

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0318527

Insp Area: 4

Thos Bros:

Sub-Type: NSFR

Housing (Y/N): N

Site Address: 3589 ALTOS AV SAC

Parcel No: 250-0150-018

CONTRACTOR

MATSON PROPERTIES
P.O. BOX 777
ROSEVILLE, CA 95678

OWNER

DAVE MATSON
P.O. BOX 777
ROSEVILLE, CA 95678

ARCHITECT

Nature of Work: RSFR NEW SINGLE FAMILY RESIDENCE 1590 SQ FT LIVING, 434 SQ FT GARAGE & 62 SQ FT COVERED PORCH --- DESIGN REVIEW AREA---

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 458053 X Date 3-8-04 X Contractor Signature David Matson

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 _____

PAID
CITY OF SACRAMENTO
MAR 09 2004

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.

X Date 3-8-04 X Applicant/Agent Signature David Matson

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.

DOB 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 EXEMPT Policy Number _____ Exp Date _____

(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 3-8-04 X Applicant Signature David Matson

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.



REITZELL ENGINEERING
STRUCTURAL DESIGN
RESIDENTIAL & COMMERCIAL
5029 Burnbrae Place
Antelope, CA 95843
Phone: (916) 721-4927

May 3, 2004

Matson Properties
P.O. Box 777
Roseville, CA 95678
Attn.: Dave

Subject: 3589 Altos Ave
Sacramento, CA

Dear Dave,

It is acceptable to use Trus Joist Shear Panels of comparable size in lieu of Simpson Strong Walls.

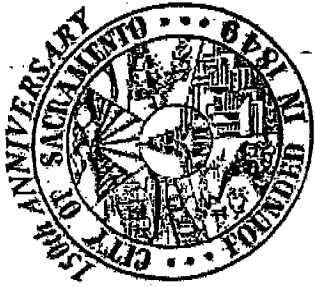
Sincerely,

Eric Reitzell



City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 3589 Altos Avenue	APN: 250-0150-018
DRPB AREA / PUD / SPD: Del Paso Heights	ZONING: R-1A SPD
EXISTING LAND USE: Vacant	
PROPOSED USE: New Single Family 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 checked="" type="checkbox"/>	Requires APPLICATION(s): PC X ZA IR ER DR X PB
Required Planning application must be submitted <i>before</i> project can be submitted for plan check.	
<input checked="" type="checkbox"/>	Application(s) IN PROGRESS: DR03-324
Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.	
<input type="checkbox"/>	Application(s) COMPLETED:
Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period.	
<input 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 checked="" type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
COMMENTS: Proposed residence is approximately 2,300 sq. ft., lot is 7,200 sq. ft. $2,300/7,200 = 32\%$ lot coverage < 40% okay. Paving at 37.5% < 40% okay. Meets all setback requirements. R-1A requires Planning Director's Plan Review, Michael York is handling this. No other planning issues.	
DATE: 11/18/03	BY: Ashley Feeney



DATE: _____

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)
Fax # 916-264-1901

0318527

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.
Note: Contractors must have a current certificate of Worker's Compensation Insurance.

Note: Work started before a Building Permit is issued will be subject to quad fee

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

JOB ADDRESS: 3589 ALTOS AVE UNIT # _____ CONTRACT PRICE \$ _____

CONTACT PERSON: _____ CONTRACT PHONE: _____

Property Owner: David B. Matson License # _____
Address: P.O. Box 777
City/State/Zip: Roseville, CA 95678
Phone: 782-8511 FAX: _____

NATURE OF REQUEST:

Indicate from the selections below & provide details under description of work.

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE # STORIES: Material: <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> vinyl <input type="checkbox"/> stucco Note: Design Review approval may be required in certain areas.	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: Equipment: \$ Cut-in: \$ Note: Design Review approval may be required for rooftop units.	<input type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR (Describe locations below) Note: Design Review approval may be required in certain areas.	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PGE *NOTE: Correction Notice items will require an additional building permit
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DESCRIPTION OF WORK:



CITY OF SACRAMENTO
CALIFORNIA

PLANNING AND
BUILDING DEPARTMENT
PLANNING DIVISION

1231 I STREET, ROOM 200
SACRAMENTO, CA
95814-2998

WATER DEVELOPMENT FEE WAIVER

Applicant: Dave Matteson Phone: _____

Property Address: 3589 & 3593 Altos Ave

APN: 250-0150-018 & 250-0150-017 Zoning: R-1A-SPD Number of Units: 2

This project qualifies for the waiver because it is in a:

REDEVELOPMENT AREA; or

DESIGNATED INFILL AREA; or

QUALIFIED INFILL AREA, meeting all of the following requirements:

1. The site is located in a neighborhood where the median year of housing construction is 1965 or earlier as shown on the Neighborhood Statistics Boundary Map, or the applicant has proof to the satisfaction of the Planning Director that the median age of housing within 500 feet of the site was developed prior to 1965; and
2. The lot is surrounded on three sides by existing or approved development; and
3. The project is consistent with the General Plan or more specific plan designation; and
4. The site is no more than 5 acres in size for single family development, or 2 acres in size for multiple family development; and
5. The site has City sewer, water, and drainage services, or is within proposed or existing assessment district for these services; and the services provided are capable of serving the proposed development to the satisfaction of the Public Works Director.

Fee Waiver Denied by: _____ Date: _____

Fee Waiver Approved by: Beth Maynard Date: 2/2/04
and Zips Books

WD No: _____

Certification of Compliance School District Development Fees

PART 1 To be completed by APPLICANT

Owner's Name & Address Mr. [unclear]
 Project Address 3559 Actus A
 Parcel Number 250-0150 013 Lot No. _____
 Subdivision Name _____ Number of Units _____
 Applicant's Signature & Title _____
 Date _____ Phone No. _____

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 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 2 To be completed by BUILDING DEPARTMENT

Plan Identification Number 03-18526 Building Type (CHECK ONE)
 Residential
 Apartment/Condominium
 Commercial/Industrial
 Square Feet of Chargeable Building Area 1590
 Signature _____ Date 10/11/05
 Title _____

PART 3 To be completed by SCHOOL DISTRICTS

Grant Joint Union High School District	
District Certification No. <u>04-1-1111-115</u>	
EXEMPT _____	
Comments RESIDENTIAL / APARTMENT / CONDOMINIUM	
<u>1596</u> Sq.Ft. x \$ <u>2.14</u> = \$ <u>3412.60</u>	
COMMERCIAL / INDUSTRIAL	
_____ Sq.Ft. x \$ _____ = \$ _____	
OTHER FEE: TYPE _____	
_____ Sq.Ft. x \$ _____ = \$ _____	
TOTAL FEES COLLECTED = \$ <u>3412.60</u>	

Robla Elementary School District	
District Certification No. _____	
EXEMPT _____	
Comments RESIDENTIAL / APARTMENT / CONDOMINIUM	
_____ Sq.Ft. x \$ _____ = \$ _____	
COMMERCIAL / INDUSTRIAL	
_____ Sq.Ft. x \$ _____ = \$ _____	
OTHER FEE: TYPE _____	
_____ Sq.Ft. x \$ _____ = \$ _____	
TOTAL FEES COLLECTED = \$ _____	

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 district 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.

GRANT	Authorized School District Official	ROBLA
Signature _____	Signature _____	Signature _____
Title _____	Title _____	Title _____
Date _____	Date _____	Date _____

Original: Grant Joint Union High School District/
 Robla Elementary School District
 1st Copy: Building Department
 2nd Copy: Applicant

GJUHSD: Facilities Planning and Construction Department
 Certificate of Compliance Form (rev. 10/02) bep

Case Fee Summary

Case Number: SWD2004-00169
Location: CITY OF SACRAMENTO
Job Address: 3589 ALTOS AVE

Status: ACT

Issue Date: 3/2/2004

Date Printed: 3/2/2004

Fee Type	Fee Due	Fee Paid	Date Paid
SRCSD Sewer Fees	923.00	0.00	
Fees Due:	923.00	Fees Paid:	0.00
	Balance Due:	923.00	

GENERAL INFORMATION	BLDG PERMIT NO. <i>SWD02004-00169</i>
APPLICATION NO. <i>3/2/04</i> COUNTY SANITATION DISTRICT 1 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT SEWER IMPACT FEE PERMIT AND CALCULATION City of Sacramento 100 Egan Devel Sacramento Approved 03/01/04 PAID MAR 08 2004	THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER
FEE CALCULATION	
INSPECTION	RESIDENTIAL <input checked="" type="checkbox"/> SF U MF U
CSD-1	COMMERCIAL USE
SRCSD <i>923</i>	<i>1 SFU</i>
CONSTRUCTION	<i>1 SRCSD</i>
IN-LIEU	
TOTAL FEE	\$ 923
APN: <i>250-0150-018</i>	
DESCRIPTION/ SUBDIVISION	LOT:
PROPERTY ADDRESS	<i>3589 ALTOS AVENUE</i>
OWNER	<i>MATSON PROPERTIES</i>
MAILING ADDRESS	
CITY-STATE-ZIP	PHONE <i>916-66-8511</i>
ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.	
APPLICANT SIGNATURE <i>D. D. Miller</i>	
CONSOLIDATED UTILITY BILLING USE ONLY	
ACCT _____	INPUT _____ START _____

OMEGA PRODUCTS CO.
DIAMOND WALL INSULATING STUCCO SYSTEM

ICBO Report #4004

JOB ADDRESS:

3589 ALTO'S AVE
SUBDIVISION C-95838

Date of Job Completion 1-6-05

PLASTERING CONTRACTOR:

Name: McCann Plastering Inc
Address: 30 Colfax Road
Telephone No: (916) 784 2274

Roseville Ca 95678

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.

[Signature]
Signature of authorized representative of
Plastering Contractor

Date 6-6-05
This installation card must be presented to the building inspector after completion of work and before final inspection.

14. _____
15. _____

- 1 Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.
- 2 Installed U-Factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-Factors for the total fenestration area are less than or equal to values from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-Factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

Item #s (if applicable)	<u>DeBMat 6-6-05</u> Signature, Date	<u>MATSON PROPERTIES</u> Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy