

CITY OF SACRAMENTO
BUILDING INSPECTIONS DIVISION
PERMIT SERVICES

PERMIT # 0105127
ADDRESS: 4990 STOLKON BL.

This application will need one or more of the following items before it can be issued:

- Owner/Builder Form (legal document)
 - Current Certificate of Workers' Comp.
 - Hazardous Materials Form (hazmat)
(Orig. in folder, golden-applicant, 2 to fire)
 - Letter of Authorization Required to sign by Contractor or Owner
 - School Impact Fee (copy of paid receipt)
 - HCD Forms (state 415-4782) for Modular/Coaches
 - County Regional Sanitation Fee (copy of receipt)
(Deloras Ross @ 127-7th street, Rm 105, window. 10-ph:875-6679)
 - Habitual Conservation Plan Fee (Bob Robinson or Farmarz Ansari)
- PERMIT FEES 115.74
- Driveway Permit \$ _____ Duc _____
 - Encroachment Permit \$ _____ (public works)
 - Special Conditions (enter computer, mark margin of permit at final, attach instructions to permit, and 1 copy in each folder, + customer copy)
 - Special Inspections XI (1 copy each folder, 1 to CAROLINE)
 - Flood Elevation Certificate (1 copy B. Nakashima, 1 in folder)
 - Other _____

Date Notified 4-20-01 DM/S.
Initials By E.L. Plans in Bin// 27
Processed By: JRM

Microfilm @ Final

EXPRESS PLAN REVIEW

DATE		TIME		DATE		TIME	
IN	OUT	IN	OUT	IN	OUT	IN	OUT
4/24/01	/ /	/ /	/ /	/ /	/ /	/ /	/ /

REVISIONS
DATE

DATE

NO.	REVISION	DATE	BY
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STAFF COMMENTS

11/2/01 - 2/2/98 for main remodel permit

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 #	Insp. Area
01-05127	3C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 4990 Stockton Blvd, Sacto Suite office 2, 11 + 3
 PARCEL # 022-0280-003

<p align="center">CONTACT</p> Name <u>Dan Sinclair</u> Street Address <u>Box 353</u> City/State/Zip <u>Town, CA 95640</u> Phone <u>916 806-7027</u> FAX <u>209-274-2574</u> E-mail: <u>TownTown@aol.com</u>		<p align="center">LICENSED CONTRACTOR Lic No. # _____</p> Name _____ Address _____ City/State/Zip <u>O/B</u> Phone _____ FAX _____ E-mail: _____	
<p align="center">ARCHITECT/ENGINEER</p> Name <u>J. Vertten & Assoc</u> Address <u>11255 Sunrise Circle</u> City/State/Zip <u>Sacto</u> Phone <u>916 635-0420</u> FAX <u>(916) 635-0525</u> E-mail: _____		<p align="center">OWNER</p> Name <u>Lawrence Properties</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: Herwan Mutes Addition

OCCUPANT/TENANT: DHA VALUATION: \$ 4000.00

FLOOD STATUS:			S.C.A.T.							
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(<u>A</u>)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<u>BLDG</u>	MECH	PLUMB	<u>ELEC</u>	SITE	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
				<u>B</u>		SPR	ALARM	<u>15</u>	[H]	[Quad]
<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: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

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 Mike Lanning Address 2120 Woodland Way
City Roseville Telephone 916-885-0209

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 John N. Smith

Job Address 4490 Garden Blvd

Permit No: 0105127