

CITY OF SACRAMENTO

Permit No: 9805420

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 1715 69TH ST SAC

Sub-Type: ACOM

Parcel No: 0150010032

Housing (Y/N): N

CONTRACTOR

ABES AAA PLUS
8291 DRESSAGE WAY
SACTO CA 95829

OWNER

MOORE PHILIP H/KATHLEEN M
SACRAMENTO CA 95819

ARCHITECT

Nature of Work: FIRE REPAIR

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 735391 Date 4/20/99 Contractor Signature Frank Si

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 6/26 Applicant/Agent Signature Frank Si

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 Stone Fund Policy Number 1404326-97

(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 6/24 Applicant Signature Frank Si

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 BUILDING PERMIT

REF 9805420C
ONLY

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES DIVISION

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

→ Applicant must complete ALL Unshaded areas ←

PC #	AREA #
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ADDRESS: 1715 69th St Suite _____
PARCEL # _____

<p>CONTACT</p> <p>Name <u>Chuck</u></p> <p>Address <u>8291 Dressage Way</u> Zip <u>95826</u></p> <p>Phone <u>638 4194</u> FAX _____</p>		<p>LICENCED CONTRACTOR Lic No. # _____</p> <p>Name <u>ABES AAA PLUS</u></p> <p>Address <u>8291 Dressage Way</u> Zip _____</p> <p>Phone <u>638 4194</u> FAX _____</p>	
<p>ARCHITECT/ENGINEER</p> <p>Name <u>Mozaffari Engineering</u></p> <p>Address <u>1504 F Street</u> Zip <u>95354</u></p> <p>Phone <u>572 4450</u> FAX <u>572 4436</u></p>		<p>OWNER/TENANT</p> <p>Name <u>Harry Moore</u></p> <p>Address <u>1715 69th St</u> Zip _____</p> <p>Phone <u>209 576 7430</u> FAX _____</p>	

→ Will the permittee have any employees on the jobsite? Yes No 1404324-97

→ If yes, WORKER'S COMPENSATION POLICY # State Funel EXPIRATION DATE: 7-1-98

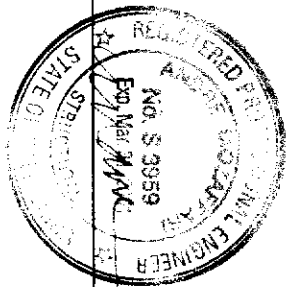
NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: FIRE REPAIR

DBA:				VALUATION:						
FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI ()	REM ()	SW	FIRE	ADD	OTH
INSP. 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	
<u>1</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>B</u>	<u>III</u>	<u>Spr</u>	<u>Arm</u>	<u>15</u>	<u>OK</u>	
<u>PH</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>R</u>		

COMMENTS: Fire damage building to be completely connected * PER BRYON NAKASHIMA
264-5199
Show up walls

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

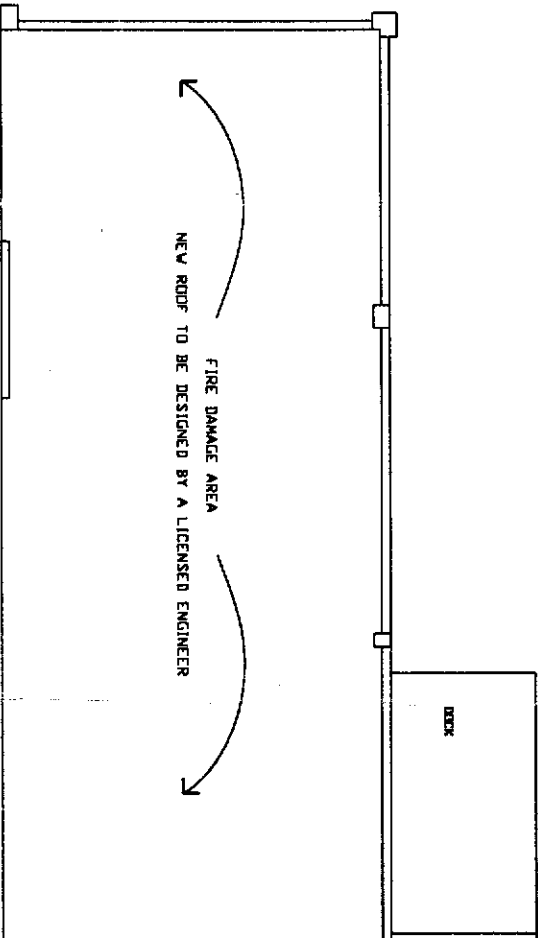
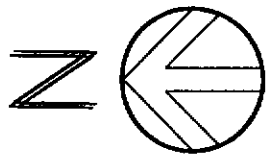


not above showing

ISSUED

JUN 26 1998

Sacramento Building Division




REMOVE AND DISCARD EXISTING CONCRETE PANEL
PROVIDE NEW PANEL TO BE DESIGNED BY LICENSED ENGINEER

REPLACE 2x4 RAFTERS & TOP CHORD DAMAGED BY FIREMEN
w/ 1/2" SHEATHING
OC.
Centers

16' o.c.

NO SHORING REQUIRED FOR
THIS WALL DURING CLEAN UP OR CONSTRUCTION

MAIN BUILDING
(NO FIRE DAMAGE)

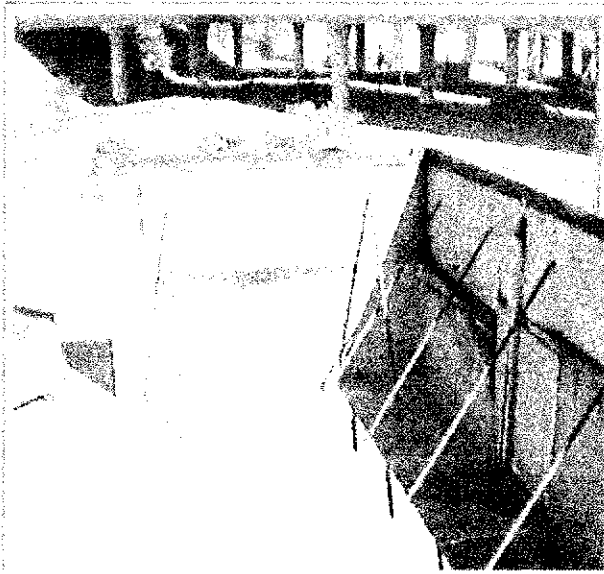


**MOZAFFARI
ENGINEERING**

1504 "F" STREET
MODESTO, CA 95354
TEL. (209) 572-4430
FAX. (209) 572-4436

ANDRE MOZAFFARI
S.E. 53959 - P.E. C43695

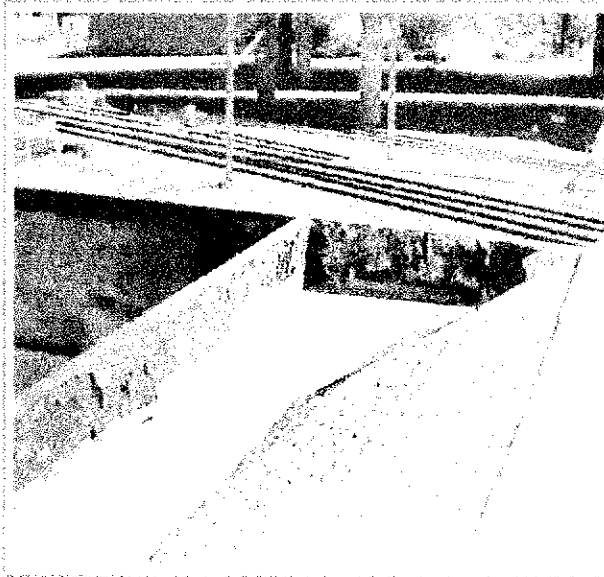
1715 69 STREET
SACRAMENTO, CALIFORNIA



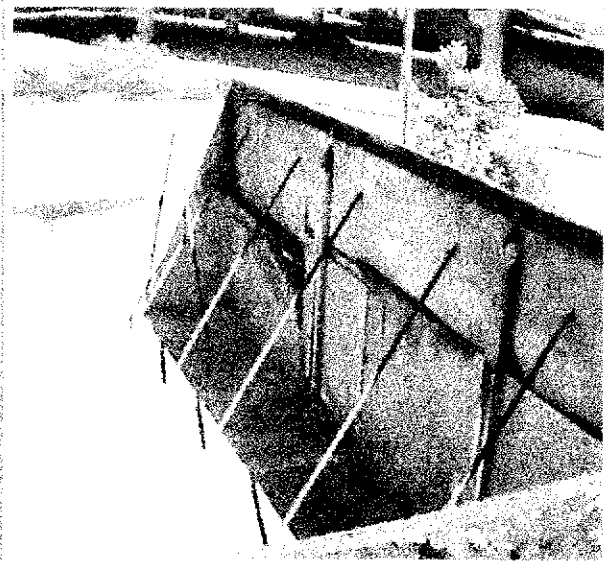
Over view of wall bracing.



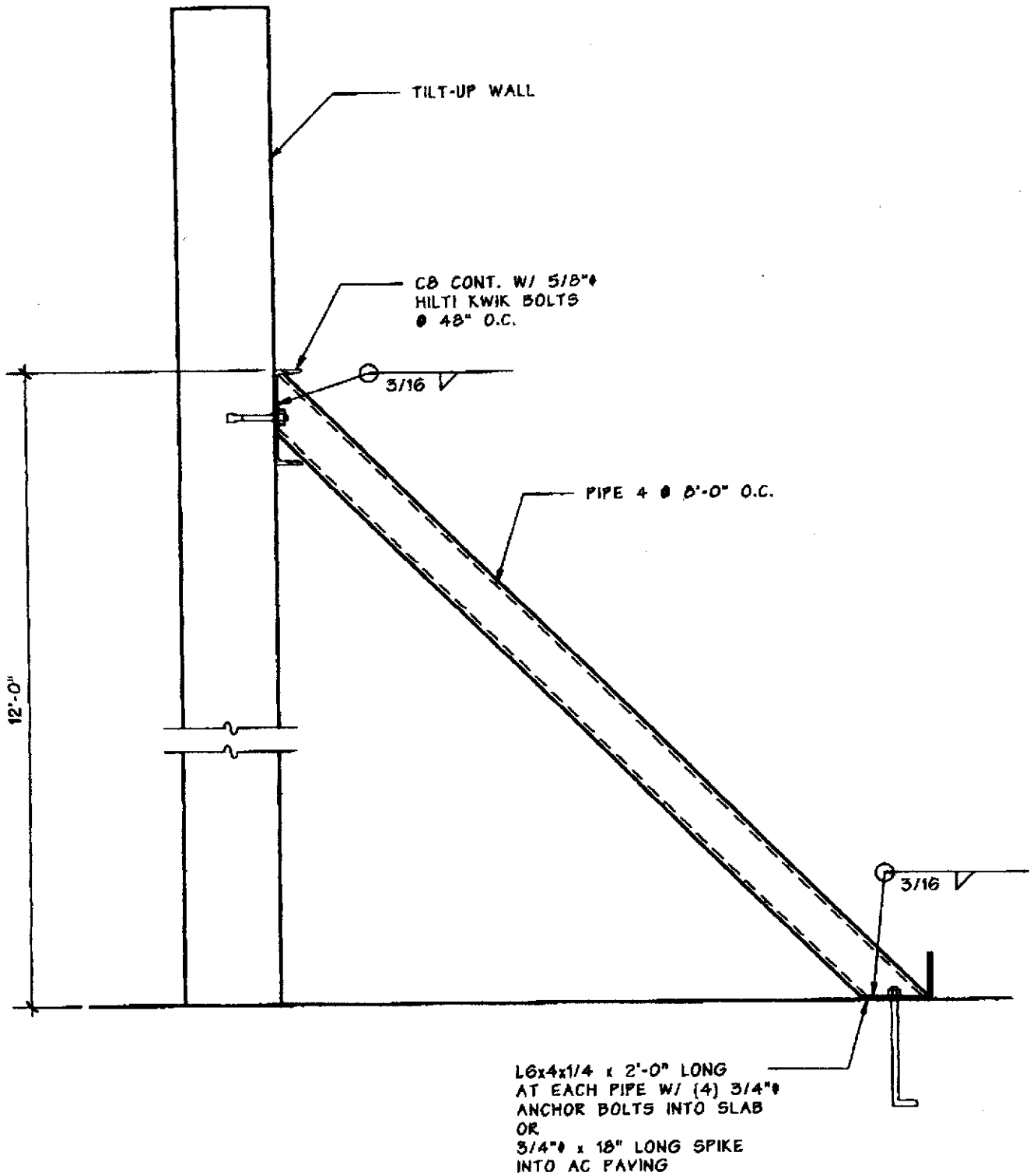
Wall over view.



Overview of roofing



Overview of wall bracing.



⊗

BRACING TOTAL P.03
REFERENCE



MOZAFFARI ENGINEERING
1504 F STREET
MODESTO, CA 95354
TEL.: (209) 572-4430
FAX: (209) 572-4436

Fax

To: Sam / AAA PLUS	From: Andre Mozaffari
Fax: (916) 455-9739	Date: June 19, 1998
Phone:	Pages: This & 1 MORE
Re: 69 STREET PROJECT	CC:

• **Comments:**

Attached is the proposed wall bracing detail.

If you have any questions, please call.

Ernil

