ST SAC

Parcel No: 052-0180-065

Sub-Type: ASFR

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

KILPATRIC COLETTE R/STEVEN BEN
7807 AMHERST ST
SACRAMENTO, CA 95832

Nature of Work: SFR ADDITION 442SF FAMILY ROOM

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 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.)

X 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 6/24/05 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 6/24/05 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

(This section need not be completed if the permit is for \$100 or less) I certify that 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 comply with those provisions.

Date 6/24/05 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.

PAID CITY OF SACRAMENTO

JUN 24 2005

NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES



CITY OF SACRAMENTO
LETTER OF AGENCY

If the applicant is not the owner of record of the subject site, a Letter of Agency from the owner or the owner's authorized representative must be submitted which grants the applicant permission to make application for the requested entitlement.

Date: 6/17/05

To: City of Sacramento
Department of Planning and Building
1231 I Street, Suite 200
Sacramento, CA 95814

Planning and Building Department:

I, the undersigned legal owner of record, hereby grant permission to:

Applicant: Tin Lien Phone: (916) 505-6946

Applicant's Address: 9176 SUNFIRE WY, SACRTO, CA 95826

to apply for the following entitlement(s):

Plan Amendment
 Rezoning
 PUD Designation
 Tentative Map
 Lot Line Adjustment

Subdivision Modification
 Special Permit
 Variance
 "R" Review (Development Plan Review)
 Other

The subject property is located at 7807 AMHERST ST.

Assessor's Parcel Number(s) 052-0180-065-000

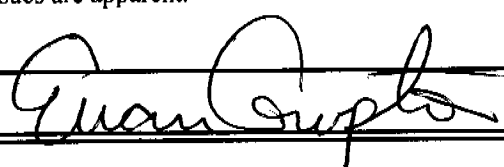
Steven W. Benson
Signature of owner of record (must be original)

Steven W Benson
Printed Name of owner of record

Address of owner of record 7807 AMHERST ST. Phone (916) 665-6230

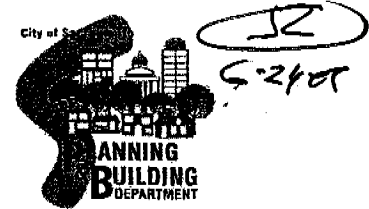
Application Number: _____

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

ADDRESS: 7807 Amherst Street	APN: 052-0180-065
DRPB AREA / PUD / SPD: None	ZONING: R-1 corner
EXISTING LAND USE: SFR with attached garage	
PROPOSED USE: Addition on the side of the home	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER DR PB Required Planning application must be approved <i>before</i> project can be submitted for plan check
<input type="checkbox"/>	Application(s) IN PROGRESS: File Number: Application must be approved before project can be submitted for plan check.
<input type="checkbox"/>	Application(s) COMPLETED: File Number & approval date: Building permit must conform to approved plans and comply with all conditions of approval. Do NOT accept applications for a building permit prior to the end of the 10-day appeal period.
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input checked="" type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input checked="" type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Route to SITE for inspection only , plan check not required.
<input type="checkbox"/>	Preliminary review ONLY ; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
CONDITIONS AND COMMENTS:	The addition meets the setback requirements for the R-1 zone. Total lot coverage is under 21%. (Home 1822 on a 9148 sf lot.) The home is not located in a design review area. No other planning issues are apparent.
DATE: June 20, 2005	BY: Evan Compton 



CITY OF SACRAMENTO
 PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION
 www.cityofsacramento.org
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
 Inspection: 1-916-808-5191



Downtown Permit Center
 1231 I Street, Suite 200, Sacramento, CA 95814

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

PRELIMINARY RESIDENTIAL APPLICATION

1-916-808-5656 OR 1-866-EZ-PERMIT

7807 AMHERST ST		JR
BUILDING SITE ADDRESS	SUITE	INSP. AREA
052-0180-065		0509153
ASSESSOR'S PARCEL NO.	COMMUNITY PLAN NO.	PLAN CHECK NO.

NAME OF APPLICANT	ADDRESS	ZIP CODE	PHONE #	FAX #
Tin Lien	9176 SUNFIRE WY	95826	916-505-6946	1-916-369-0848
PROPERTY OWNER				
Steve Benson	7807 Amherst St.	95832	665-6230	
LICENSED CONTRACTOR		LICENSE #:		
Ricky Nguyen	N/A	806-902		
ARCHITECT/ENGINEER				
Tin Lien	same as above			

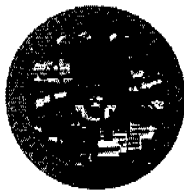
No. of Stories	No. of Rooms	Roof Covering	Area 1 st Floor	Total Area	Garage Area	Patio Area

THIS PERMIT IS FOR:
 BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

NATURE OF WORK IN DETAIL
 442 # FT FAMILY ROOM ADDITION TO SFR

\$ 40,000.00
 VALUATION

12/28/2004



**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 - a portion of the work.
- C - 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.

Name Ricky Nguyen Phone 916-952-4015
Address _____
Type of Work Residential addition

Name _____ Phone _____
Address _____
Type of Work _____

Name _____ Phone _____
Address _____
Type of Work _____

Name _____ Phone _____
Address _____
Type of Work _____

3. I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner [Signature]
Date 6-24-05 Case No. N/A Permit No. 0509153
Job Address 2807 AMHARST ST.

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



DEVELOPMENT SERVICES
DEPARTMENT

CITY OF SACRAMENTO
CALIFORNIA

PLANNING DIVISION
1231 I STREET, RM 200
SACRAMENTO, CA 95814
(916) 808-5381 Phone
(916) 808-5543 Fax

MINOR MODIFICATION TO PREVIOUS APPROVAL

FILE NUMBER:	Z05-202		
PREVIOUS FILE NUMBERS:	P94-045		
SPECIAL PERMIT:	XX	OR	PLAN REVIEW:
PROJECT ADDRESS:	20 Paisan Court		
APN:	031-1480-016	ZONING:	R-1A PUD
APPLICANT'S NAME & ADDRESS:	Petkus Bros Co. (Luis)		
	3068 Sunrise Blvd		
	Rancho Cordova, CA 95742		
<p>PROPOSED PROJECT: The applicant is requesting a minor modification to the previously approved Special Permit to construct a 10'10"x10'8" patio cover on the rear of a single family home. It is located on .06± developed acres in the R-1A PUD zone. The applicant is proposing a patio cover improvement which is a modification that is less than a 10% change in the overall approved floor area and is therefore classified as a Special Permit Minor Modification. The lot coverage for the home and proposed patio will be at 40%. The home is not in a design review area. The rear setback will be over 10 feet and the home backs up to Pocket Road.</p>			
<p>ANALYSIS & CONDITIONS: Staff supports the Special Permit Modification because the changes are compatible to the approved design of the residence and will not require any additional parking.</p> <p>Conditions:</p> <ol style="list-style-type: none"> 1) The site improvements shall be constructed in conformance with the approved revised plans. 2) The applicant shall comply with all previous approved conditions (P94-045). 3) The applicant shall obtain all necessary building permits prior to commencing construction. 4) Any other changes or modifications to the site shall be reviewed and approved by the Planning Division. 			
APPROVED BY:	Evan Compton, Assistant Planner		
FOR: JOY D. PATTERSON, ZONING ADMINISTRATOR			
DATE: July 22, 2005			

cc. Z Log Book (Original) Applicant File

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

ADDRESS: 20 Paisan Court	APN: 031-1480-016
DRPB AREA / PUD / SPD: None	ZONING: R-1A
EXISTING LAND USE: SFR	
PROPOSED USE: Patio enclosure on the rear of home (approximately 10 by 10)	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER DR PB Required Planning application must be approved <i>before</i> project can be submitted for plan check
<input type="checkbox"/>	Application(s) IN PROGRESS: File Number: Application must be approved before project can be submitted for plan check.
<input checked="" type="checkbox"/>	Application(s) COMPLETED: File Number & approval date: Z05-202 (Approved 07-22-05) Building permit must conform to approved plans and comply with all conditions of approval. Do NOT accept applications for a building permit prior to the end of the 10-day appeal period.
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input checked="" type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input checked="" type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Route to SITE for inspection only, plan check not required.
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
CONDITIONS AND COMMENTS: Must meet the conditions of Z05-202. No other planning issues.	
DATE: August 1, 2005	BY: Evan Compton 