

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0506146
Insp Area: 1
Thos Bros: 298A4

Site Address: 5140 MODDISON AV SAC
Parcel No: 005-0043-018

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

CONTRACTOR
B-LINE CONSTRUCTION, INC
P. O. BOX 15286
SACRAMENTO CA 95851

OWNER
CRAIG STEPHEN J/RACHEL C
5140 MODDISON AV
SACRAMENTO, CA 95819

ARCHITECT

Nature of Work: REAR, 2ND STORY, 408sf MASTER BEDROOM ADDITION TO EXISTING 1 STORY SFR.

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 B License Number 768320 Date 5/24/05 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 _____

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 5/24/05 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 STATE FUND Policy Number 046-0010267

CITY OF SACRAMENTO
Exp Date 01/01/2006
MAY 25 2005
CIVIL ENGINE

(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 5/24/05 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.

September 14, 2006

STL NO.: 0018812
PERMIT: 0506146**COPY TO:** SACRAMENTO BLDG INSP DEPT
915 I ST, 3RD FL
SACRAMENTO, CA 95814**PROJECT:** RESIDENCE
5140 MODDISON AVE , SACRAMENTO, CA**SUBJECT:** WEEKLY SUMMARY OF SPECIAL INSPECTION(S)

Special inspections were performed for the above referenced project. The inspections were performed by our certified inspectors as noted below. Please see the attached daily report(s).

<u>Date</u>	<u>Inspection Type</u>
9/6/06	Proof Load Testing of Anchor Bolts

The work completed or in progress for this report is in accordance with the approved plans, specifications, and/or any approved change orders. This is a progress report of our special inspections. A final report will be issued upon request at the completion of the special inspection/testing requirements provided that all outstanding issues have been resolved and/or corrected.

EXCEPTIONS:Daily Reports Dated: N/A
Previous Reports Dated: N/A

If you have any questions or if we can be of further assistance, please do not hesitate to contact our office.

Respectfully submitted,
SIGNET TESTING LABS, INC.



Thomas C. Cole, PE
Senior Engineer

TCC/dl

c: B LINE CONSTRUCTION/DAVID TAN
SACRAMENTO BLDG INSP DEPT
* FILE COPY*

SIGNET

Testing Labs, Inc.

DATE: 9-6-06
 PROJECT NO. RESIDENCE
 PROJECT: 18812
 LOCATION: 5140 MODDISON

DSA FILE/APPL. NO. _____
 OSHPD NO. _____
 PERMIT NO. _____
 WEATHER: HOT TEMP: 94

PROOF LOAD **TORQUE** **WITNESSING**

Testing was performed on the following items. All tests were performed with the following calibrated equipment:

RAM: 5494 GAGE: 3457 TORQUE WRENCH: _____
 RAM: _____ GAGE: _____ TORQUE WRENCH: _____

LOCATION OF TEST	TYPE / SIZE	# TESTED	% of TOTAL	LOAD lb- or Ft Lbs	GAGE (PSI)	# ACC.	# REJ.	# RETEST
<u>BACKWALL OF GARAGE</u> <u>5/8 ANCHOR BOLT</u>	<u>5/8 Anchor Bolt</u>	<u>1</u>	<u>100</u>	<u>9857</u>	<u>3610</u>	<u>1</u>		

- Type of epoxy / grout used: _____ Method of application / cleaning: _____
- Visual inspection was performed on _____
- Show up / Stand by time. Job Canceled / Delayed due to: _____
- All non-compliance items were brought to the attention of: _____ at the job site.

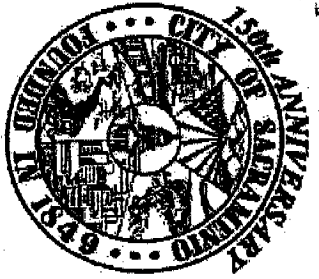
NON-COMPLIANCE REPORT ATTACHED ADDITIONAL TESTS ATTACHED

NOTES: _____

To the best of my knowledge, the above **WAS** WAS NOT performed in accordance with the approved plans, specifications, and regulatory requirements.

Superintendent/Representative: _____ Inspector: Sam B

3121 Diablo Avenue 4741 Pell Drive #8 520 Mercantile Drive #A 310 W 5th Street #203
 Hayward CA 94545 Sacramento CA 95838 Cotati, CA 94931 Santa Ana CA 92701



050 6146

DATE: 5/3/05

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

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 grand fee

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

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

JOB ADDRESS: 5140 Moddison Ave UNIT # _____ CONTRACT PRICE \$ _____

CONTACT PERSON: DAVID TAN CONTACT PHONE: 916 646 6391

Contractor: B-LIKE License # 788326

Address: 430 LEA WAY - 95815

City/State/Zip: SAC CA 95815

Phone: 916 646 6391 FAX: 916 9296193

Property Owner: RACHEL CARL
Address: 5140 Moddison Ave
City/State/Zip: SAC, CA 95819
Phone: 916 646 6391

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work

<input type="checkbox"/> ROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHIRT <input type="checkbox"/> HOUSE # SQUARES <input type="checkbox"/> GARAGE Material: <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Hardz <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)	<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"/> 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-phanh <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
Note: Design Review approval may be required in certain areas.	Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____ Note: Design Review approval may be required for rooftop units.	Note: Design Review approval may be required in certain areas.		

DESCRIPTION OF WORK: End story Addition: 393 sq ft

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

ADDRESS: 5140 MODDISON AVENUE	APN: 005-0043-018
DRPB AREA / PUD / SPD: NA	ZONING: R-1
EXISTING LAND USE: ONE STORY SFR WITH ATTACHED GARAGE	
PROPOSED USE: 2 ND STORY ADDITION: MASTER SUITE (17'6" X 24'8")	
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:	LOT 6210 SQ FT. EXISTING FOOTPRINT OF 1 ST STORY AND SETBACKS TO REMAIN THE SAME. 44 X 44 = 1936 / 6210 = 31% LOT COVERAGE. NOT IN DESIGN REVIEW. NO PLANNING ENTITLEMENTS APPARENT.
DATE: 05-03-2005	BY: PCALDWELL