

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0405810

Insp Area: 4

Thos Bros: 278A5

Site Address: 3055 CALLECITA ST SAC

Parcel No: 265-0092-009

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

OWNER

HAYDEN SHERYL
7031 WATT AVENUE
NORTH HIGHLANDS, CA 95660

ARCHITECT

Nature of Work: 1-STORY SFR, ATTACHED GAR, SLAB, TRUSSES

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 05-20-04 Owner Signature

PAID
CITY OF SACRAMENTO
MAY 20 2004
NORTH PERMIT CENTER

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 05-20-04 Applicant/Agent Signature

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:
X 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 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 5-20-04 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.

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 3055 Callecita St	APN: 265-0092-009
DRPB AREA / PUD / SPD: Ex North DR	ZONING: R-1
EXISTING LAND USE: Vacant	
PROPOSED USE: New SFR	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER DR PB
Required Planning application must be submitted <i>before</i> project can be submitted for plan check.	
<input type="checkbox"/>	Application(s) IN PROGRESS:
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 checked="" type="checkbox"/>	Application(s) COMPLETED: ER04-065 (approved 4-2-04)
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 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"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
<p>COMMENTS: Applicant received ER design approval before setbacks and lot coverage were finalized. Applicant calls out 25' min front setback from front porch on plans but when measured to scale the distance is only 20'. There is 19' in the rear leaving 1' short for the rear setback if the house is pushed back 5' to meet min front yard setback. Approx house area 2080'/5227' (metroscan) = 40% total lot coverage okay. Requested that applicant resubmit revised plans with appropriate setbacks called out. Revised plans will need to be rechecked for design, setbacks and lot coverage when applicant resubmits with appropriate setbacks.</p> <p>REVISED: After discussing with Ashley in Design Review and Mike (the applicant) from Olenka Builders, the porch width will be reduced by one foot to meet the minimum required 25' front and 15' rear yard setbacks as called out on the revised plans. Design review requires that the decorative railing be removed in order to increase accessibility of the reduced porch width to 4'. Lot coverage is okay at maximum 40%. Mike authorized the revise plans as we discussed.</p>	
DATE: 4-11-04	BY: Sally Shore

Certification of Compliance School District Development Fees

PART 1 To be completed by APPLICANT

Owner's Name & Address Shenik LLC 7031 Wash Ave N 11 Apt. 1A 95610
 Project Address 3055 CALLE LA SIENA, SACRAMENTO, CA 95815
 Parcel Number 263-0072-009 Lot No. _____
 Subdivision Name _____ Number of Units 1
 Applicant's Signature & Title _____
 Date 5/6/04 Phone No. 916 334 7067

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 2 To be completed by BUILDING DEPARTMENT

Plan Identification Number 0405810
 Square Feet of Chargeable Building Area 1478
 Signature [Signature]
 Title BI III
 Building Type (CHECK ONE)
 Residential
 Apartment/Condominium
 Commercial/Industrial
 Date 5-4-2004

PART 3 To be completed by SCHOOL DISTRICTS

Grant Joint Union High School District
 District Certification No. 04-1684
 EXEMPT 576
 Comments
 RESIDENTIAL / APARTMENT / CONDOMINIUM
902 Sq.Ft. x \$ 2,24 = \$ 2020.80
 COMMERCIAL / INDUSTRIAL
 _____ Sq.Ft. x \$ _____ = \$ _____
 OTHER FEE: TYPE _____
 _____ Sq.Ft. x \$ _____ = \$ _____
 TOTAL FEES COLLECTED = \$ 2020.80

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

Department of Planning and Development
Building Inspection Division

Grading and Erosion Control Questionnaire

To be completed for all residential new construction and additions

PART I (To be completed by applicant)

Site Address 3055 Callecita St. A.P.N. 265-0092-009

<u>Applicant Information</u>		<u>Project Information (Check One)</u>	
Name	<u>Sheryl Hayden/Robert Matheson</u>	Single Family Dwelling	<input checked="" type="checkbox"/>
Address	<u>7031 WATH AVE</u>	Duplex	<input type="checkbox"/>
	<u>North Highlands CA. 95460</u>	Triplex	<input type="checkbox"/>
Phone	<u>(916) 334-9467</u>	Deep Lot Development	<input type="checkbox"/>

PART II (To be completed by the applicant when the project is not a part of a larger subdivision)

Are there existing structures on site? Y N

Does the site front on a paved road? Y N *

Is the site higher than the crown of adjacent road? Y N *

Is the proposed building site higher than the back of the sidewalk or curb? Y N *

Describe existing frontage improvements along road.

Ditch * Curb and Gutter Curb, Gutter, and Sidewalk

The direction of drainage on this site is:

Front to Rear * Rear to Front Side to Side *

Does an adjacent site drain across this parcel? Y * N

Does this site have an existing low area or drainage swale? Y * N

Will construction require cut or fill on site? (* >50FT3 or >2FT)

- How much cut? _____ Yards Depth _____

- How much fill? _____ Yards Depth _____

Has building site been previously been filled? Y * N

Will existing drainage be re-routed? Y * N

Do you plan to construct or modify culverts or drainage ditches? Y * N

Print Name Sheryl Hayden / Robert Matheson Title Owner

Signature [Signatures] Date 5/6/04

Owner or Contractor

PART III (To be completed by staff)

What is the acreage of the parcel to be built on? .12 Acres.

If greater than 1/2 acre has an approved erosion and sediment control plan been provided? Y N

If greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N

Is the parcel to be built on part of a larger subdivision? Y N

Subdivision Name: _____

If yes has an approved erosion and sediment control plan been provided? Y N

If the original subdivision is greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N

Is grading and drainage approval required prior to permit issuance? Y N

Approved by: LAD Date: 5/20/04

Building permit #: 0405810

White Copy - Permit Jacket
Yellow - Utilities
Pink - Bldg. Div.

INSTALLATION CERTIFICATE

Permit Number _____

Site Address _____

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ (>CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
Split HEAT pump			8.0 HSPF	ATTIC	4.2		

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ (>CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
Split HEAT pump			12.5	ATTIC	4.2		

1. \geq reads greater than or equal to.
 I, the undersigned, verify that equipment listed above is: 1) is the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

[Signature] 10/21/04
 Signature, Date

Installing Subcontractor (Co. Name)
 OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std., Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ² Loss (%)	External Insulation R-value ³
STORAGE ELECTRIC		STANDARD		1	15358	40	0.88	N/A	N/A

- For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.
- R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

[Signature] 10/21/04
 Signature, Date

Mike Greenfield
 Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner

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

January 4, 2001

INSTALLATION CERTIFICATE

(Page 2 of 8)

CF-6R

Site Address

Permit Number

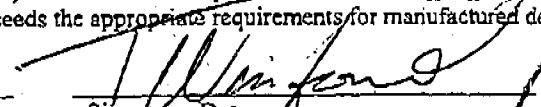
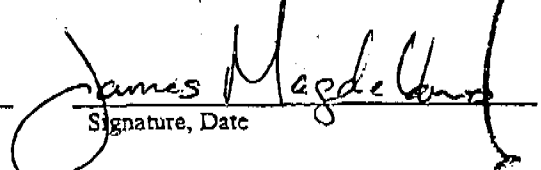
FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1 Window Front (East)	0.56	.65	2		70		1 st Floor
2 Window Left (South)	0.56	.65	2		99		1 st Floor
3 Window Rear (West)	0.56	.65	2		12		1 st Floor
4 Window Right (North)	0.56	.65	2		45		1 st Floor
5.							
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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.

<u>8</u>		Winford
Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
<u>8</u>		CWT
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

January 4, 2001

ATTN:

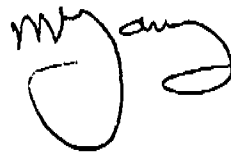
Jerry Hopson

final Insp

3055 Calleida

808-8370

Michael Jaworsky



916-439-8546

INSTALLATION CERTIFICATE

Permit Number _____

Site Address _____

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HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ [\geq CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
Split Heat Pump			8.0 HSPF	ATTIC	4.2		

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[Signature] 10/21/04
Signature, Date

Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

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Storage Electric		Standard		1	15358	40	33	n/a	n/a

- For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.
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[Signature] 10/21/04
Signature, Date

Mike Greenfield
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

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

January 4, 2001

INSTALLATION CERTIFICATE

(Page 2 of 8)

CF-6R

Site Address _____

Permit Number _____

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1 Window Front (East)	20.0 .56	.65	2		20.		1 st Floor
2 Windows Left (South)	44.0 .56	.65	2		99		1 st Floor
3 Window Rear (West)	12.0 .56	.65	2		12		1 st Floor
4 Window Right (North)	45.0 .56	.65	2		45		1 st Floor
5. _____							
6. _____							
7. _____							
8. _____							
9. _____							
10. _____							
11. _____							
12. _____							
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15. _____							

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8 _____ Winford
 Item #s Signature, Date Installing Subcontractor (Co. Name) OR
 (if applicable) General Contractor (Co. Name) OR Owner
 OR Window Distributor

8 _____ James Magdelena CWT
 Item #s Signature, Date Installing Subcontractor (Co. Name) OR
 (if applicable) General Contractor (Co. Name) OR Owner
 OR Window Distributor

 Item #s Signature, Date Installing Subcontractor (Co. Name) OR
 (if applicable) General Contractor (Co. Name) OR Owner
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