

NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL, PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.

INSPECTION FORMS	INSPECTOR	DATE
B10 FOUNDATION FORMS	V.F.	6-21-00
E6011 CONCRETE SLAB FORMS		
B12 PLUMB UNDERFLOOR/SLAB	R.V.	2-5-00
M30 MECH/UNDERFLOOR/SLAB		
E61 ELECT UNDERGROUND		
E62 ELECT CONDUIT-SLAB		
B13 FLOOR JOISTS OR GIRDERS	R.V.	7-5-00
B14 INSULATION/WALL/FLOOR		
P41 TOP PLUMBING		
M31 TOP MECHANICAL/WALL/CELL		
E63 ROUGH ELECTRICAL/WALL/CELL		
B19 FRAME		
B17 ROOF PLYWOOD NAIL COMM. & APPTS		
B16 EXTERIOR LATH/SIDING		
B22 INT. LATH OR WALL BD. NAILING		
E66 SERVICE UNDERGRD CONDUIT		
P49 SEWER SERVICE		
P42 WATER SERVICE		
P46 SPRINKLER SYSTEM		
P47 GAS TEST		
P48 TEMP GAS		
E68 POWER POLE		
E67 TEMP POWER #		

BUILDING SITE ADDRESS 45 Lupine

SUITE WY

INSR AREA GROUP RR

ASSESSOR PARCEL NO. 04-023-010-0000

NAME OF APPLICANT RUDY WILK

PROPERTY OWNER RUDY WILK

ARCH. ENGR. BOB LISSICK

ADDRESS 8577 BLOOMINGTON DR, SACRAMENTO CA 95819

COMMUNITY PLAN NO. 55662

ZIP CODE 95819

PHONE NO. 451-5766

NO. OF STORIES 1

NO. OF ROOMS 15

ROOF COVERING GOND

AREA 1ST FLOOR 366

TOTAL AREA 2057

GARAGE AREA 440

PATIO AREA 265

USE ZONE

STREET WIDTH

NATURE OF WORK IN DETAIL B17 Room BATH Room + MARK IN GROSS APPROX

THIS PERMIT IS FOR: BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

FLOOD STATUS (add'l. info) SPECIAL CONDITIONS ATTACHMENTS:

CITY OF SACRAMENTO BUILDING INSPECTION DIVISION INSPECTIONS 264-5191

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: S.M.R. FUND

Policy Number: 0619114-00

(This section need not be completed if the permit is for one hundred dollars (\$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: Applicant: (Signature)

VALUATION \$ 44,000

ISSUED BY: BT.

DATE ISSUED 5/31/00

BUILDING PERMIT FEE \$

PLAN CHECK/PROC. FEE \$

S.M.I. FEE \$

CONST. EXCISE TAX \$

CITY BUS LICENSE FEE \$

TECH FEE \$

WATER DEV FEE \$

CITY SEWER DEV FEE \$

REG. SEWER FEE \$

RESIDENTIAL CONST. TAX \$

TOTAL FEES \$

FED CODE 1A

PERMIT NO. 00

FIRE SP. 27,000

CONSTR. TYPE 27

INSR. AREA GROUP RR

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # _____ Insp. Area _____

0005618

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 45 Lupine Way SAC Suite _____
 PARCEL # 024-0027-010

CONTACT Name _____ Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	LICENSED CONTRACTOR Lic No. # _____ Name <u>Randy Hall</u> Address <u>8577 BATHURST CRT.</u> City/State/Zip <u>ORANGEVALE CA 95662</u> Phone <u>989 5223</u> FAX <u>SAME</u> E-mail: _____
ARCHITECT/ENGINEER Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	OWNER Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: STATE FUND
 → WORKER'S COMPENSATION POLICY # 0619114 EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: new Addition 366 sf

OCCUPANT/TENANT: _____ VALUATION: \$ 27,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC		SITE	FIRE	
# Stories	1st flrArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
						SPR	ALARM		[H]	[Quad]
B	L	P	M	E	F	S		D	PW	UTIL

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
5/24/00	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 0005618
 ADDRESS: 45 Hoping Way
 Commercial Residential



ACCEPTED by (Staff):


DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	13	MP	5/30/00						
STRUCTURAL	13	MP	5/30/00						
MECHANICAL/PLUMBING									
ELECTRICAL									
FIRE									
PLANNING									

STAFF COMMENTS:
SFR / New Addition 366 #

Date of Request: _____

By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 45 Lupine Wy

Assessor's Parcel Number: 004-0023-010

Previous Use: S.F. Resid

Description of Request/Proposed Use: Adding bedroom/bath

Is This a Change of Use? _____

Zoning Designation: R1

Prior Applications for Project Site(P#, Z#, DRPB#): _____

Comments: _____

Are There Any Planning Issues?: (circle one) YES NO

* Staff Site Plan Check Required? (Circle one) YES NO

* Field Inspection Required? (Circle one) YES NO

* Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: [Signature] 5-24-00

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL