

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0506012

Insp Area: 4

Thos Bros: 277F3

Site Address: 44 MORRISON AV SAC

Parcel No: 250-0352-009

Sub-Type: ASFR

Housing (Y/N): N

CONTRACTOR  
OWNER BUILDER

OWNER  
ARROYO MIGUEL Q  
5840 22ND ST  
RIO LINDA, CA 95673

ISSUED  
CITY OF SACRAMENTO

SEP 14 2005

Nature of Work: REMODEL, ADD 414SF OF LIVING AND 400SF GARAGE

DOWNTOWN PERMIT  
CENTER

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 0 \_\_\_\_\_ 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.)

EU 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 9/14/05 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 hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes:

Date 9/14/05 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 \_\_\_\_\_

EU (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.

Date 9/14/05 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.



CITY OF SACRAMENTO

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

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-7622

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

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 - [x] 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.
[x] a portion of the authorized work.

Name T B DETKOVIC Phone

Address

Type of Work

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]

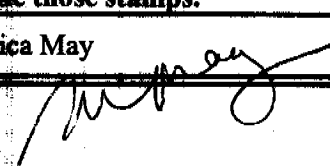
Date 9/4/15 Case No. Permit No. 0506012

Job Address 44 MORRISON AVE

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

Microfilm original

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

ADDRESS: 44 Morrison Avenue	APN: 250-0352-009
DRPB AREA / PUD / SPD: Strawberry Manor Design Review Area	ZONING: R1
EXISTING LAND USE: One-story single family home (approximately 970 sq. ft.) with no garage.	
PROPOSED USE: Reremodel and expand existing home and add an attached garage. (Add about 698 sq. ft. living area and about 400 sq. ft. for attached garage. All one-story) This is a revision to building permit 0506012 - site plan provided for that permit was drawn incorrectly.	
<b>PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:</b>	
<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 before 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) COMPLETE: File Number & approval date: DR05-051, approved 4/19/05 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 prior to issuance of building permit.
<input checked="" type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input checked="" type="checkbox"/>	SITE PLAN to be submitted has 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:	This is a revision to building permit 0506012 - site plan provided for that permit was drawn incorrectly. However, setbacks and lot coverage are okay per site plan provided 9/8/2005. See Planning stamp on site plan to that effect. All conditions of approval for DR05-051 still apply. NOTE: if Building Division needs the new elevation sheets stamped with Design Review approval, either the applicant or Building Division needs to get those stamped; Planning staff is not responsible to obtain or provide those stamps.
DATE: 9/8/2005	BY: Monica May 

## Heating and Cooling System Sizing Calculations

Job Description: ARRYO / VEGA RESIDENCE Sq. Ftg: 1,660 sq  
 Date: 2/9/05 Designer: BRYAN JAKAB

The following calculations are not intended as a heating and air conditioning design tool. They will be used to determine if the installed units meet the City, County and State Energy Standards.

Heating: Heat Loss			
	Area	Factor	Column "A"
1.	Window Area	<u>191.1</u> x <u>27</u>	= <u>5,159.7</u>
2.	Door Area	<u>37.8</u> x <u>25</u>	= <u>945</u>
3.	Net Walls Area	<u>1,435.9</u> x <u>4</u>	= <u>5,743.6</u>
4.	Floor Area (Use either 4a or 4b unless home has both types)		
	(a) Slab Perimeter	<u>0</u> x <u>1</u>	= <u>0</u>
	(b) Raised Floor	<u>1,660</u> x <u>2</u>	= <u>3,320</u>
5.	Ceiling Area	<u>1,660</u> x <u>1</u>	= <u>1,660</u>
6.	Internal Heat Gain: Not applicable for heating		
7.	Infiltration (c.f.)	<u>26,389.9</u> x <u>.64</u>	= <u>9,501.6</u>
8.	Window Heat Gain for summer A/C - Not applicable for heating		

### Heating System Sizing:

9. Duct loss Subtotal= 26,389.9 x 1.10 = 29,028.9 BTU/hr  
 (Add lines 1-7 from Column "A")
10. Heat loss Subtotal= Line 9 x 1.33 = 38,608.4
11. Heating System Capacity (Heating System Maximum Output)  
 (Floor area x 10) + Line 10 = 55,208.4 BTU/hr

Cooling: Heat Gain			
	Area	Factor	Column "B"
1.	Window Area	<u>191.1</u> x <u>13</u>	= <u>2,484.3</u>
2.	Door Area	<u>37.8</u> x <u>13</u>	= <u>491.4</u>
3.	Net Walls Area	<u>1,435.9</u> x <u>2</u>	= <u>2,871.8</u>
4.	Floor Area (Use either 4a or 4b unless home has both types)		
	(a) Slab Perimeter	<u>0</u> x <u>-</u>	= <u>0</u>
	(b) Raised Floor	<u>1,660</u> x <u>1</u>	= <u>1,660</u>
5.	Ceiling Area	<u>1,660</u> x <u>.70</u>	= <u>1,162</u>
6.	Internal Heat Gain	<u>3</u> Bdrms x <u>600</u>	= <u>1,800</u>
7.	Infiltration (c.f.)	<u>14,490</u> x <u>.64</u>	= <u>9,237.6</u>
8.	Window Heat Gain:		
	East/West	<u>52.8</u> x <u>30</u> x <u>.88</u>	= <u>1,393.9</u>
	South	<u>102.3</u> x <u>19</u> x <u>.88</u>	= <u>1,041.6</u>
	Skylights	<u>0</u> x <u>57</u> x <u>.88</u>	= <u>0</u>

### Cooling System Sizing:

9. Cooling System Capacity Requirement:  
22,178.6 x 1.1 = 24,396.5 BTU/hr  
 (Add lines 1-8 from Column "B")

**DRIVEWAY PERMIT APPLICATION  
PROCESSING INSTRUCTIONS**

**Preparation of Application**

- 1 Type or neatly print all information in blanks on the "APPLICATION FOR DRIVEWAY PERMIT"
- 2 Prepare a vicinity map and scaled drawings accurately depicting the requested encroachment. The drawings shall include enough information to answer any and all questions regarding the application. Show dimensions of encroachment and ties to the centerline intersection of two City streets or the right-of-way line intersection of two City streets. Drawings must be on 8 1/2" x 11" sheets.
- 3 Provide proof of liability insurance as directed by Resolution 81-845. Refer to the document "REQUIREMENTS FOR CERTIFICATES OF INSURANCE" for more information OR contact the City of Sacramento, Risk Management Office at 916.808.5556.

**Submission to the City**

After the applicant has completed the above items, the following shall be submitted to the Development Engineering and Finance Department, 1231 I Street, Room 200.

- Completed application form
- 8 1/2" x 11" drawings - 3 copies
- Proof of insurance
- Permit fee (see attached sheet for cost of permit - cost of permit is determined by size of driveway)
- Traffic Control Plan - 3 copies (plans must clearly show how vehicular and pedestrian traffic will be routed around the construction area).
- If a driveway permit is conditioned as part of a building permit, please list the building permit activity numbers on a separate sheet and submit with the driveway permit application.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO THE APPLICANT!**

\*\*\* Work may begin only AFTER the City Inspector has issued the permit\*\*\*

Cost of Permit:	WIDTH OF DRIVEWAY	COST
	23' AND BELOW	\$250
	24' - 35'	\$325
	36' - 45'	\$400
	ASPHALTIC CONCRETE	\$175

City of Sacramento  
Development Engineering  
and Finance Division  
02/28/2005

1231 I Street, Room 200  
Sacramento, CA 95814  
Phone:916.808.7995  
Fax:916.448.8450



4

**CITY OF SACRAMENTO**  
CALIFORNIA

DEPARTMENT OF  
HUMAN RESOURCES

RISK MANAGEMENT DIVISION

921 10TH STREET  
ROOM 700  
SACRAMENTO, CA

95814-2713

PH 916-808-5278  
FAX 916-808-5160

**REQUIREMENTS FOR  
CERTIFICATES OF INSURANCE**

- 1) The City of Sacramento requires all certificates of insurance to be submitted on a standard Acord form or on the insurance company's letterhead. The City does not accept declaration pages. The named additional insured endorsement signed by an authorized representative of the insurance carrier must accompany the certificate of insurance.
- 2) The Insurance Company must either be licensed to do business in the State of California or have a Best Guide Rating of A-VII or better.
- 3) The City of Sacramento requires a valid policy number to be provided by an insurance company that meets the requirements listed above. The City does not accept "binder numbers", "pending", "TBD", "quote", "to follow", "to be announced".
- 4) The City of Sacramento does not accept California Assigned Risk until it is accepted by a valid insurance company which meets the requirements in number (1) above, and is on a standardized Certificate of Insurance form with a valid policy number.
- 5) For all auto liability insurance, the following information must be listed on the certificate of insurance:
  - Taxi Cabs: Cab number(s), the VIN or vehicle identification number(s) and a vehicle description.
  - Mobile Vendors: VIN or vehicle identification number(s) and a vehicle description.
  - Private Refuse: VIN or vehicle identification number(s) and a vehicle description.
  - Tow Trucks: VIN or vehicle identification number(s) and a vehicle description.
- 6) The City of Sacramento must be listed as the certificate holder as well as an additional insured. "The City of Sacramento, its officials, agents, employees & volunteers".
- 7) The City of Sacramento requires a 30-Day written notice of cancellation to be designated on the certificate of insurance.

- 8) The Certificate of Insurance must be signed by a legitimate agent.
- 9) The issue date must be provided on the Certificate of Insurance as well as the policy's effective and expiration dates.
- 10) The amount of insurance must meet the minimum requirements as set forth in the applicable City Code.
- 11) The business or company name must be listed as well as the insured's name.  
(For example, Doing Business As or DBA may be used).

If you have any questions on the above, please contact the Risk Management Office at (916) 808-5556.

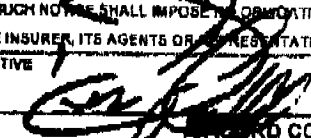
<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 07/22/2005
PRODUCER (916)646-1919 McGee & Thielen Insurance Brokers, Inc. 3780 Rosin Court Suite 200 Lic # 0633187 Sacramento, CA 95834	FAX (916)646-0995	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED De Vega Construction Inc. PO Box 340516 Sacramento, CA 95834-0516		
INSURERS AFFORDING COVERAGE		NAIC #
INSURER A: ProBuilders Specialty Ins		
INSURER B: Golden Eagle Insurance Co.		
INSURER C:		
INSURER D:		
INSURER E:		

**COVERAGES**  
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURANCE CLASSIFICATION	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	RES5004021	04/15/2005	04/15/2006	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ exclude MED EXP (Any one person) \$ 5,000 PERSONAL L ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPTOP AGG \$ include
	CENTL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON OWNED AUTOS	CBP8011043	03/21/2005	03/21/2006	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY EMPLOYEE (OFFICER/EXECUTIVE OFFICER/MEMBER EXCLUDED)? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

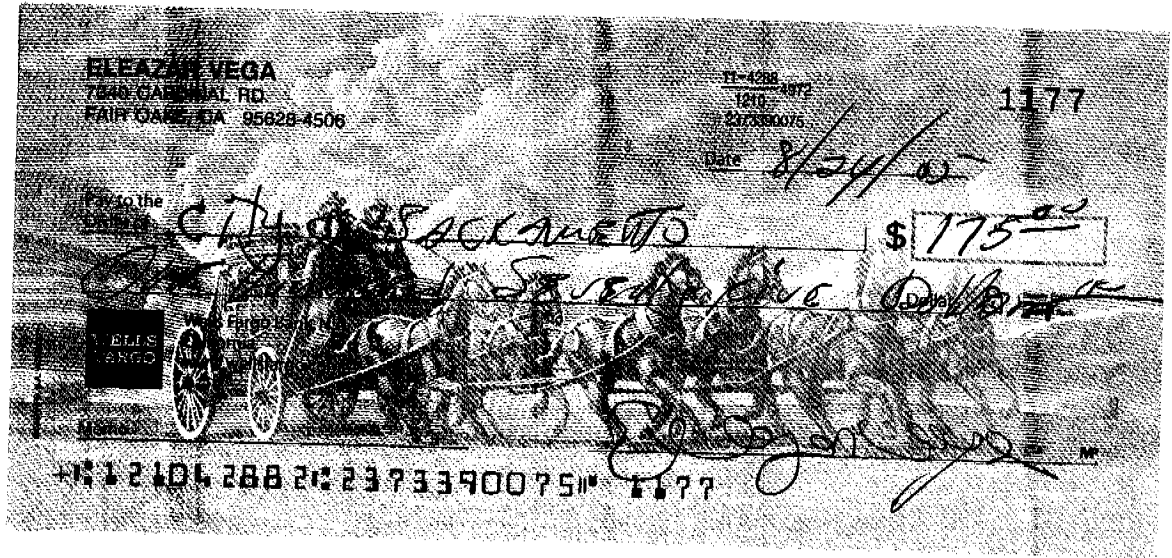
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
The City of Sacramento, it's officials, agents, employees and volunteers are named as additional insured per attached endorsement.

**10 DAY NOTICE OF CANCELLATION  
APPLIES FOR NON-PAYMENT OF PREMIUM**

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
The City of Sacramento 1231 I Street Ste. #200 Sacramento, CA 95814	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO PENALTY OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE Daniel Caudill 

ACORD 26 (2001/08) FAX: 962-1482  
Attn: Jody Ambaloug





Received  
for driveway Permit  
8/24/05  
MSD.

Received for Driveway Permit 8/24/05

44 Morrison Ave.  
Permit# 0506012

**DRIVEWAY PERMIT APPLICATION  
PROCESSING INSTRUCTIONS**

**Preparation of Application**

- 1 Type or neatly print all information in blanks on the "APPLICATION FOR DRIVEWAY PERMIT"
- 2 Prepare a vicinity map and scaled drawings accurately depicting the requested encroachment. The drawings shall include enough information to answer any and all questions regarding the application. Show dimensions of encroachment and ties to the centerline intersection of two City streets or the right-of-way line intersection of two City streets. Drawings must be on 8 1/2" x 11" sheets.
- 3 Provide proof of liability insurance as directed by Resolution 81-845. Refer to the document "REQUIREMENTS FOR CERTIFICATES OF INSURANCE" for more information OR contact the City of Sacramento, Risk Management Office at 916.808.5556.

**Submission to the City**

After the applicant has completed the above items, the following shall be submitted to the Development Engineering and Finance Department, 1231 I Street, Room 200.

- Completed application form
- 8 1/2" x 11" drawings - 3 copies
- Proof of insurance
- Permit fee (see attached sheet for cost of permit - cost of permit is determined by size of driveway)
- Traffic Control Plan - 3 copies (plans must clearly show how vehicular and pedestrian traffic will be routed around the construction area).
- If a driveway permit is conditioned as part of a building permit, please list the building permit activity numbers on a separate sheet and submit with the driveway permit application.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO THE APPLICANT!**

\*\*\* Work may begin only AFTER the City Inspector has issued the permit\*\*\*

Cost of Permit:	WIDTH OF DRIVEWAY	COST
	23' AND BELOW	\$250
	24' - 35'	\$325
	36' - 45'	\$400
	ASPHALTIC CONCRETE	\$175

City of Sacramento  
Development Engineering  
and Finance Division  
02/28/2005

1231 I Street, Room 200  
Sacramento, CA 95814  
Phone: 916.808.7995  
Fax: 916.448.8450



**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DEPARTMENT**  
**BUILDING DIVISION**

www.cityofsacramento.org

Help Line: 1-916-264-5656 OR 1-866-EZ-PERMIT  
 Inspection: 1-916-808-4677



Downtown Permit Center 1-916-264-6807  
 1231 I Street, Suite 200, Sacramento, CA 95814

North Permit Center 1-916-808-2354  
 2101 Arena Blvd., Suite 200, Sacramento, CA 95834

Prior to issuance of a permit, the applicant shall complete Part I of this form. Part II and Part III shall be completed by the project Architect/Engineer and the Development Services Department as a part of the plan review process. Before permit issuance all parties must sign this agreement. Please note that failure to comply with special inspection requirements could be expensive in terms of retrofit design and construction as well as delays in the project.

**PART I: SPECIAL INSPECTION TESTING AGREEMENT**

PROJECT NAME 44 Morrison PROJECT ADDRESS 44 Morrison Ave  
 PLAN REVIEW NUMBER 0506012 PERMIT NUMBER 0506012  
 OWNER'S NAME Miguel Arroyo OWNER'S ADDRESS 7340 Cardinal Rd Fair Oaks Ca  
 OWNER'S REPRESENTATIVE Eleazar Vega OWNER'S ADDRESS 7340 Cardinal Rd 95628  
 Fair Oaks, Ca 95628

TESTING/INSPECTION FIRM (S)

1. RANEY GEOTECHNICAL 916-371-0734  
3140 BEARDON BLVD  
WEST SAC 95691 CONTACT PERSON \_\_\_\_\_
2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 CONTACT PERSON \_\_\_\_\_

**PART II: SPECIAL INSPECTION TESTING AGREEMENT - INSPECTION REQUIRED**

In accordance with Chapter 17 Section 1701 of the Code as adopted by this jurisdiction, special inspection is required as noted below:

Pre-construction Meeting  Required  Waived

CODE SECTION	TYPE OF WORK	CONTINUOUS	PERIODIC
1701.5.1	CONCRETE		
1701.5.2	BOLTS INSTALLED IN CONCRETE		
1701.5.3	SPECIAL MOMENT - RESISTING CONCRETE FRAMES		
1701.5.4	REINFORCING STEEL AND PRESTRESSING STEEL TENDONS		
1701.5	STRUCTURAL WELDING		
1701.5.1	GENERAL		
	FIELD STRUCTURAL WELDING		
	SHOP STRUCTURAL WELDING (REQUIRING SPECIAL INSPECTION)		
1701.5.2	SPECIAL MOMENT - RESISTING STEEL FRAMES		
1701.5.3	WELDING OF REINFORCING STEEL		
1701.5.6	HIGH STRENGTH BOLTING		
1701.5.7	STRUCTURAL MASONRY		
1701.5.8	REINFORCED GYPSUM CONCRETE		
1701.5.9	INSULATING CONCRETE FILL		
1701.5.10	SPRAY APPLIED FIREPROOFING		
1701.5.11	PILING, DRILLED PIERS AND CAISSONS		
1701.5.12	SHOTCRETE		
1701.5.13	SPECIAL GRADING, EXCAVATION & FILLING		
1701.5.14	SMOKE CONTROL SYSTEM		
1701.5.15	SPECIAL CASES		
1702	STRUCTURAL OBSERVATION PER SECTION 307 REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO		
SCC9.26.1004	FLOOD PROFING INSPECTION & CERTIFICATION		
OTHER:			
SPECIAL INSTRUCTIONS			

CITY OF SACRAMENTO  
 NORTH PERMIT  
 CENTER

SEP 08 2005

RECEIVED

**SPECIAL INSPECTION AND TESTING AGREEMENT**

When special inspection is required by Section 1701, the architect or engineer of record shall prepare an inspection program, which shall be submitted to the Building Official for approval prior to issuance of the building permit. The special inspector shall be employed by the owner (other than owner-builder/developer), the engineer or architect of record, or an agent of the owner, BUT NOT the contractor, or another person responsible for the work (such as an owner-builder /developer).

The special inspection firm(s) named in Part I have been authorized to perform the special inspection and testing services designated in this agreement, and in accordance with the Uniform Building Code (UBC) requirement, and to report all activities inspections performed by the Building Inspector.

The undersigned hereby affirm, under the penalty of law that the special inspection program is in accordance with the requirements of the UCB and the City of Sacramento.

The undersigned has used all reasonable diligence in completing this form and to the best of his/her knowledge the information contained herein is true and complete. The undersigned hereby certifies under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

	SIGNATURES	PHONE NUMBER
OWNER	<i>[Signature]</i>	257-633-962-1481
ARCHITECT		
ENGINEER		
CONTRACTOR		
DEVELOPER		
SPECIAL INSPECTOR		

**WARNING:** Any person, who certifies under penalty of perjury in any case where certification is permitted by law and willfully states as true any material matter which he or she knows to be false, may be found guilty of perjury and subject to penalties which may include fines or imprisonment under the California Penal Code.

**PART III GEOTECHNICAL INSPECTION REQUIREMENTS**

GEOTECHNICAL FIRM			
GEOTECHNICAL FIRM ADDRESS		PHONE NUMBER	
GEOTECHNICAL ENGINEER			
REPORT NUMBER			
REPORT DATE	RECEIPT NUMBER	REVISION DATES	
	TYPE OF WORK		REQUIRED
SITE PREPARATION/FILL ADDRESS			
FOUNDATION OBSERVATION			
DRILLED PIERS AND CAISSONS			
IF THE EARTHWORK INSPECTION IS NOT BEING DONE BY THE ABOVE GEOTECHNICAL ENGINEERING FIRM THEN A REVISED REPORT MUST BE SUBMITTED TO AND APPROVED BY THE CITY'S DEVELOPMENT SERVICES DIVISION.			

ACCEPTED FOR THE BUILDING DEPARTMENT

PLAN CHECK ENGINEER (Please Print) \_\_\_\_\_

PLAN CHECK ENGINEER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**INSTRUCTION TO THE SPECIAL INSPECTOR**

1. PROVIDE DAILY FIELD REPORTS TO THE BUILDING INSPECTOR ON SITE AS CONSTRUCTION PROGRESSES.
2. A COPY OF ALL-SPECIAL INSPECTIONS LABORATORY REPORTS SHALL BE SENT TO THE PLAN CHECK ENGINEER IDENTIFIED ABOVE AND THE ARCHITECT OR ENGINEER OF RECORD.
3. UPON COMPLETION OF SPECIAL INSPECTIONS AND TESTING WORK, PROVIDE THE CITY'S PLAN CHECK ENGINEER WITH A FINAL SPECIAL INSPECTIONS TEST REPORT, WET STAMPED, AND SIGNED BY THE RESPONSIBLE BOB MacCORMICK