

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

Permit No: 0419129

Insp Area: 1  
Thos Bros: 297G6

Site Address: 1564 35TH ST SAC  
Parcel No: 007-0363-001

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

CONTRACTOR

OWNER  
MERO CANN DY  
1383 WOODSIDE GLEN  
SACRAMENTO, CA 95833

ARCHITECT

**Nature of Work:** NEWHVAC,C/OGASWTRHTR,REWIRE&RE-PLUMB WHOLEHouse,NEW Drywall;NEWINTWALLS,RELOC BATH, INSTALL 4X12 BEAM add to permit c/o 30 ft sewer and water line & 480 sf siding 12/03/04

**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);

OP 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 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 12-3-04 Owner Signature [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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 12-3-04 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.

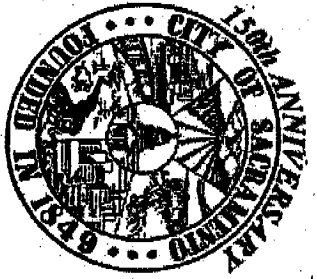
I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

6 (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 12-3-04 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.**



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

DATE: 11-16-04

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

RESIDENTIAL     APARTMENTS (4+ units per building)     COMMERCIAL (limited)  
JOB ADDRESS: 1504 - 35th St    UNIT # \_\_\_\_\_    CONTRACT PRICE \$ \_\_\_\_\_

CONTACT PERSON:

CONTACT PHONE:

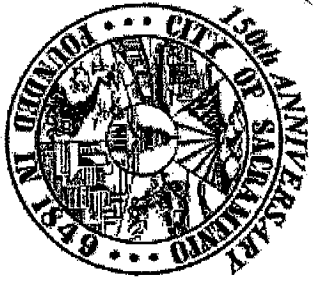
Property Owner: Arvid Hartz    Contractor: John Harris    License # 820392  
Address: 1383 - Woodside Blvd Way    Address: \_\_\_\_\_  
City/State/Zip: San Jose, CA 95033    City/State/Zip: \_\_\_\_\_  
Phone: 916-607-5058    Phone: 501-8043    FAX: \_\_\_\_\_

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"/> RESHEET <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE <b># SQUARES:</b> Material: <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <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 electric unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____ Note: Design Review approval may be required for rooftop units.	<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"/> DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below) Note: Design Review approval may be required in certain areas.	<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-plumb <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
---	--	---	--	--

DESCRIPTION OF WORK:

*New HVAC, c/o GAS WATER HEATER, REPAIRS & RE-PLUMB WOOD HOUSE*



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

DATE: 1-2-3-04

*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 quad fee*

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

RESIDENTIAL     APARTMENTS (4+ units per building)     COMMERCIAL (limited)  
 JOB ADDRESS: 1564 35<sup>TH</sup> ST    UNIT # \_\_\_\_\_    CONTRACT PRICE \$ \_\_\_\_\_

CONTACT PERSON: Canny Mero     CONTACT PHONE: 916 648 2159  
 Property Owner: Canny Mero    Contractor: \_\_\_\_\_    License # \_\_\_\_\_  
 Address: 1383 Woodside Glen    Address: \_\_\_\_\_  
 City/State/Zip: Sac Ca 95833    City/State/Zip: \_\_\_\_\_  
 Phone: 916 648 2159    Phone: \_\_\_\_\_    FAX: \_\_\_\_\_

NATURE OF REQUEST: <small>Indicate from the selections below &amp; provide details under description of work.</small>				
<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE GARAGE <b># SQUARES:</b> Material:	<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-plumb <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 <b>*NOTE:</b> Correction Notice items will require an additional building permit
<input checked="" type="checkbox"/> SIDING <input checked="" 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.	Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____ Note: Design Review approval may be required for rooftop units.	<input type="checkbox"/> DRY ROT OR TERMITE DAMAGE REPAIR (Describe locations below) Note: Design Review approval may be required in certain areas.		

**DESCRIPTION OF WORK:**  
*add to permit also 30 ft sewer + water line and 480 sf siding 12/23/04*

Dec 5 2004

Dear Permit Office:

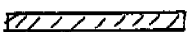
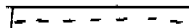


SANDRA BURNS is Allowed To Fire/REQUEST PERMITS  
Regarding THE Property located @ 1564 - 35<sup>th</sup> ST.

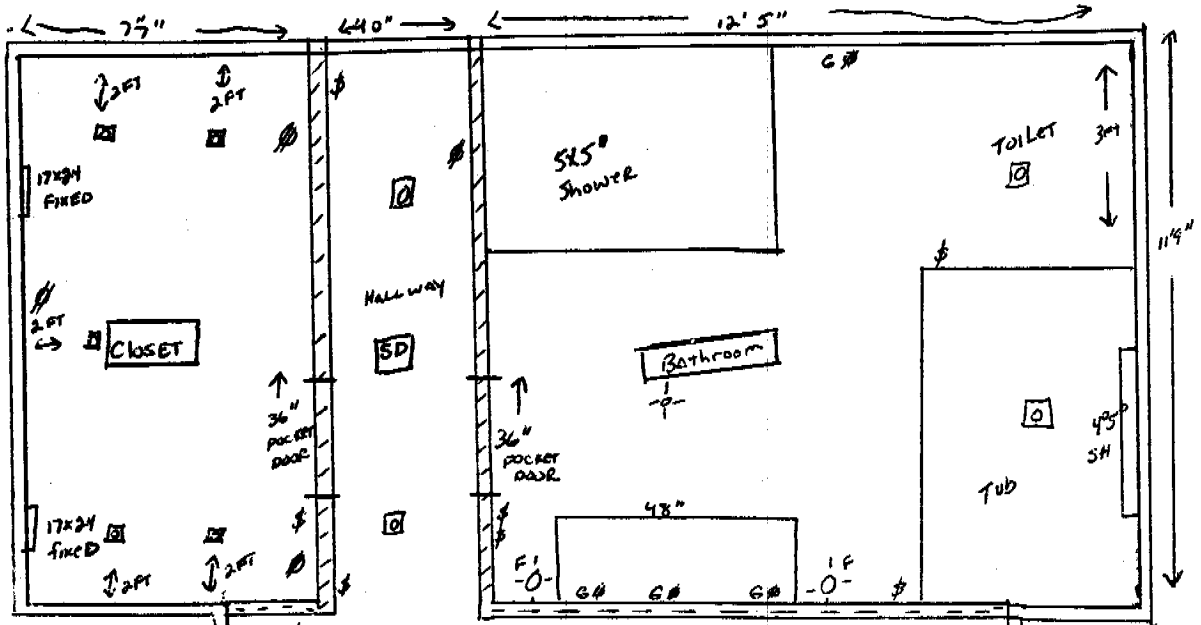
Thankyou  
Candy Marie Seymour

**PROPOSED FLOOR PLAN**

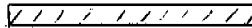
CANDY MERO  
1564 35TH ST  
SACTO CA 95876

**WALL SCHEDULE**

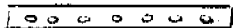
-  = NEW WALL
-  = REPLACE WALL
-  = NEW 4x12 BEAM
-  = WALL TO BE REMOVED



**CITY COPY**

-  = NEW WALL HALLWAY
- 1) DOUBLE TOP PLATE
- 2) 2x4 STUDS 16" OC
- 3) 4x6 HEADERS OVER DOORWAY

Replace wall between bath and bedroom

- 1) Double Top plates
- 2) 2x4 studs 16" OC
-  = NEW BEAM
- 1) 4x12 beam
- 2) 2x4 top plate
- 3) supported by 4x4 posts with 2x4 post along side and connecting to drain

**ELECTRICAL**

- \$ = SWITCH
- ⊕ = OUT LET
- GFI = GFI OUTLET
- O- = LIGHT
- ⊞ = CAN LIGHT
- F = Fluorescent light
- SD = Smoke Detector

ALL ceiling 8FT High

The approval of all Electrical Work is subject to field inspections

THE APPROVAL OF ALL PLUMBING AND MECHANICAL WORK IS SUBJECT TO FIELD INSPECTIONS

**SMOKE DETECTORS ARE REQUIRED WHEN ALTERATIONS, REPAIRS OR ADDITIONS REQUIRING A PERMIT ARE IN EXCESS OF \$1,000 OR WHEN ONE OR MORE SLEEPING ROOMS ARE ADDED OR CREATED (GROUP R)**

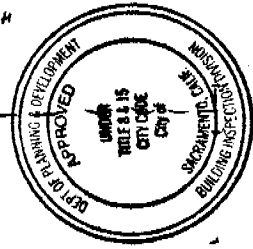
**ISSUED**  
City of Sacramento

NOV 22 2004

NORTH PERMIT CENTER

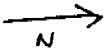
OK Per CB 11/22/04

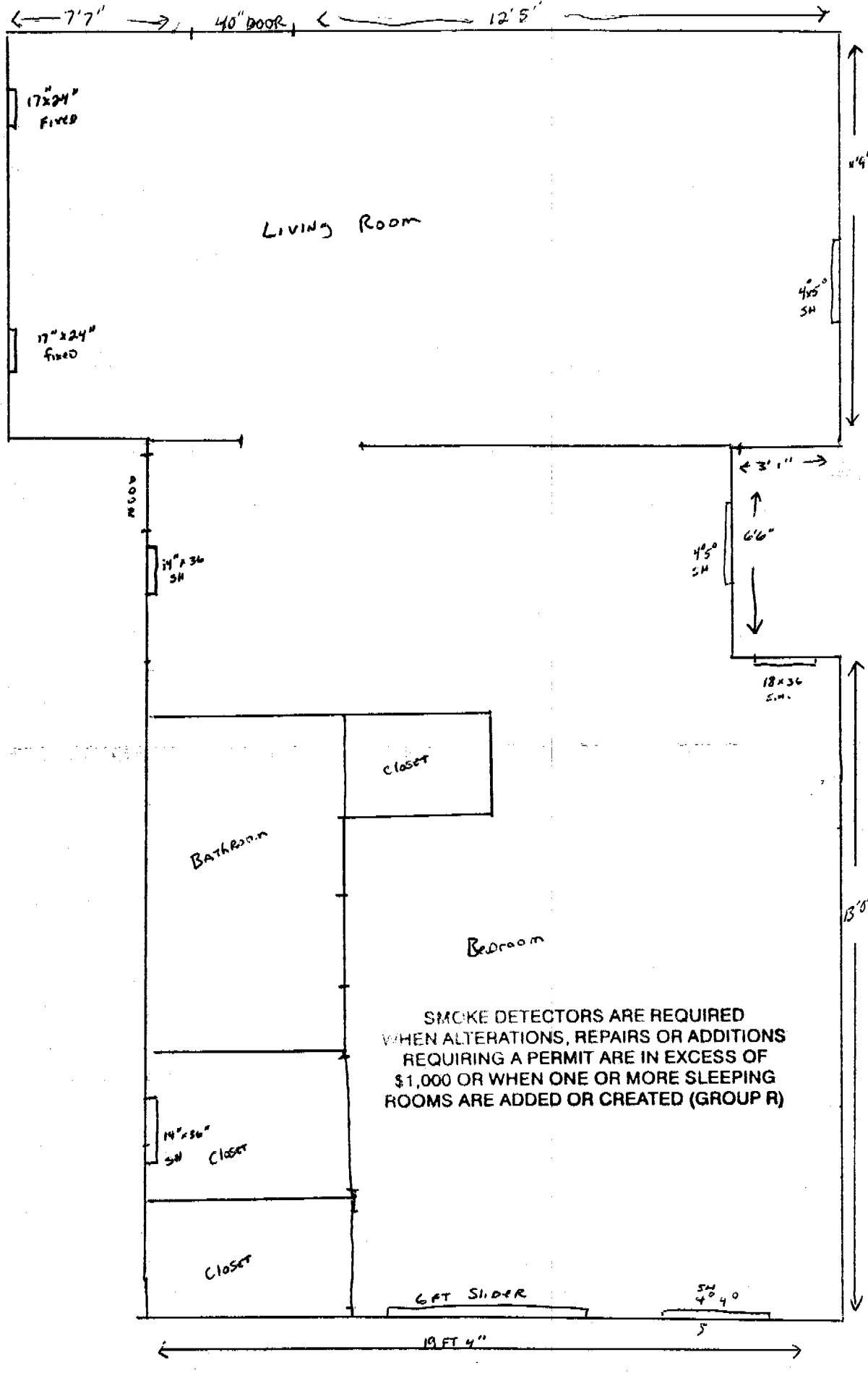
This set of plans and specifications shall be kept on the job at all times and it is the responsibility of the contractor to make any changes or alterations from the same without written permission from the Building Inspection Division. The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State law.



PROPOSED PLAN

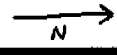
1564 35th St





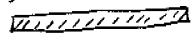
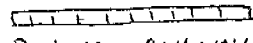
CAUNOY memo  
 1564 35TH ST  
 SACTO CA 95816

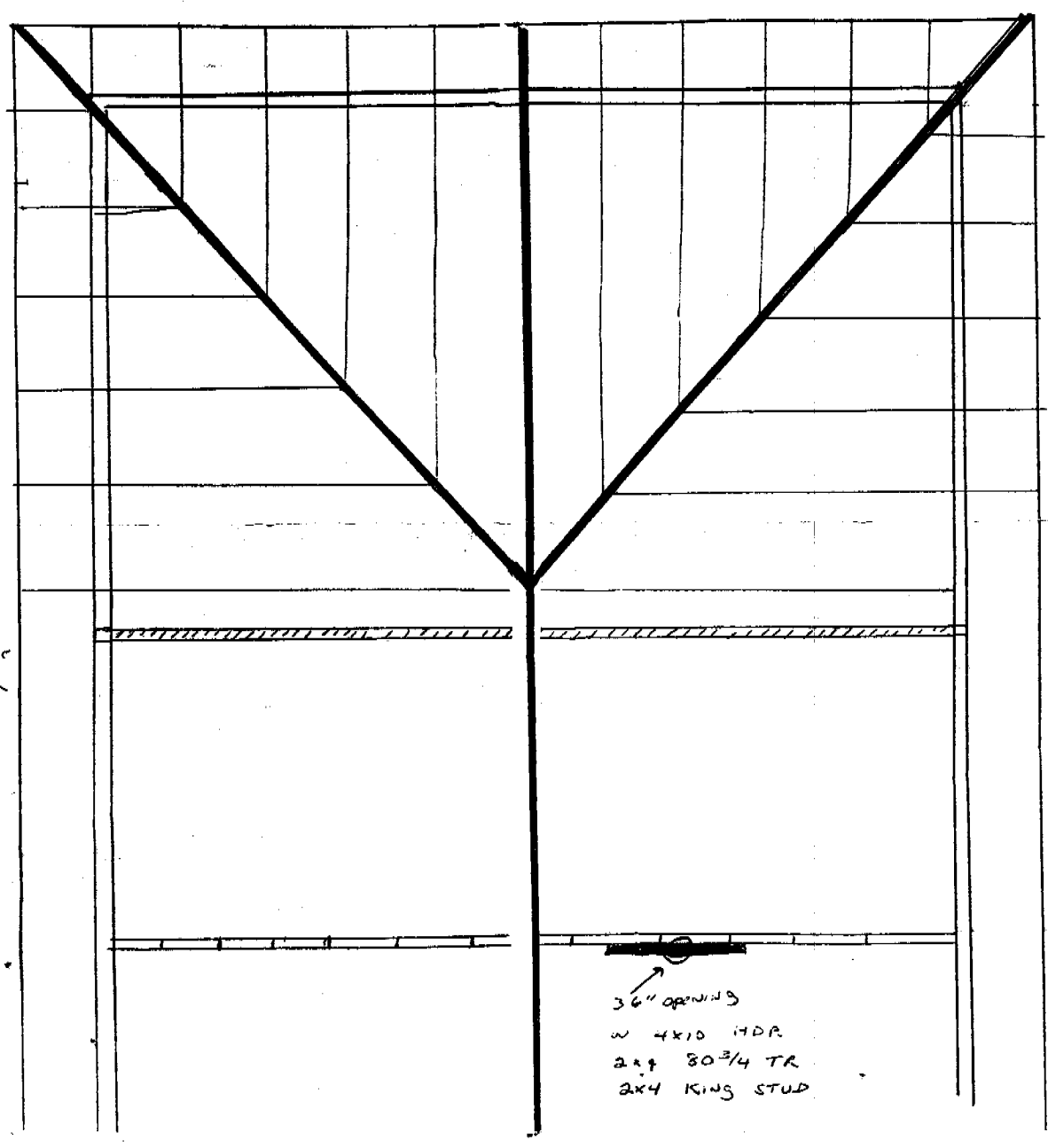
Current floor Plan



Root 5 and 12 pitch  
 2x4 PERIMETER BLOCKING  
 2x6 RIDGE  
 2x4 RAFTER 24" OC  
 2x6 CEILING JOIST  
 1x4 SKIP SHEET WITH 1/2" OSB NAILED

6" PERIMETER 12" FIELD  
 2x4 ROOF JACKS MIDWAY  
 1x8 COLLAR TIES EVERY 4' OC  
 2x6 HIPS

WALL SCHEDULE  
  
 NEW 17' BEAM  
 4x12 BEAM  
 4x4 TC  
 2x4 DBL KING STUD  
  
  
 REPIRED 2x4 WALL  
 2x4 STUD 16 OC  
 2x4 TOP AND DOUBLE  
 PLATE AND BOTTOM  
 PLATE



36" opening  
 w 4x10 HDR  
 2x4 80 3/4 TR  
 2x4 KING STUD

EXISTING

CANDY MERO  
 1564 35TH ST  
 SAC TO 95816

TOP VIEW ROOF

