

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 9907998**  
**Insp Area: 1**

**Site Address: 733 45TH ST SAC**  
Parcel No: 004-0303-019

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

**CONTRACTOR**  
DUFFY CONSTRUCTION  
617 22ND ST  
SACRAMENTO, CA 95816

**OWNER**  
COLLINS CYNTHIA L/JAMES F JR  
SACRAMENTO CA  
95819

**ARCHITECT**

**Nature of Work:** NEW ROOF, ADD: 142 SQ FT BATH/UTILITY RM, 81 SQ FT TO DECK

**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 1723509 Date 7-23-99 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 7-23-99 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 713-98 0000329 Exp Date 10/01/1999

(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 7-23-99 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

## APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION

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

ACTIVITY # 9907998 Insp. Area R

Applicant MUST complete ALL Unshaded areas

ADDRESS 733 45<sup>th</sup> St Suite \_\_\_\_\_  
 PARCEL # 004 0303 019

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Tom Duffy</u></p> <p>Address _____</p> <p>Phone <u>448 4659</u> FAX _____</p> <p>E-mail _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____ FAX _____</p> <p>E-mail _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____ FAX _____</p> <p>E-mail _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____ FAX _____</p> <p>E-mail _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: \_\_\_\_\_  
 → WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: see permit pkg

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ \_\_\_\_\_

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 flr Area	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
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 Commercial     Residential



**ACCEPTED** by (Staff): \_\_\_\_\_

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY			7/13/99						
STRUCTURAL			7/13/99						
MECHANICAL/PLUMBING									
ELECTRICAL									
FIRE									
PLANNING									

STAFF COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Project Title: CONDO'S REMOVAL

Project Address: 755 75th ST

Documentation Author: THOMAS DUFFY Telephone: 448 4659

Compliance Method (Package, Point System or Computer): \_\_\_\_\_ Climate Zone: \_\_\_\_\_

Date: \_\_\_\_\_

Building Permit #: \_\_\_\_\_

Plan Check / Date: \_\_\_\_\_

Field Check / Date: \_\_\_\_\_

Enforcement Agency Use Only

**GENERAL INFORMATION**

Total Conditioned Floor Area: X 145 ft<sup>2</sup>

Building Type: \_\_\_\_\_ Single Family X Addition  
 (check one or more) \_\_\_\_\_ Multi-Family \_\_\_\_\_ Existing-Plus-Addition

Front Orientation: \_\_\_\_\_ North / East / South / West / All Orientations  
 (Input orientation in degrees and circle one.)

Number of Dwelling Units: \_\_\_\_\_

Floor Construction Type: \_\_\_\_\_ Slab / Raised Floor (circle one or both)

**BUILDING SHELL INSULATION**

Component Type	Insulation R-Value	Construction Assembly U-Value	Location/Comments (attic, to garage, typical, etc.)
Wall.....	<u>R-13</u>	_____	_____
Wall.....	_____	_____	_____
Roof.....	<u>R-17</u>	_____	_____
Roof.....	_____	_____	_____
Floor.....	<u>R-19</u>	_____	_____
Floor.....	_____	_____	_____
Slab Edge....	_____	_____	_____

**FENESTRATION**

**Shading Devices**

Fenestration Orientation	Net Area (sf)	Fenestration U-Value	Interior (roller blind, etc.)	Exterior (shadescreen, etc.)	Overhang (yes/no)	Framing Type (metal/wood/vinyl)
Front..... ( )	<u>14.5 %</u>	_____	<u>drapes</u>	_____	_____	_____
Front..... ( )	_____	_____	_____	_____	_____	_____
Left..... ( )	_____	_____	_____	_____	_____	_____
Left..... ( )	_____	_____	_____	_____	_____	_____
Rear..... ( )	_____	_____	_____	_____	_____	_____
Rear..... ( )	_____	_____	_____	_____	_____	_____
Right..... ( )	_____	_____	_____	_____	_____	_____
Right..... ( )	_____	_____	_____	_____	_____	_____
Skylight.....	_____	_____	_____	_____	_____	_____
Skylight.....	_____	_____	_____	_____	_____	_____

Add 2.0 less 1.2 removed = 14.5 % = 14.5 %

**THERMAL MASS**

Type/Covering (slab/exposed, tile, etc.)	Area (sf)	Thickness (inches)	Location/Description (kitchen, bath, etc.)
<u>N/A</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# Mandatory Measures Checklist: Residential

MF-1R

NOTE: Lowrise residential buildings subject to the Standards must contain these measures regardless of the compliance approach used. Items marked with an asterisk (\*) may be superseded by more stringent compliance requirements listed on the Certificate of Compliance. When this checklist is incorporated into the permit documents, the features noted shall be considered by all parties as binding minimum component performance specifications for the mandatory measures whether they are shown elsewhere in the documents or on this checklist only.

DESCRIPTION	DESIGNER	ENFORCEMENT
<b>Building Envelope Measures</b>	—	
* §150(a): Minimum R-19 ceiling insulation.	x <i>FRN</i>	
§150(b): Loose fill insulation manufacturer's labeled R-Value.	x <i>FRN</i>	
* §150(c): Minimum R-13 wall insulation in framed walls (does not apply to exterior mass walls).	x <i>FRN</i>	
* §150(d): Minimum R-13 raised floor insulation in framed floors; minimum R-8 in concrete raised floors.	x <i>FRN</i>	
§150(l): Slab edge insulation - water absorption rate no greater than 0.3%, water vapor transmission rate no greater than 2.0 perm/inch.	x	
§118: Insulation specified or installed meets California Energy Commission quality standards. Indicate type and form.	x <i>FRN</i>	
§116-17: Fenestration Products, Exterior Doors and Infiltration/Exfiltration Controls		
a. Doors and windows between conditioned and unconditioned spaces designed to limit air leakage.		
b. Manufactured fenestration products have label with certified U-value, and infiltration certification.	x <i>FRN</i>	
c. Exterior doors and windows weatherstripped; all joints and penetrations caulked and sealed.		
§150(g): Vapor barriers mandatory in Climate Zones 14 and 16 only.	x	
§150(f): Special infiltration barrier installed to comply with §151 meets Commission quality standards.	—	
§150(e): Installation of Fireplaces, Decorative Gas Appliances and Gas Logs		
1. Masonry and factory-built fireplaces have:		
a. Closeable metal or glass door		
b. Outside air intake with damper and control		
c. Flue damper and control		
2. No continuous burning gas pilots allowed.		
<b>Space Conditioning, Water Heating and Plumbing System Measures</b>		
§110 -13: HVAC equipment, water heaters, showerheads and faucets certified by the Commission.	—	
§150(i): Setback thermostat on all applicable heating systems.	—	
§150(j): Pipe and Tank Insulation		
1. Indirect hot water tanks (e.g., unfired storage tanks or backup solar hot water tanks) have insulation blanket (R-12 or greater) or combined interior/exterior insulation (R-16 or greater).		
2. First 5 feet of pipes closest to water heater tank, non-recirculating systems, insulated (R-4 or greater).		
3. All buried or exposed piping insulated in recirculating sections of hot water system.		
4. Cooling system piping below 55°F insulated.		
5. Piping insulated between heating source and indirect hot water tank.		
* §150(m): Ducts and Fans	x <i>FRN</i>	
1. Ducts constructed, installed and sealed to comply with UMC Sections 1002 and 1004; ducts insulated to a minimum installed value of R-4.2 or ducts enclosed entirely within conditioned space.		
2. Exhaust fan systems have backdraft or automatic dampers		
3. Gravity ventilating systems serving conditioned space have either automatic or readily accessible, manually operated dampers..		
§114: Pool and Spa Heating Systems and Equipment		
1. System is certified with 78% thermal efficiency, on-off switch, weatherproof operating instructions, no electric resistance heating and no pilot light.	—	
2. System is installed with:		
a. At least 36" pipe between filter and heater for future solar heating.		
b. Cover for outdoor pools or outdoor spa.		
3. Pool system has directional inlets and a circulation pump time switch.	—	
§115: Gas-fired central furnace, pool heater, spa heater or household cooking appliance have no continuously burning pilot light. (Exception: Non-electrical cooking appliance with pilot < 150 Btu/hr.)	—	
<b>Lighting Measures</b>		
§150(k): 40 lumens/watt or greater for general lighting in kitchens and rooms with water closets; and recessed ceiling fixtures IC (insulation cover) approved.	—	

Project Title \_\_\_\_\_

Date \_\_\_\_\_

**HVAC SYSTEMS**

Note: Input hydronic or combined hydronic data under Water Heating Systems, except Design Heating Load.

Heating Equipment Type (furnace, heat pump, etc.)	Minimum Efficiency (AFUE/HSPF)	Distribution Type and Location (ducts/attic, etc.)	Duct or Piping R-Value	Thermostat Type	Heat Pump Configuration (split or package)
N/A					

Cooling Equipment Type (air conditioner, heat pump, evap. cooling)	Minimum Efficiency (SEER)	Duct Location (attic, etc.)	Duct R-Value	Thermostat Type	Configuration (split or package)
N/A					

**WATER HEATING SYSTEMS**

Water Heater Type	Distribution Type	Number in System	Rated <sup>1</sup> Input (kW or Btu/hr)	Tank Capacity (gallons)	Energy <sup>1</sup> Factor or Recovery Efficiency	Standby <sup>1</sup> Loss (%)	External Tank Insulation R-Value
N/A							

1. For small gas storage (rated input ≤ 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input ≥ 75,000 Btu/hr), list Rated Input, Recovery Efficiency and Standby Loss. For instantaneous gas water heaters, list Rated Input and Recovery Efficiency.

**SPECIAL FEATURES/REMARKS (Add extra sheets if necessary)**

**COMPLIANCE STATEMENT**

This certificate of compliance lists the building features and performance specifications needed to comply with Title 24, Parts 1 and 6 of the California Code of Regulations, and the administrative regulations to implement them. This certificate has been signed by the individual with overall design responsibility. When this certificate of compliance is submitted for a single building plan to be built in multiple orientations, any shading feature that is varied is indicated in the Special Features/Remarks section.

**Designer or Owner (per Business & Professions Code)**

Name: THOMAS DUFFY  
 Title/Firm: CONTRACTOR  
 Address: 617 22ND ST  
SACRAMENTO CA  
 Telephone: 916-465-4659  
 Lic #: B 4738041  
 Signature: JAN M [Signature] (date) 7-23-99

**Documentation Author**

Name: THOMAS DUFFY  
 Title/Firm: CONTRACTOR  
 Address: 617 22ND ST  
SACRAMENTO CA  
 Telephone: 916-465-4659  
 Signature: [Signature] (date) 7-23-99

**Enforcement Agency**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 (signature/stamp) \_\_\_\_\_ (date) \_\_\_\_\_

DATE OF REQUEST \_\_\_\_\_  
BY \_\_\_\_\_

### City of Sacramento Development Services Division Planning and Zoning Information Request

Project Address: \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

PREVIOUS USE \_\_\_\_\_

Current Land Use: \_\_\_\_\_

Description of Request/Proposed Use: \_\_\_\_\_

IS THIS A CHANGE OF USE? \_\_\_\_\_

Zoning Designation: RI

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: \_\_\_\_\_ 7-20-79

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

MICRO FILM AFTER FINAL

Review 3/3/80 BK