

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0514183

Insp Area: 4

Thos Bros: 276J4

Site Address: 2920 MUTTONBIRD WY SAC

Parcel No: 225-1880-053

Sub-Type: NOTHR

Housing (Y/N): N

CONTRACTOR

OWNER

CAMPOSAGRADO ALBERTO/VIRGINIA
2920 MUTTONBIRD WY
SACRAMENTO, CA 95834

ARCHITECT

Nature of Work: ADD 84 SQ FT DETACHED BATHROOM AND 198 SF ENCLOSED PATIO

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.)

____ 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).

PAID
CITY OF SACRAMENTO
SEP 16 2005

____ I am exempt under Sec. _____ B & PC for this reason: _____

Date 9/15/05 Owner Signature [Signature] NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

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 above mentioned property for inspection purposes.

Date 9/15/05 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 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 9/15/05 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
Development Services Department
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 2920 MUTTENDIRD WAY	APN: 225-1880-053
DRPB AREA / PUD / SPD: EXPANDED NORTH / PARKVIEW/RIVERVIEW PUD	ZONING: R-1-PUD
EXISTING LAND USE: TWO STORY RSF WITH ATTACHED GARAGE	
PROPOSED USE: PATIO ROOM ADDITION AND EXTERIOR BATHROOM EXTENSION TO REAR OR EXISTING RSF	
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 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 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 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"/>	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: APPROXIMATE LOT AREA = 6600 PER SITE PLAN. EXISTING FOOTPRINT = 2394 + 282 PROPOSED MINUM 100 ALLOWANCE = 2576 / 6600 = 39% TOTAL LOT COVERAGE. MEETS ALL SETBACK AND LOT COVERAGE REQUIREMENTS. NO ADDITIONAL PLANNING ENTITLEMENTS APPARENT. NO ADDITIONAL DESIGN REVIEW APPROVAL REQUIRED, NOT VISIBLE FROM STREET VIEW. ALL EXTERIOR MATERIALS AND COLORS ON EXTERIOR TO MATCH EXISTING.	
DATE: 09/14/05	BY: BONNIE SURGEON



Sacramento Regional County Sanitation District
10545 Armstrong Ave Suite 102
Mather, California
95655

SEPTEMBER 14, 2005
RECEIVING FAX:
SENDING FAX: 916-854-8863

TO: TO WHOM IT MAY CONCERN

FROM: DOLORES ROSS
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

RE: SEWER IMPACT FEES
2920 MUTTONBIRD WAY

APN: 225-1880-053
Permit No. 05-0794

The Sewer Impact Fees are hereby waived for the construction of a detached bathroom and pool equipment room. This structure measures 7' x 12' and is unable to be utilized as living quarters.

If I may be of further assistance, please do not hesitate to call me at 876-6100.

SEWER IMPACT FEE RATES QUOTED WITH THIS DOCUMENT REPRESENT CURRENT RATES APPLICABLE AT THE TIME OF QUOTE PREPARATION.

SINCE SEWER IMPACT FEE RATES ARE SUBJECT TO CHANGE, THE RATES CURRENT AT THE TIME FEES ARE PAID SHALL APPLY.

FEES ARE SUBJECT TO ADJUSTMENT IF THE DATA SUPPLIED IS CHANGED.

www.srcsd.com / www.csd-1.com

E-mail: RossD@SacCounty.Net

Paperless

INSPECTION REQUEST

ADDRESS

2316 SANDCASTLE Way

AREA
4R

INSPECTION DATE

11/28/06

REQUEST DATE

11/21/06

REQUEST TIME

3:50 pm

MON.

TUES.

WED.

THURS.

FRI.

OWNER OR CONTRACTOR

Carla 650-291-9695

PERMIT NO.

0519767

BUILDING

MECHANICAL

PLUMBING

ELECTRICAL

- B10 FORM
- B11 UFER (RES)
- B12 SLAB
- B13 JOIST/GIRDER
- B14 INS. WALL
- B15 INS. FLOOR
- B16 ROOF
- B17 ROOF PLYNAIL
- B18 EXT. LATH/SIDE
- B19 FRAME
- B20 FRAME(WALLS ONLY)
- B21 FRAME CEIL (T-BAR)
- B22 SHTRCK NAIL
- B23 B.B.
- B24 TILTUP
- B25 FIRE SPR. LOC
- B26 SHEAR NAIL
- B29 FINAL

- M30 UNDR FLR/SLAB
- M31 TOP/ROUGH
- M32 CONDENSATE
- M33 GAS TEST
- M34
- M35

TH
AP Final
1-28-06

- P40 UNDR FLR/SLAB
- P41 TOP/ROUGH
- P42 WATER SERVICE
- P43 SEWER SERVICE
- P44 STORM DRAIN
- P45 IRR. SVC. PIPING
- P46 FIRE SPR. SYS.
- P47 GAS TEST
- P48 TEMP GAS
- P49
- P50

POOLS ONLY

- P51 PREGUNITE
- P52 PREDECK

P59 FINAL

- E60 UFER (COMM.)
- E61 CONDUIT/UNDERGRD.
- E62 CONDUIT/SLAB
- E63 ROUGH ELECT.
- E64 ROUGH (WALLS ONLY)
- E65 ROUGH (CEIL. ONLY)
- E66 SERVICE UNDGR. CONDUIT
- E67 TEMP POWER
- E68
- E69

POOLS ONLY

- E70 PREGUNITE
- E71 PREDECK
- E72 CONDUIT/UNDERGR.

E79 FINAL

Call HR prior to showing up.

CLERK *SUM*

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3 of 8)		CF-4R
Project Address 2316 Sandcastle way 916-921-5997	Builder Name Jim Morris	
Builder Contact	Telephone	Plan Number
HERS Rater Ronald S. Ray 730-2233	Telephone	Sample Group Number 7
Compliance Method (Prescriptive)		Climate Zone 12
Certifying Signature [Signature]	Date 14 Jan 06	Sample House Number
Firm		HERS Provider [Signature]
Street Address:		City/State/Zip: Sacramento, Ca

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

HERS RATER COMPLIANCE STATEMENT

The house was: Tested Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form.

The installer has provided a copy of CF-6R (Installation Certificate).

THERMOSTATIC EXPANSION VALVE (TXV)

Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix RI.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				Yes is a pass	Pass Fail

REFRIGERANT CHARGE MEASUREMENT

Verification for Required Refrigerant Charge for Split System Space Cooling Systems without Thermostatic Expansion Valves

Indoor Unit Serial #	
Location	
Outdoor Unit Make	
Outdoor Unit Model	
Cooling Capacity	Btu/hr
Date of Verification	
Date of Refrigerant Gauge Calibration	(must be checked monthly)
Date of Thermocouple Calibration	(must be checked monthly)

Standard Charge Measurement (outdoor air dry-bulb 55 °F and above):

Note: The system should be installed and charged in accordance with the manufacturer's specifications and installer verification shall be documented on CF-6R before starting this procedure. If outdoor air dry-bulb is below 55 °F rater shall use the Alternative Charge Measure Procedure

Procedures for Determining Refrigerant Charge using the Standard Method are available in RACM, Appendix RD2.

Yes No A copy of CF-6R (Installation Certificate) has been provided with refrigerant charge measurement documented.

Passed

Site Address 2316 Sand Castle way Permit Number 0519767

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 [\geq CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
Heat pump Carrier	FURN F003000	1	74	2.5 INSPE X Attic	4R	36000	36000

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ [\geq CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
Heat pump Carrier	38YXK0036	1	14	Attic	4R	36000	36000

1. \geq reads greater than or equal to.
I, the undersigned, verify that equipment listed above 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.

James Wolf 1/14/2006
Signature, Date

Central Sacramento
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 ³ R-value ³

2. 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.
3. 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, Date

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

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

PERMIT SUMMARY DOCUMENT

Bldg Minor Permit
ISSUED

Address: **2316 SANDCASTLE WY SAC**

Area: 4

Permit #: **0519767**

Date Issued: 12/20/2005

Location:

Thomas Bros: 277D6

APN: 274-0380-018

Fax Back: N

Owner: SANTAMARIA KARLA I/SANDRA ESTRI
2316 SANDCASTLE WY
SACRAMENTO, CA
95833

Contractor: CENTRAL SACRAMENTO
2214 ARDEN WY, #101
SACRAMENTO CA
CLASS C-20 95825

Phone:

Phone: 916-364-5440

JOB DESCRIPTION: C/O SPLIT SYSTEM HVAC - GROUND MOUNT- COMPLIANCE DOCUMENTS
REQUIRED AT FINAL

DBA:

Occupancy:
Const Type:
Fire Sprinkler?:
Flood Zone: XS

Change of Use: N
Sub-Type: RES
Activity Code: M1
Cert Req'd: ??

Zoning:
DR: EXPANDED
Fed Code: 1A
Balance: \$0.00

VALUATION: \$4,800.00
Y or N

Sq. Ft:

0

Reg San:

School Fees Req'd:

BLDG N

MECH Y

PLBG N

ELEC Y

SITE

FIRE

CONDITIONS:

INSPECTION HISTORY

01-26-2006

**2316 SANDCASTLE WY SAC
0519767**

Item: 00010 Bldg-Foundation Forms
Item: 00011 Bldg-Ufer (Residential)
Item: 00012 Bldg-Concrete Slab Forms
Item: 00013 Bldg-Floor Joists or Girders
Item: 00014 Bldg-Insulation Wall
Item: 00015 Bldg-Insulation Floor
Item: 00016 Bldg-Roof
Item: 00017 Bldg-Roof Plywood Nailing
Item: 00083 Bldg-Roof In Prog
Item: 00084 Bldg-Siding In Prog
Item: 00018 Bldg-Exterior Lath/Siding
Item: 00019 Bldg-Frame
Item: 00081 Frame Across-the-Board (BMPE)
Item: 00020 Bldg-Frame (Walls Only)
Item: 00021 Bldg-Frame Ceiling (T-Bar)
Item: 00022 Bldg-Sheetrock Nailing
Item: 00023 Bldg-BB
Item: 00024 Bldg-Tilt Up
Item: 00025 Bldg-Fire Sprinkler Location
Item: 00026 Bldg-Shear Nail
Item: 00030 Mech-Underfloor/Slab
Item: 00031 Mech-Top/Rough
Item: 00032 Mech-Condensate
Item: 00033 Mech-Gas Test
Item: 00040 Plmg-Underfloor/Slab
Item: 00041 Plmg-Top/Rough
Item: 00042 Plmg-Water Service
Item: 00043 Plmg-Sewer Service
Item: 00044 Plmg-Storm Drain
Item: 00045 Plmg-Irrigation Service Piping
Item: 00047 Plmg-Gas Test
Item: 00048 Plmg-Temp Gas
Item: 00060 Elec-Ufer (Commercial)
Item: 00061 Elec-Conduit/Underground
Item: 00062 Elec-Conduit/Slab
Item: 00063 Elec-Rough
Item: 00064 Elec-Rough (Walls Only)
Item: 00065 Elec-Rough (Ceiling Only)
Item: 00066 Elec-Service Undrgrnd Conduit
Item: 00067 Elec-Temp Power
Item: 00090 Release-Gas Company
Item: 00091 Release-Elect Company
Item: 00079 Elec-FINAL
01/10/2006 By: JPZ Action: CN Comments: 1. PROVIDE APPROVED HERRS RATING PAPER WORK.
Item: 00039 Mech-FINAL
01/10/2006 By: JPZ Action: CN Comments: 2. PROVIDE A SMOKE DETECTOR IN EACH BEDROOM AND ONE AT THE TOP OF THE STAIRS.
3. SEAL KNOCK OUT AT AC UNIT NEXT TO NAME PLATE.
4. ID WHAT UNIT USED IN ATTIC TO VERIFY CURCUIT AMPACITY REQUIRED. NOT MARKED ON NAME PLATE.
5. VERIFYING IF A 110 OUTLET REQUIRED IN ATTIC TO SERVICE UNIT. PEER 2002 NEC. IT IS REQUIRED PER SECTION 210.63
01/21/2006 By: TAM Action: CANC

