

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0105448

Insp Area: 2

Thos Bros: 316J5

Site Address: 941 43RD AV SAC

Parcel No: 029-0243-008

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

OWNER

GREEN
640 HENRY ST
FOLSOM CA 95831

ARCHITECT

Nature of Work: REMODEL PORTION OF OFFICE/POOL HSE TO STUDIO APT.

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);

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 9-26-01 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 9-26-01 Applicant/Agent 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 Exempt 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 9-26-01 Applicant 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.

# 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 #<br><b>0105448</b> | Insp. Area<br><b>2C</b> |
|------------------------------|-------------------------|

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 94 73rd Avenue, Sacramento Suite #126  
 PARCEL # 029 0243 008

|  |  |
|--|--|
| <p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Larry Green</u><br/>                 Street Address <u>640 Henry St.</u><br/>                 City/State/Zip <u>Folsom CA 95630</u><br/>                 Phone <u>916-408-9818</u> FAX <u>916-408-9199</u><br/>                 E-mail: _____</p> | <p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name <u>None</u><br/>                 Address _____<br/>                 City/State/Zip _____<br/>                 Phone _____ FAX _____<br/>                 E-mail: _____</p> |
| <p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>None</u><br/>                 Address _____<br/>                 City/State/Zip _____<br/>                 Phone _____ FAX _____<br/>                 E-mail: _____</p>  | <p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>None</u><br/>                 Address _____<br/>                 City/State/Zip _____<br/>                 Phone _____ FAX _____<br/>                 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: One Unit of 126 Unit Apartment building - Studio unit done without permits.  
BUSTER

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 4000

|                                     |                                     |  |                                     |  |                                     |   |       |  |     |           |        |
|-------------------------------------|-------------------------------------|--|-------------------------------------|--|-------------------------------------|---|-------|--|-----|-----------|--------|
| FLOOD STATUS:                       |                                     | S.C.A.T.                                 |                                     |  |                                     |   |       |  |     |           |        |
| JOB DESCRIPTION                     |                                     | BLDG                                     | SHELL                               | APT                                      | TI( )                               | REM <input checked="" type="checkbox"/>   | SW    | FIRE                                     | ADD | OTH       |        |
| INSPECTION DISCIPLINES              |                                     | <input checked="" type="checkbox"/> BLDG |                                     | <input checked="" type="checkbox"/> MECH |                                     | <input checked="" type="checkbox"/> PLUMB |       | <input checked="" type="checkbox"/> ELEC |     | SITE FIRE |        |
| # Stories                           | 1st Fl Area                         | Total Area                               | Use Zone                            | Occp Group                               | Const type                          | Fire Req. Y / N                           |       | Fed Code                                 |     | Vio. File |        |
|                                     |                                     | <u>503</u>                               |                                     | <u>R1</u>                                |                                     | SPR                                       | ALARM | <u>04</u>                                |     | [H]       | [Quad] |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>      | <input checked="" type="checkbox"/> |   | S     |  | D   | PW        | UTIL   |

COMMENTS: SEE LIST ON PLAN.  
NOT A BUSTER. NEW OWNER PURCHASED THE PROPERTY AFTER THE JR PUT IN THE BUSTER (3/9/2000)

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 |
| / /             | / / | 9/18/14    | 11/14 | / /        | / / |

PLAN CHECK # 0105448  
 ADDRESS: 941 43<sup>RD</sup> AVE  
 Commercial     Residential

ACCEPTED by (Staff): BN  


| DISCIPLINE                 | 1ST REVIEW |       |         | 2ND REVIEW |       |         | 3RD REVIEW |       |      |
|----------------------------|------------|-------|---------|------------|-------|---------|------------|-------|------|
|                            | Status     | Staff | Date    | Status     | Staff | Date    | Status     | Staff | Date |
| <u>LIFE SAFETY</u>         | 13         | JT    | 6/27/01 |            |       |         |            |       |      |
| <u>STRUCTURAL</u>          | 13         | JT    | "       |            |       |         |            |       |      |
| <u>MECHANICAL/PLUMBING</u> | 13         | JMT   | 6/27    |            |       |         |            |       |      |
| <u>ELECTRICAL</u>          | 3          | JM    | 6/27/01 | 13         | JM    | 7/19/01 |            |       |      |
| FIRE                       |            |       |         |            |       |         |            |       |      |
| PLANNING                   |            |       |         |            |       |         |            |       |      |

STAFF COMMENTS:

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Date of Request: \_\_\_\_\_  
By: \_\_\_\_\_

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

Project Address: 941 43rd Ave.

Assessor's Parcel Number: 029 - 0243 - 008

Previous Use: exist. apt. complex w/ 126 units

Description of Request/Proposed Use: seeking bldg permit to make legal a conversion of exist. space to an additional studio unit.

Is This a Change of Use? NO

Zoning Designation: R-3

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

Comments: property area allows more than 126 units

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: PHIL REED 5/1/01

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

MICROFILM AFTER FINAL

COUNTY SANITATION DISTRICT NO. 1  
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT  
**SEWER IMPACT FEE** *per*  
 PERMIT AND CALCULATION SHEET *9/24/01*

APPLICATION NO: *City*  
 GENERAL INFORMATION

BLDG PERMIT NO: *SWD2201-00683*  
 THIS PERMIT GOOD ONLY WHEN  
 VALIDATED BY THE CASHIER

THIS PERMIT TO CONNECT EXPIRES  
 ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION

BUILDING USE

| INSPECTION       | RESIDENTIAL    | SF | <input type="checkbox"/> | MF | <input type="checkbox"/> | UNITS |
|------------------|----------------|----|--------------------------|----|--------------------------|-------|
| CSD-1            | COMMERCIAL USE |    |                          |    |                          |       |
| SRCSD            |                |    |                          |    |                          |       |
| CONSTRUCTION     |                |    |                          |    |                          |       |
| IN-LIEU          |                |    |                          |    |                          |       |
|                  |                |    |                          |    |                          |       |
|                  |                |    |                          |    |                          |       |
| <b>TOTAL FEE</b> |                |    |                          |    |                          |       |

APN: *029-0243-008*

DESCRIPTION/  
 SUBDIVISION

LOT:

PROPERTY ADDRESS

OWNER

MAILING ADDRESS

CITY-STATE-ZIP

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT \_\_\_\_\_

INPUT \_\_\_\_\_

START \_\_\_\_\_

# Certification of Compliance School District Development Fees

(Print or Type) If Printing, press hard for four copies

## PART I To be completed by APPLICANT (MUST BE FILLED OUT COMPLETELY)

OWNER'S NAME Jerry M. Green  
 OWNER'S ADDRESS 6410 Henry St Fremont CA 95630  
 PROJECT ADDRESS 941 43rd Av  
 PARCEL NUMBER 029 02A3 008 LOT NO. \_\_\_\_\_  
 SUBDIVISION NAME \_\_\_\_\_  
 NUMBER OF UNITS Studio Apt. (1)

Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.

APPLICANT'S SIGNATURE [Signature]  
 TITLE OF APPLICANT \_\_\_\_\_  
 DATE 7-25-8 PHONE NUMBER 216-608-7818

## PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER 0105448  
 BUILDING TYPE  
 RESIDENTIAL  APARTMENT/CONDOMINIUM  COMMERCIAL/INDUSTRIAL ( )  
 SQUARE FEET OF CHARGEABLE BUILDING AREA convert 500 sq ft from office/pool house to an apartment  
 SIGNATURE [Signature]  
 TITLE B Insp DATE 9/25/1

## PART III To be completed by SCHOOL DISTRICT

SCHOOL DISTRICT \_\_\_\_\_  
 DISTRICT CERTIFICATION NO. 1256  
 EXEMPT \_\_\_\_\_ COMMENTS \_\_\_\_\_

|                       |            |             |                |
|-----------------------|------------|-------------|----------------|
| RESIDENTIAL/APT/CONDO | SQ FT X \$ | <u>1 12</u> | = \$           |
| COMMERCIAL/INDUSTRIAL | SQ FT X \$ |             | = \$           |
| OTHER FEE TYPE        | SQ FT X \$ |             | = \$           |
| TOTAL FEES COLLECTED  |            |             | = \$ <u>12</u> |

This Certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

## AUTHORIZED SCHOOL DISTRICT OFFICIAL

SIGNATURE [Signature]  
 TITLE \_\_\_\_\_ DATE 11/1/0

Original: School District    1st copy: School District    2nd copy: Building Department    3rd copy: Applicant

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) yes
2. I (have/have not) have signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

| Name | Address | Phone | Type of work |
|------|---------|-------|--------------|
|      |         |       |              |
|      |         |       |              |
|      |         |       |              |

X Signed [Signature]

X Job Address 941 43rd Ave. X Date 9-26-01

Permit No: \_\_\_\_\_

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 941 - 43<sup>RD</sup> AV Permit No. 0105448

Building Use: STUDIO APT. Occupancy: R1

Building Owner: GREEN Construction Type: V-N

Owner Address: 640 HENRY ST FOLSOM, CA Sprinkled? [ ] Yes [ X ] No

Portion of Building Occupied: APT. Area: \_\_\_\_\_ Sq. Ft.

11/16/01 W. Dennis Harrison DENNIS RICHARDSON  
Date By:Print Sign CITY BUILDING OFFICIAL

[ Finaled By:GTD,MJB,RVL, ]

*This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.*

**POST IN A CONSPICUOUS PLACE**