

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0004860
Insp Area: 4

Site Address: 4441 MAY ST SAC
Parcel No: 237-0081-080

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

CONTRACTOR

OWNER
CHRIS KRAFT
PO BOX 1576
N HIGHLANDS CA

ARCHITECT

Nature of Work: NSFR 1733 SQ FT 8 RMS 1 STORY

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 7-12-00 Owner Signature Chris Kraft

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 7-12-00 Applicant/Agent Signature Chris Kraft

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 JUL 11 2000 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 provisions of Section 3700 of the Labor Code, and I agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall comply with those provisions.

Date 7-12-00 Applicant Signature Chris Kraft

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.

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) _____
- 2 I (have) have not) _____ 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

Signed Clara _____

Job Address 4441 MAY ST

X DATE 7-12-00

Permit No: 0004860 R

Certification of Compliance

School District Development Fees

(Print or Type) If Printing, Push Hard for 4 Copies

PART I To be completed by APPLICANT

OWNER'S NAME Chris Kraft Mayday Development
OWNER'S ADDRESS 2827 Madison Ave North Highlands CA 95666
PROJECT ADDRESS 4441 May St Lot 2
PARCEL NUMBER 37-0081-00 LOT NO. 2
SUBDIVISION NAME May St
NUMBER OF UNITS 1
APPLICANT'S SIGNATURE [Signature]
TITLE OF APPLICANT VP
DATE 7-12-00 PHONE NO. 916 932-1134

PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER 00-04860
BUILDING TYPE (CHECK ONE)
RESIDENTIAL APARTMENT / CONDOMINIUM COMMERCIAL / INDUSTRIAL
SQUARE FEET OF CHARGEABLE BUILDING AREA 1733 \$
SIGNATURE [Signature]
TITLE Building Department DATE 5-23-01

PART III To be completed by SCHOOL DISTRICT

SCHOOL DISTRICT Robin School District / Grant School District
DISTRICT CERTIFICATION NUMBER 1001 / #00501
EXEMPT COMMENTS _____
RESIDENTIAL / APARTMENT / ETC. 1733 SQ. FT. X. \$ 1.16 / .95 = \$ 2010.28 / 1646.35
COMMERCIAL / INDUSTRIAL _____ SQ. FT. X. \$ _____ = \$ _____
OTHER FEE _____ TYPE _____ SQ. FT. X. \$ _____ = \$ _____
TOTAL FEES COLLECTED _____ = \$ 3656.63

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] [Signature]
TITLE [Title] [Title] DATE 7/12/00

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

Date of Request: _____
By: _____

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

Project Address: 4441 May St

Assessor's Parcel Number: 237 0081 080

Previous Use: VACANT

Description of Request/Proposed Use: NEW SFR

Is This a Change of Use? YES

Prior Applications for Project Site(P#, Z#, DRPB#): P93-103 Zoning Designation: R-1

Comments: Requires Design Review for new construction prior to permit issuance. Design does not conform to Exp. North Area Checklist (Not over counter; Submit for Staff level review)

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] 5/5/00

expanded North Area

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

MICROFILM AFTER FINAL

Date of Request: _____
By: _____

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

Project Address: 4441 May St.

Assessor's Parcel Number: 237-0281-080

Previous Use: Vacant

Description of Request/Proposed Use: New SFR

Is This a Change of Use? _____

Prior Applications for Project Site(P#, Z#, DRPB#): ER 00 034 Zoning Designation: R-1

Comments: DR approved 5/22/00.
Plans indicate approx. 39% ± lot
cover. Max. 40%.

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: W. Jibour 5/25/00

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

MICROFILM AFTER FINAL

ABC INSULATION & SUPPLY CO.

11386 AMALGAM WAY

RANCHO CORDOVA, CA 95670

Phone (916) 635-7171

Fax (916) 635-7717

State License No. 369263

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

STREET 4441 Gray St LOT # _____ TRACT City Parkside

EXTERIOR WALLS:

Manufacturer CSG Thickness 3 1/2 Value 13

CEILING:

Batts Manufacturer CSG Thickness 12 Value 38

Blown In Manufacturer Sheepskin Thickness 10.1 Value 38
Square footage covered

FLOORS:

Manufacturer NA Thickness _____ Value _____

POLYSEAL/CAULK PER TITLE 24: ✓

GENERAL CONTRACTOR _____ DATE _____
CALIFORNIA CONTRACTORS LICENSE # _____

INSULATION CONTRACTOR ABC INSULATION & SUPPLY CO. DATE 11-9-00
SIGNATURE [Signature] TITLE _____

Department of Planning and Development
Building Inspection Division

Grading and Erosion Control Questionnaire

To be completed for all residential new construction and additions

PART I (To be completed by applicant)

Site Address 7411 May St

A.P.N. 237-0081-080-000

Applicant Information

Name Chris Kraft
Address 3827 Madison Ave
N. Highlands CA 95660
Phone 716 237-4434

Project Information (Check One)

Single Family Dwelling
Duplex
Triplex
Deep Lot Development

PART II (To be completed by the applicant when the project is not a part of a larger subdivision)

Are there existing structures on site? Y N

Does the site front on a paved road? Y N *

Is the site higher than the crown of adjacent road? Y N *

Is the proposed building site higher than the back of the sidewalk or curb? Y N *

Describe existing frontage improvements along road.

Ditch * Curb and Gutter Curb, Gutter, and Sidewalk

The direction of drainage on this site is:

Front to Rear * Rear to Front Side to Side *

Does an adjacent site drain across this parcel? Y * N

Does this site have an existing low area or drainage swale? Y * N

Will construction require cut or fill on site? (* >50FT3 or >2FT) Y N

- How much cut? _____ Yards _____ Depth
- How much fill? _____ Yards _____ Depth

Has building site been previously been filled? Y * N

Will existing drainage be re-routed? Y * N

Do you plan to construct or modify culverts or drainage ditches? Y * N

Print Name Chris Kraft Title VP

Signature [Signature] Date 7/12/00
Owner or Contractor

PART III (To be completed by staff)

What is the acreage of the parcel to be built on? 0.13 Acres.

If greater than 1/2 acre has an approved erosion and sediment control plan been provided? Y N

If greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N

Is the parcel to be built on part of a larger subdivision? Y N

Subdivision Name: Linda Woods Unit No. 1

If yes has an approved erosion and sediment control plan been provided? Y N

If the original subdivision is greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N

Is grading and drainage approval required prior to permit issuance? Y N

Approved by: Watt P. Date: 7/12/00

Building permit #: 000 48602

White Copy - Permit Jacket
Yellow - Utilities
Pink - Bldg. Div.