

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0418198

Site Address: 3915 4TH AV SAC
Parcel No: 014-0102-047

Insp Area: 3
Thos Bros:
Sub-Type: NSFR
Housing (Y/N): N

CONTRACTOR

OWNER
SMITH HOWARD
7200 CIRCLE PARKWAY
SACRAMENTO CA 95823

ARCHITECT

Nature of Work: NEW 1 STORY 1500 SQ FT OF LIVING, W/ATTACHED 406 SF GAR AND 105 SF COVERED PORCH ---IN DESIGN REVIEW AREA----

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);

_____ 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 **PAID** party 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 2-17-05 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 hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 2-17-05 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 _____

(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 2-17-05 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.

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

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814
Help Line: 1-916-264-5656

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DEPARTMENT
BUILDING DIVISION
www.ciofsacramento.org

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834
Inspection: 1-916-808-4677

OWNER BUILDER VERIFICATION

1. Check one below - I or my immediate family (parent, spouse, or child) will perform:

- A - all the work authorized by this permit.
- B - a portion of the work.
- C - none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do:

all of the authorized work. a portion of the authorized work.

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

3. I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner Howard M. Smith

Date 2-17-05 Case No. _____ Permit No. 048198

Job Address 3909 4TH AVE

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.

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 3909 6TH AVE A.P.N. 014-0102-047

Applicant Information

Name SHERYL'S LLC / HOWARD M. SMITH
Address 7200 CIRCLE PARKWAY
SAC CA 95823
Phone C 916-240 3174

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)
- 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 SHERYL'S LLC / HOWARD M SMITH Title MGR
Signature Howard M Smith Date 2-17-05
Owner or Contractor

PART III (To be completed by staff)

What is the acreage of the parcel to be built on? _____ 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?
Subdivision Name: _____
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: Tom Duley Date: 2/18/05
Building permit #: 0418198

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

MICROFILM THIS DOCUMENT

ENGEL INSULATION, INC.

CALIFORNIA CONTRACTOR'S LICENSE #745646

460 Roseville Road • Roseville, CA 95678

(916) 786-2088 / (916) 786-2064

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:

TRACT _____ LOT _____
STREET 3915 4th Street CITY Roseville, CA

EXTERIOR WALLS:

MANUFACTURER CT THICKNESS 3 1/2 R-VALUE 13

CEILING AREA: BATTS

MANUFACTURER CT THICKNESS 1 1/2 R-VALUE 38

CEILINGS: BLOWN IN

MANUFACTURER insul safe THICKNESS 1 3/4 R-VALUE 38

SQUARE FOOTAGE 1040 NUMBER OF BAGS USED 24

FLOOR AREA:

MANUFACTURER _____ THICKNESS _____ R-VALUE _____

EXTERIOR KNEEWALL:

MANUFACTURER _____ THICKNESS _____ R-VALUE _____

INTERIOR KNEEWALL:

MANUFACTURER CT THICKNESS 3 1/2 R-VALUE 13

APPLIED CAULK & SEALANT TO ALL EXTERIOR OPENINGS & PENETRATIONS

YES NO _____

GENERAL CONTRACTOR _____

CALIFORNIA CONTRACTORS
LICENSE # _____ DATE _____

SIGNATURE TITLE
Jessica Padilla Bookkeeper 7/8/05
INSULATION CONT. SIGNATURE TITLE DATE

This form is to be filled out completely & signed by applicant/owner/contractor responsible for Title 24 Energy Compliance & returned to the field inspector at final.

INSTALLATION CERTIFICATE

(Page 1 of 13)

CF-6R

Site Address _____

Permit Number _____

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ [≥CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
Air Heat Pump	Air Ease BEZ 36 DIANADA	1	600	attic	R-4.2	75,000	75,000

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ [≥CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
Air Heat Pump	Air Ease SHC 36 M 36A-4	1	14 SEER	attic	R-2	75,000	86,000

1. ≥ reads greater than or equal to.
I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations of Part 6), where applicable.

Ed Bennett
Signature, Date

Barnett Heating & Air
Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ³ (EF, RE)	Standby Loss (%)	External Insulation R-value ³
DIGI 30	STIBEL ELITON	TANKLESS (INSTANT)			4,950	TANKLESS	.78	N/A	N/A

2 For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.
3. R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations of Part 6), where applicable.

Sheryl May
Signature, Date

SHERYL'S LLC
Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

Certification of Compliance
School District Development

Part I--To be completed by the APPLICANT

Owner's Name/Address _____
Project Address 2707 7th Ave
Parcel Number 014-2122-247 Lot No. _____
Subdivision Name _____ No. of Units _____
Applicant's Signature Howard M. Smith Title MGL
Phone No. 240-3174 Date 2-15-05

Notice to Applicant: Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

Part II--To be completed by the BUILDING DEPARTMENT

Plan Identification Number 2418177
Building Type (check one) Residential Apartment/Condominium Commercial/Industrial
Square Feet of Chargeable Building Area 1509
Signature/Title Carol Pliska Date 11/14/04

Part III--To be completed by the SCHOOL DISTRICT

School District SCUSD Certificate No. 10418

Exempt Comments _____
Residential/Apartment/etc. 1509 Square ft. x \$ 2.14 = \$ 3,225.06
Commercial/Industrial _____ Square ft. x \$ _____ = \$ _____
Total fees collected..... = \$ 3,225.06

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 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.

Signature Tom E. [Signature] Date 2/14/05

White & Canary--School District • Pink--Building Department • Goldenrod--Applicant

Department of Planning and Development
Building Inspection Division
Grading and Erosion Control Questionnaire

To be completed for all residential new construction and additions

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Applicant Information

Name SHERYL'S LLC / HOWARD M. SMITH
Address 7200 CIRCLE PARKWAY
SAC CA 95823
Phone C 916-240 3174

Project Information (Check One)

Single Family Dwelling N
Duplex ---
Triplex ---
Deep Lot Development ---

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Are there existing structures on site? Y N
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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 SHERYL'S LLC / HOWARD M SMITH Title MGR

Signature Howard M Smith Date 2-17-05
Owner or Contractor

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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: _____

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

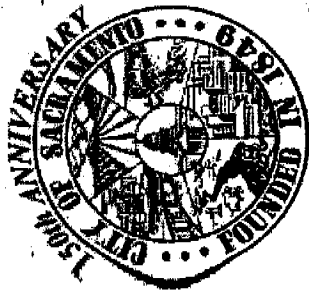
If the original subdivision is greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N

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

Approved by: Tom Ouley Date: 2/18/05

Building permit #: 0418198

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



DATE: 10 27 04

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 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: 3909 4th AVE

UNIT # CONTRACT PRICE \$

CONTACT PERSON: Andre Bononov

CONTACT PHONE: 916 - 801 - 4382

Property Owner: Howard Smith
Address: 7200 Circle Park Wy.
City/State/Zip: Sacramento, CA 95823
Phone:

Contractor: _____ License # _____
Address: _____
City/State/Zip: _____
Phone: _____ FAX: _____

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE # STORIES: 1 Material: <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input checked="" type="checkbox"/> vinyl 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 elect. 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 TERMITES 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
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DESCRIPTION OF WORK:

construction of new single family dwelling on vacant lot.