

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0003870
Insp Area: 1

Site Address: 3951 N ST SAC
Parcel No: 008-0254-024

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

CONTRACTOR
IMAGINE HOMES INC
1501 41ST ST
SACRAMENTO, CA. 95819

OWNER
SUTTER LAWN TENNIS CLUB OF SACRAMENTO
3951 N ST
SACRAMENTO CA 95816

ARCHITECT

Nature of Work: 422 SQFT ADDITION OF AN EXERCISE ROOM TO AN EXISTING CLUB HOUSE

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 741523 Date _____ Contractor Signature Nicole Austin

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 7-14-00 Applicant/Agent Signature Nicole Austin

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 7-14-00 Applicant Signature Nicole Austin

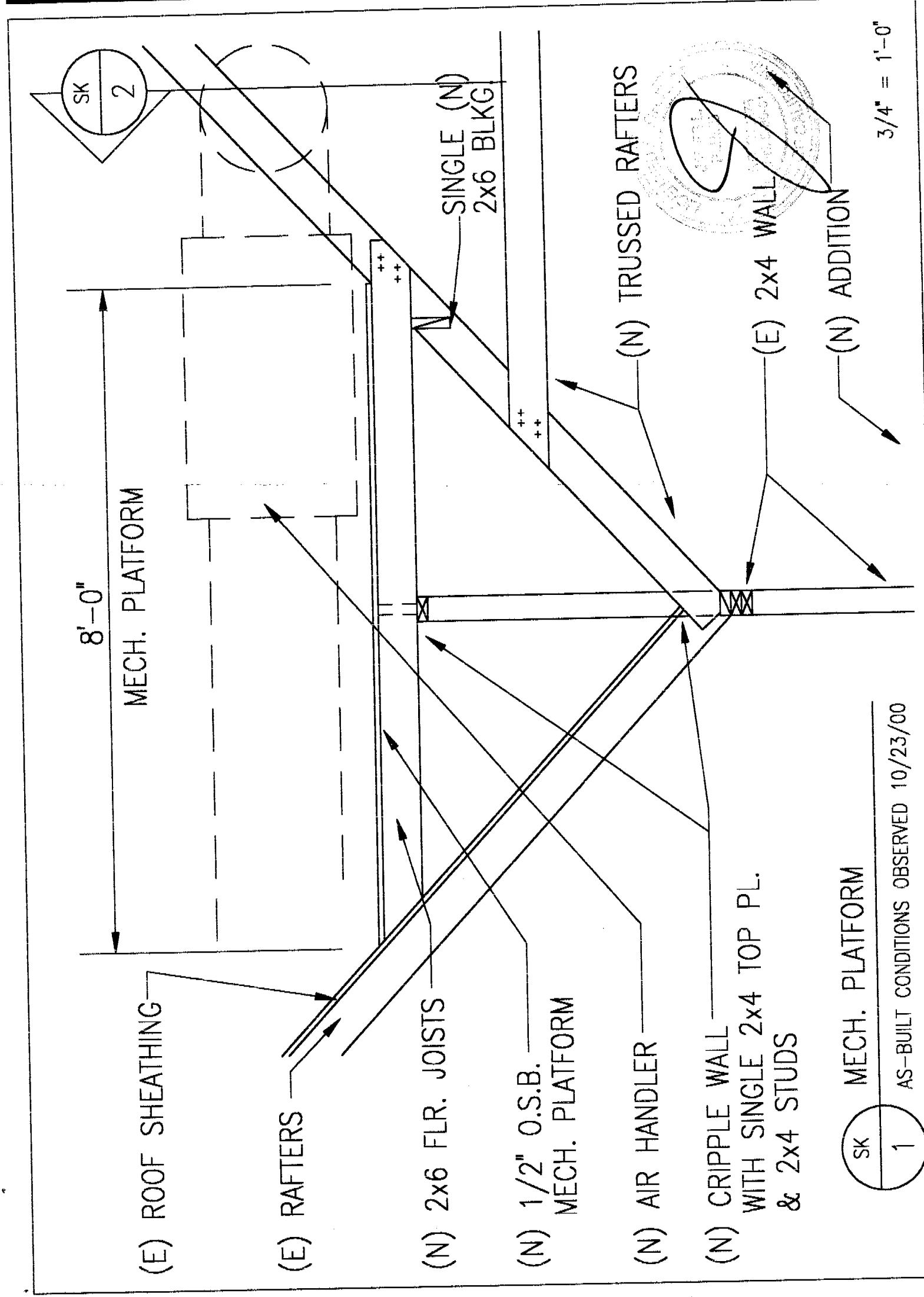
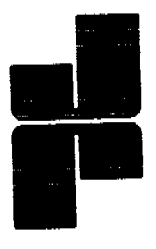
WARNING FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

SUTTER LAWN TENNIS CLUB	
SKETCH #	1 OF 2

JAMES PLUMB ASSOCIATES

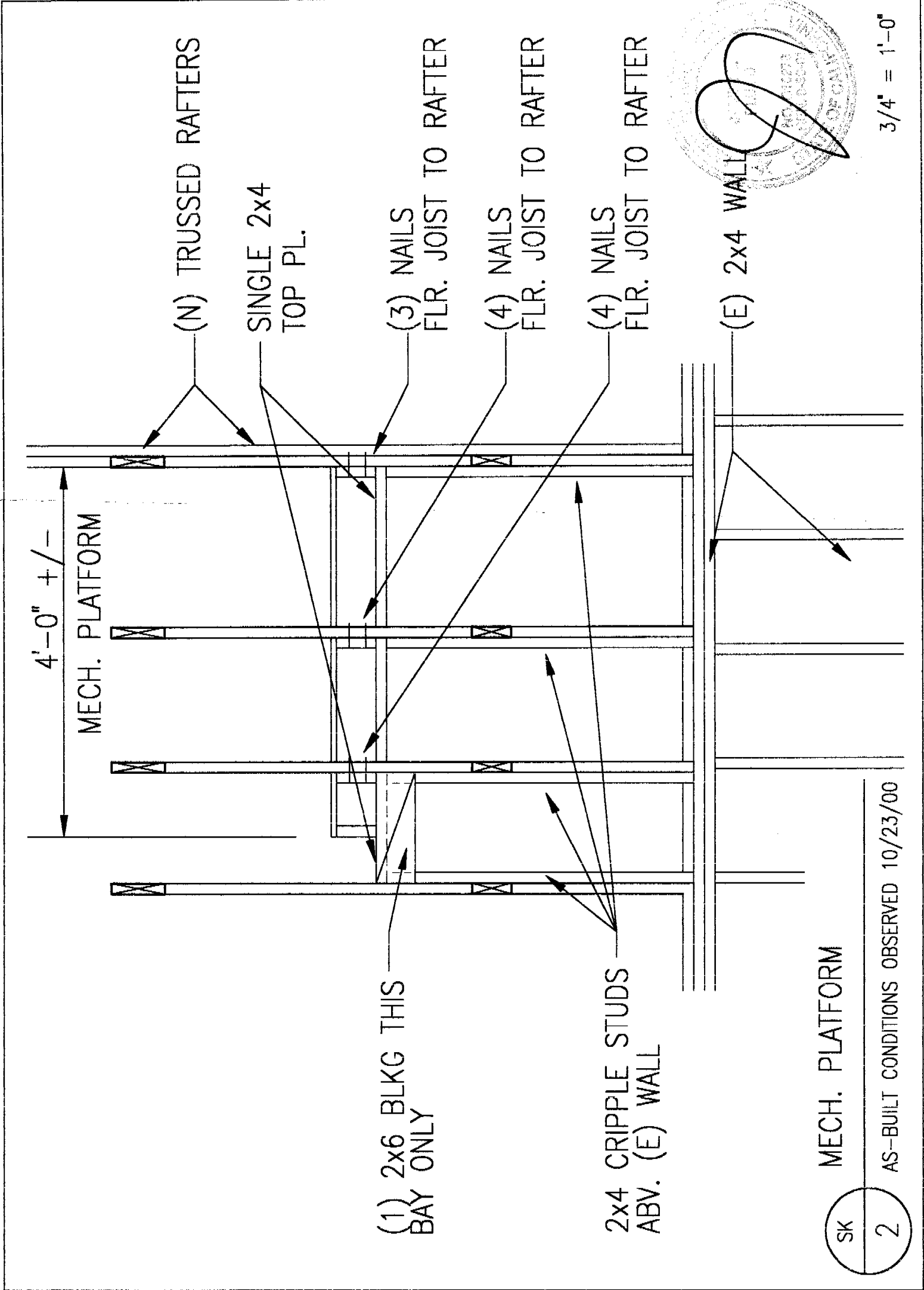
1249 32ND STREET
 SACRAMENTO, CA 95816
 (916) 462-6833
 (916) 462-6831 FAX



SUTTER LAWN TENNIS CLUB	
2 OF 2	SKETCH #

JAMES PLUMB ASSOCIATES

1249 32ND STREET
 SACRAMENTO, CA 95816
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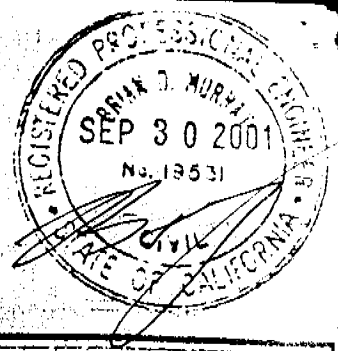


3/4" = 1'-0"

MECH. PLATFORM

AS-BUILT CONDITIONS OBSERVED 10/23/00

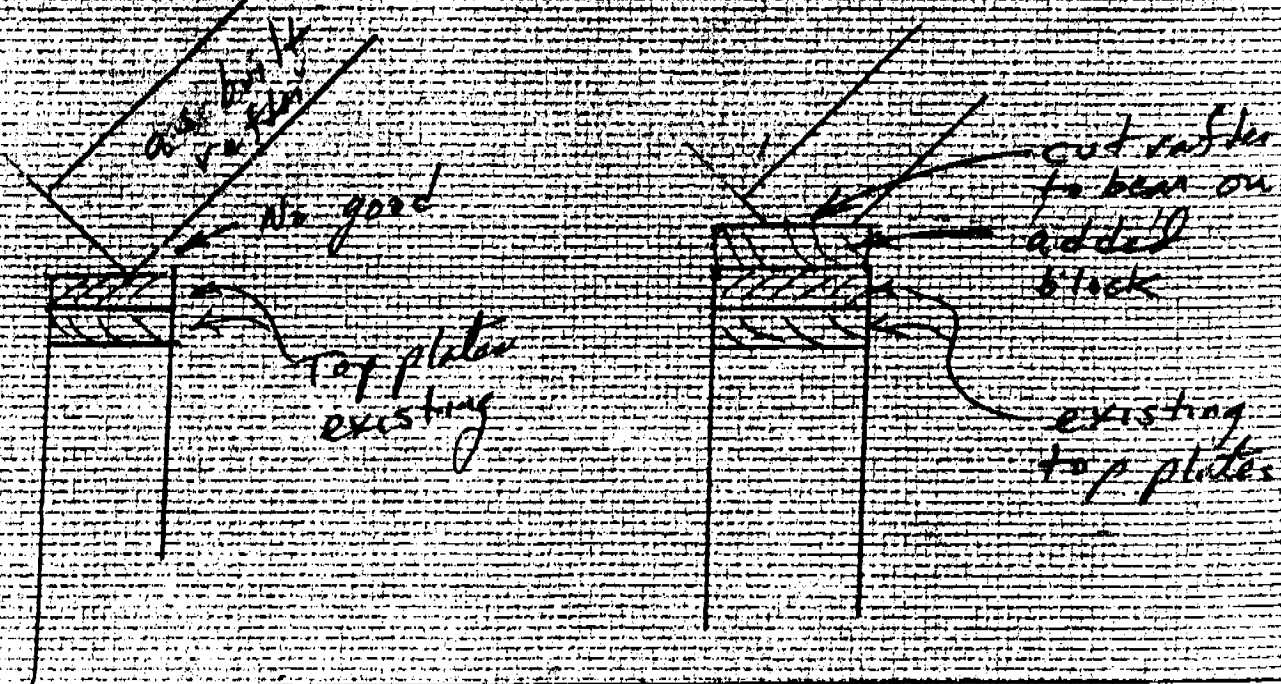
SK
 2



Construction corrections

1. Add corner to columns LTR200B
 with RFB #5 x 16" threaded rod
 12" embedment - Simpson ET spacing
 install per manufacturer's recommendations

2. Correct roof framing @ existing original
 well line - make horizontal cut in rafters
 1 1/2" above top plate and insert 2x4
 blocks to provide adequate bearing



3. Contractor placed exterior sheat up to and over lower member
 of lapped top plate. Since these are spliced with 16d @
 14" o.c. this will transfer shear from lower plate to upper plate.
 Allow 108# ft \leq actual shear. OKay.
 OKay as Built this item.

CITY OF SACRAMENTO
 BUILDING INSPECTION DIVISION
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: Sutter Lawn Tennis Club Phone: 451-3336
 Site Address: 3951 N Street 95819 Suite: _____
(Street) (Zip)
 Business Owner/Representative: Sutter Lawn Tennis Club Phone: 451-3336
 Nature of Business: Tennis Club
 Property Owner: Sutter Lawn Tennis Club Phone: 451-3336
 Address: 3951 N Street Suite: _____
(Street)
Sacto. CA. 95819
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes ___ No Is this permit for a shell building? Yes ___ No

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes ___ No

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes ___ No ___

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No ___

7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No ___

If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes ___ No ___

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: Nicole Awston
(Print)
Nicole Awston 7-14-00
(Signature) (Date)

BID Use Only: Plan/Ck# _____	Permit # <u>0003870</u>
OK to issue prmt? <input checked="" type="checkbox"/> <u>7-14-00</u>	F.D. Appr Req'd? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
init date _____	
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

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 # 00.03870 Insp. Area 1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 3951 N STREET SACRAMENTO, CA Suite _____
 PARCEL # 008-0254-024

CONTACT Name <u>THERESE HAZELROTH</u> Street Address <u>1501 41st ST</u> City/State/Zip <u>SACRO, CA 95814</u> Phone <u>(916) 456-9866</u> FAX <u>(916) 456-9868</u> E-mail: <u>HAZELRTH@PACBELL.NET</u>		LICENSED CONTRACTOR Lic No. # <u>741523</u> Name <u>IMAGINE HOMES, INC</u> Address <u>1501 41st STREET</u> City/State/Zip <u>SACRAMENTO, CA 95819</u> Phone <u>(916) 456-9866</u> FAX <u>(916) 456-9868</u> E-mail: <u>HAZELRTH@PACBELL.NET</u>	
ARCHITECT/ENGINEER Name <u>JAMES PLUMB ARCHITECT</u> Address <u>1249 32ND ST</u> City/State/Zip <u>SACRAMENTO, CA 95816</u> Phone <u>916 452-5833</u> FAX <u>916 452-5833</u> E-mail: _____		OWNER Name <u>SUTTER LAWN TENNIS CLUB</u> Address <u>3951 N STREET</u> City/State/Zip <u>SACRAMENTO, CA 95819</u> Phone <u>(415) 3336</u> FAX <u>N/A</u> E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # 004373-99 713 EXPIRATION DATE: 9/00

NATURE OF WORK IN DETAIL: ADDITION OF EXERCISE ROOM
TO EXISTING CLUBHOUSE RESTROOM
+ Hook up w city sewer 4" line

OCCUPANT/TENANT: SUTTER LAWN TENNIS CLUB VALUATION: \$ _____

FLOOD STATUS: <u>NK</u>		S.C.A.T.							
JOB DESCRIPTION	BLDG	SHELL	APT	TI ()	REM ()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File	
<u>1</u>		<u>422</u>		<u>A3</u>	<u>V.N</u>	<u>Y</u>	<u>00</u>	<u>[H] [Quad]</u>	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>

COMMENTS: Robert Tong: Customer wants to tie into city sewer & new
Taps

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

Date of Request: _____

By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 3951 ~~4401 39~~th~~~~ St
3915 N St

Assessor's Parcel Number: 008-0254-~~018~~024

Previous Use: Sutter Lawn Tennis Club

Description of Request/Proposed Use: adding to clubhouse
475 sq ft

Is This a Change of Use? _____

Prior Applications for Project Site(P#, Z#, DRPB#): _____
Zoning Designation: R2A
Z99-162

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] 4-12-00

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

MICROFILM AFTER FINAL

REV. FORM

WATER SUPPLY TEST - DEPT. OF UTILITIES		TEST NO:	FILE NO:
1395 35TH AVENUE		REQUEST DATE:	PC00-03870C
SACRAMENTO, CA. 95822		COMPLETE DATE:	
PHONE: 916 / 264-1430		ANALYSIS FEE: 590.00	DATE PAID:
FAX: 916 / 264-8897		FIELD TEST FEE: \$360.00	DATE PAID: 4-12-00
CONTACT PERSON: ✓ <i>TERESA HAZELROTH</i>	PHONE NO: ✓ <i>456-9866</i>	FAX NO: ✓ <i>456-9868</i>	
COMPANY: ✓ <i>IMAGINE HOMES</i>	CELL PHONE NO: ✓		
COMPANY ADDRESS: ✓ <i>1501 41ST ST</i>	STREET ADDRESS OF TEST: ✓ <i>5951 N ST</i>		
PURPOSE OF TEST: ✓ <i>ADDITION OF SDET</i>	ASSESSOR'S PARCEL NUMBER: ✓ <i>1008.0254.024</i>		

The undersigned agrees to the following items and conditions:

- (1) The street address shown above is correct.
- (2) Water supply data is developed from several sources of information which may include water supply test data, pipe network computer models, and continuous pressure recording stations. The design water supply data given below is to be used for design purposes.
- (3) Although the water supply data reported herein is believed to be accurate, the City makes no warranty, guaranty, certification or other representation of any kind that such data is accurate or correct, or that the pressures and/or flow rates reported herein can or will be maintained. The undersigned agrees that the City, its officers and employees shall not be liable for any damages of any kind resulting from the use of or reliance upon the water supply data reported herein by the undersigned or by any third party.
- (4) If the undersigned desires to witness the water supply test performed by the City, please check the box below:
 I want to witness this water supply test, which will be scheduled at the convenience of the Department of Utilities.
- (5) If the undersigned elects to hire a licensed engineer, at the undersigned's sole expense, to witness and certify the water supply test performed by the City, please check the box below:
 At my expense, I will arrange for a licensed engineer to witness and certify this water supply test, which will be scheduled at the convenience of the Department of Utilities.

Print Name: ✓ Signature: ✓ Date: ✓

ENGINEERING REQUEST DATE:	DATE OF TEST:	TIME OF TEST:								
WATER MAIN SIZE:	TEST CONDUCTED BY:									
	HYDRANT NO.	MAP PAGE	STATIC PRES. (PSI)	RESIDUAL PRES. (PSI)	PITOT PRES. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT		CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (G.P.M.)
							C ₁	C ₂		
RESIDUAL										
FLOWED										
FLOWED										
FLOWED										
FLOWED										

• THE WATER SUPPLY TEST DATA IS NOT TO BE USED FOR THE DESIGN OF DOMESTIC WATER SYSTEMS.
 • (STATIC PRES. - RESIDUAL PRES.) / (STATIC PRES. - 20 PSI) IS LESS THAN 25%. THEREFORE, THESE RESULTS ARE ONLY VALID FOR FLOWS NOT EXCEEDING _____ G.P.M.

$$Q = 29.83 C_1 C_2 D^{5/2} \sqrt{P_{1-20} - P_{1-20}}$$

$$= Q_{1-20} \left(\frac{P_{1-20} - 20}{P_{1-20} - P_{1-20}} \right)$$

	ACTUAL	DESIGN (1)
STATIC PRES.	PSI	PSI
RESIDUAL PRES.	PSI	PSI
TOTAL FLOW @ RESIDUAL PRES.	G.P.M.	G.P.M.
TOTAL FLOW @ 20 PSI	G.P.M.	G.P.M.

(1) The Design Water Supply Data reflects fluctuations and future demands on the water distribution system. It is to be used for design purposes.

7/18/98



REQUEST FOR SEWER FEE QUOTE

PC# 00-03870

DATE	4-12-00	NUMBER OF PAGES	1	PHONE	264-7046
FROM	City of SACRAMENTO	REQUESTOR		FAX	
TO	SRCSB Customer Service	RESPONDER	DULORES ROSS	FAX	875-6253

URGENT -- Applicant is in office or ready to pay permit.

If urgent, call 875-6820 to notify an Engineering employee that you faxed a request.
 Press zero to speak to the operator.

1 WEEK WOULD BE FINE

NOT URGENT -- Applicant has requested informal quote

Applicant	NAME		PHONE	
	THERESE HAZELROTH		456-9866	
Property	ASSESSOR'S PARCEL NUMBER(S)		PROPERTY ADDRESS	
	008.0254.024		3951 N ST	
Project	PLAN CHECK # BUILDING PERMIT NO	Mark all that apply		
	00-03870	New construction	<input checked="" type="checkbox"/> Remodel	<input type="checkbox"/> Change in use
	USE	CURRENT # PREVIOUS	PLANNED	
		EXISTING TENNIS CLUB	422 SQFT ADDITION	
	SQUARE FOOTAGE	CURRENT # PREVIOUS	PLANNED	
			422 SQFT ADDITION w/ BATH facilities	