

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0010096
Insp Area: 3

Site Address: 4801 34TH ST SAC
Parcel No: 022-0014-002
N

Sub-Type: REM
Housing (Y/N):
TURNING POINT COMMUNITY PROGRAM

CONTRACTOR
LEUNG DOUGLAS
4616 MAPEL LN
CARMICHAEL CA 95608

OWNER
LEUNG DOUGLAS/JEANNY
3440 VIKING DR #114
SACRAMENTO CA 95827

ARCHITECT

Nature of Work: SFR TO 12 CLIENT CARE FACILITY.AMB & NON-AMBS;LEGALIZE DECK'G&240SF PATIO COVER;UPGRADE &ADD EXITS TO CODE&HC RR

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 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 Professions 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 & P. for this reason _____

Date May 10th 2001 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 May 10th 2001 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 prohibit or hinder the application of 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 May 10th 2001 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.

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 #0010096 C Insp. Area 3C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 4801 34th street Suite _____
 PARCEL # 022-0014-002

| | |
|--|---|
| <p style="text-align: center;">CONTACT</p> <p>Name <u>Douglas Leung</u> Street Address <u>4616 Maple Lane</u> City/State/Zip <u>Carmichael Ca. 95608</u> Phone <u>(916) 967-7952</u> FAX <u>(916) 961-8496</u> E-mail: <u>cell 205-8350</u> <u>Page 731.1000</u></p> <p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name _____ Address <u>N/A</u> City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p> | <p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>390993</u></p> <p>Name <u>Douglas Leung</u> Address <u>4616 Maple Lane</u> City/State/Zip <u>Carmichael Ca. 95608</u> Phone <u>967-7952</u> FAX <u>(916) 961-8496</u> E-mail: _____</p> <p style="text-align: center;">OWNER</p> <p>Name <u>Douglas Leung</u> Address <u>4616 Maple Lane</u> City/State/Zip <u>Carmichael Ca. 95608</u> Phone <u>(916) 967-7952</u> FAX <u>(916) 961-8496</u> 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:
SEB TO
12 sheets, cover, frame, stairs and patio
cover (all work w/o permit to be corrected)
UPGRADE HC RESROOM + EXITS TO CODE

OCCUPANT/TENANT: TURNING POINT VALUATION: \$ 26714.00

| | | | | | | | | | |
|------------------------|--------------|---|-------------|--------------|-------------|----------------|-------------|------------|--|
| FLOOD STATUS: | | S.C.A.T. <u>100; 200; 201; X13; X12; X14; 207</u> | | | | | | | |
| JOB DESCRIPTION | | SHELL | APT | TI() | REM(X) | SW | 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>R2.2</u> | <u>VN</u> | <u>Y</u> | <u>14</u> | [H] [Quad] | |
| | | | | | | SPR | ALARM | | |
| | | | | | | | | | |
| | | | | | | | | | |

REMARKS: PARKING? LETTER FROM PLANNING
See pink slip 'submit to design review AND
Planning for conditions
240 SF Ratio Cover Max Per Planning

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 PLANNING AND ZONING INFORMATION REQUEST

Project Address: 4801 34th StAssessor's Parcel Number: 022-0014-002Previous Use: SFDescription of Request/Proposed Use: Expand exist Care Facility from 6 to 12Is This a Change of Use? YesZoning Designation: ~~P00~~ - R-1Prior Applications for Project Site(P#, Z#, DRPB#): P00-112; P96-040; DR93-102Comments: No building permit to be issued until approval of P00-112 & all conditions to be met. Obtain approval from Design Review (Oak Park) for exterior modifications; if any. Lot coverage too high.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: D. Decker 10/31/00

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

Planner - BRAD SHIRHALL x7483
MICROFILM AFTER FINAL



CARE FACILITY APPLICATION

PLAN CHECK NUMBER _____

DATE SUBMITTED 6-26-2000 8-29-2000

FACILITY NAME Turning point Community Program

FACILITY ADDRESS 4801 34th street

CITY & ZIP CODE Sacramento, Ca. 95820

OWNER'S NAME Douglas & Jenny Leung

PHONE # (916) 967-7952

1. Occupancy (circle one) R-2.1 R-2.2 R-2.2.1
R-2.3 R-2.3.1

2. Number of Occupants: 12
3. Number of Ambulatory: 12
4. Number of Non-Ambulatory: 0

5. Fire Sprinklered(circle one): Yes No
6. Complete Fire Alarm System (circle one): Yes No
7. Manual Pull & Horn Strobe (circle one): Yes No

8. Hard Wired (120 volt) Smoke Detectors (circle applicable below):

1. Ea Bed Rm 2. Hallways 3. Garage 4. Attic 5. Other - porch

9. Each bed room provided with a smoke detector (Circle One): Yes No

10. EXITING RAMPS WINDOW SIZES.
Room use

For Official Use Only

| City Approval | | |
|-------------------|-----------------|-------------|
| <u>Discipline</u> | <u>Initials</u> | <u>Date</u> |
| PLANNING | | |
| Fire | | |
| Life Safety | | |
| Electrical | | |
| Plumb/Mech | | |

309.4 Access and Means of Egress Facilities. Means of egress shall be provided as specified in Chapter 10.

Access to, and egress from, buildings required to be accessible shall be provided as specified in Chapter 11.

309.5 Light, Ventilation and Sanitation. In Group M Occupancies, light, ventilation and sanitation shall be as specified in Chapters 12 and 29.

309.6 Shaft and Exit Enclosures. Exits shall be enclosed as specified in Chapter 10.

Elevator shafts, vent shafts and other openings through floors shall be enclosed, and the enclosure shall be as specified in Section 711.

In buildings housing Group M Occupancies equipped with automatic sprinkler systems throughout, enclosures need not be provided for escalators where the top of the escalator opening at each story is provided with a draft curtain and automatic fire sprinklers are installed around the perimeter of the opening within 2 feet (610 mm) of the draft curtain. The draft curtain shall enclose the perimeter of the unenclosed opening and extend from the ceiling downward at least 12 inches (305 mm) on all sides. The spacing between sprinklers shall not exceed 6 feet (1829 mm).

309.7 Sprinkler and Standpipe Systems. When required by other provisions of this code, automatic sprinkler systems and standpipes shall be installed as specified in Chapter 9.

309.8 Special Hazards. For special hazards of Group M Occupancies, see Section 304.8.

Storage and use of flammable and combustible liquids shall be in accordance with the Fire Code.

Building, erected or converted to house high-piled combustible stock or aerosols shall comply with the Fire Code.

SECTION 310 — REQUIREMENTS FOR GROUP R OCCUPANCIES

310.1 Group R Occupancies Defined. Group R Occupancies shall be:

Division 1. Hotels and apartment houses.

Congregate residences (each accommodating more than 10 persons).

Division 2. Not used.

[For SFM] Division 2.1. Residentially-based, licensed facilities accommodating more than six nonambulatory clients. This division may include ambulatory clients. Licensing categories that may use this classification include, but are not limited to: Adult Residential Facilities, Congregate Living Health Facilities, Residential Care Facilities for the Elderly, Group Homes and Residential Care Facilities for the Chronically Ill.

[For SFM] Division 2.1.1. Residentially-based, licensed facilities accommodating six or less nonambulatory clients. This division may include ambulatory clients. Licensing categories that may use this classification include, but are not limited to: Adult Residential Facilities, Congregate Living Health Facilities, Foster Family Homes, Intermediate Care Facilities for the Developmentally Disabled Nursing, nurseries for the full-time care of children under the age of six, but not including "infants" as defined in Section 210; Residential Care Facilities for the Elderly, Small Family Homes and Residential Care Facilities for the Chronically Ill.

[For SFM] Division 2.2. Residentially-based, licensed facilities accommodating more than six ambulatory clients. This division may include nonambulatory clients and shall not exceed six nonambulatory clients. Licensing categories that may use this classification include, but are limited to: Adult Residential Facilities, Residential Care Facilities for the Elderly, Group Homes, Community Treatment Facilities and Social Rehabilitation Facilities.

[For SFM] Division 2.2.1. Residentially-based, licensed facilities accommodating six or less ambulatory clients. This division may include a maximum of two nonambulatory clients. Licensing categories that may use this classification include, but are not limited to: Adult Residential Facilities, Intermediate Care Facilities for the Developmentally Disabled Habilitative, Intermediate Care Facilities for the Developmentally Disabled Nursing, Nursing Homes, Residential Care Facilities for the Elderly, Foster Family Homes, Group Homes, Small Family Homes, Community Treatment Facilities and Social Rehabilitation Facilities.

[For SFM] Division 2.3. Residentially-based, licensed facilities providing hospice care throughout accommodating more than six bedridden clients. Licensing categories that may use this classification are limited to: Congregate Living Health Facilities for the Terminally Ill and Residential Care Facilities for the Chronically Ill.

[For SFM] Division 2.3.1. Residentially-based facilities providing hospice care throughout accommodating six or less bedridden clients. Licensing categories that may use this classification are limited to: Congregate Living Health Facilities for the Terminally Ill and Residential Care Facilities for the Chronically Ill.

Division 3. Dwellings used for large family day-care homes (as defined in Chapter 2, Section 205) and lodging houses. Licensing categories that may use this classification include, but are not limited to: Adult Day-care Facilities, Family Day-care Homes, Adult Day-support Center, Day-care Center for Mildly Ill Children, Infant Care Center and School Age Child Day-care Center.

Congregate residences (each accommodating 10 persons or less).

For occupancy separations, see Table 3-B.

A complete code for construction of detached one- and two-family dwellings is in Appendix Chapter 3, Division III, of this code. When adopted, as set forth in Section 101.3, it will take precedence over the other requirements set forth in this code.

310.1.1 [For SFM] Special Provisions for Group R, Division 2 Occupancies. Clients who become temporarily bedridden as defined in Health and Safety Code Section 1569.72, as enforced by the Department of Social Services, may continue to be housed on any story in Group R, Division 2 Occupancies classified as Residential-care Facilities for the Elderly (RCFE). Every Residential-care Facility for the Elderly (RCFE) admitting or retaining a bedridden resident shall, within 48 hours of the resident's admission or retention in the facility, notify the local fire authority with jurisdiction of the estimated length of time the resident will retain his or her bedridden status in the facility.

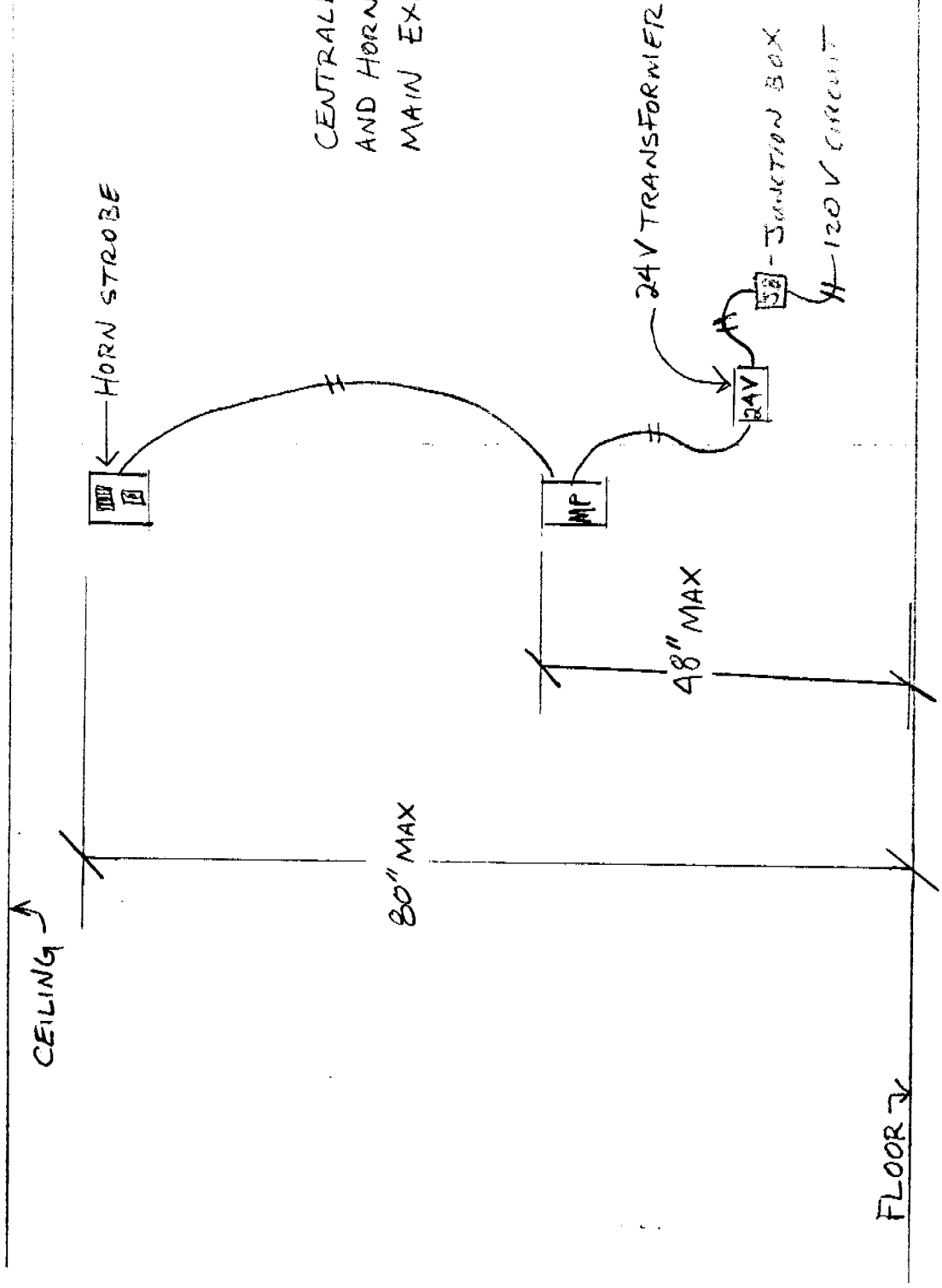
310.1.2 [For SFM] In Group R, Division 2 Occupancies classified as Residential Facilities (RF), bedridden clients shall not be located above the first story.

310.1.3 [For SFM] Restraint shall not be practiced in Group R, Division 2 Occupancies.

EXCEPTION: Group R, Division 2 Occupancies which meet all the construction requirements for a Group I, Division 3 Occupancy.

120V CIRCUIT
SMOKE DETECTOR
EACH BED ROOM
AND HALLWAY

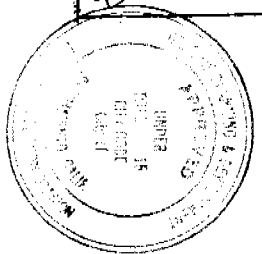
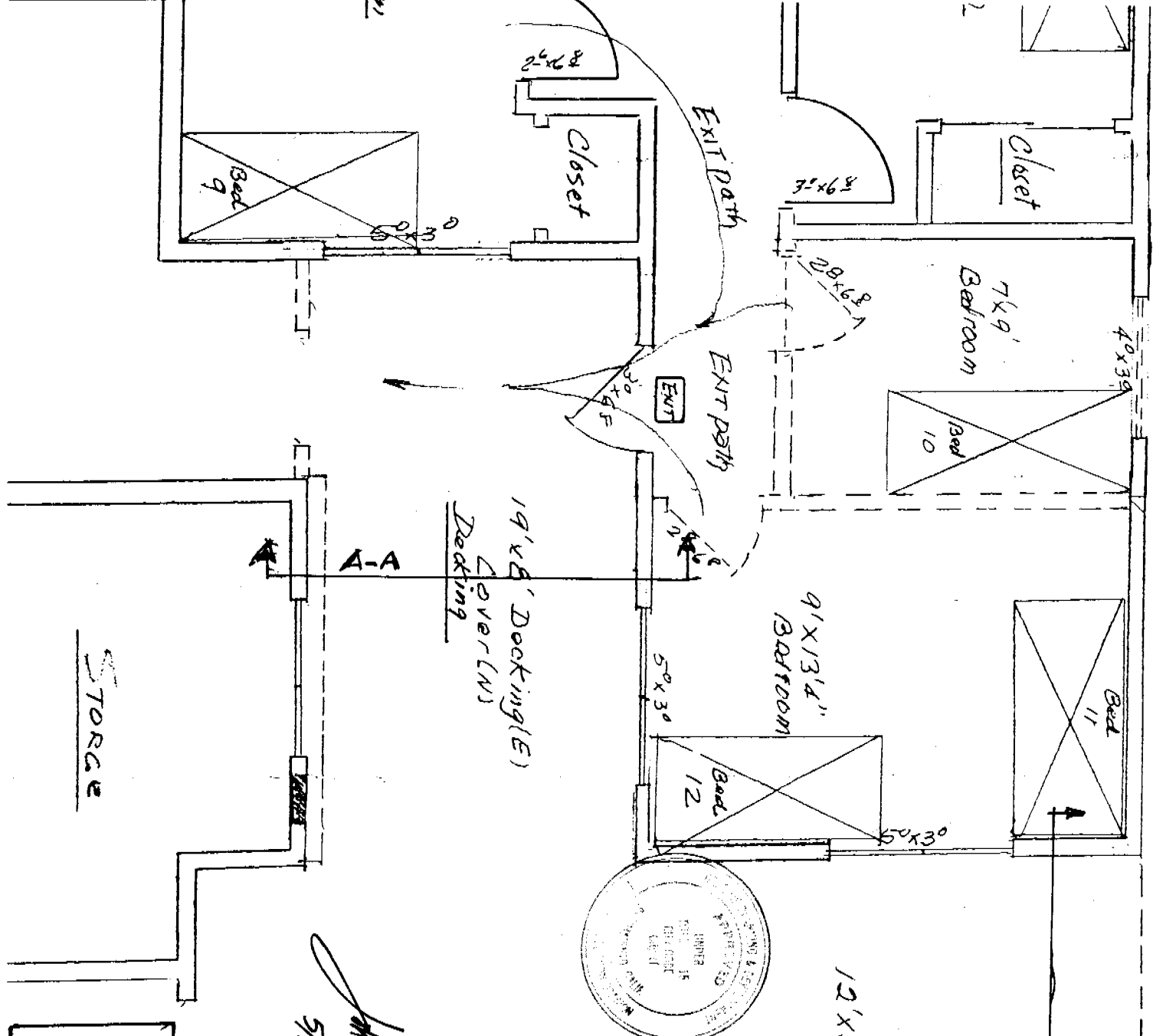
CENTRALLY PLACE MANUAL PULL
AND HORN STROBE NEAR THE
MAIN EXIT.



FACILITY NAME:

ADDRESS/CITY:

OWNER/PHONE NO.:



12' x 26' Deck

This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.
 The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.
 CITY OF SACRAMENTO
 PERMIT ASSISTANCE

MAY 24 2001

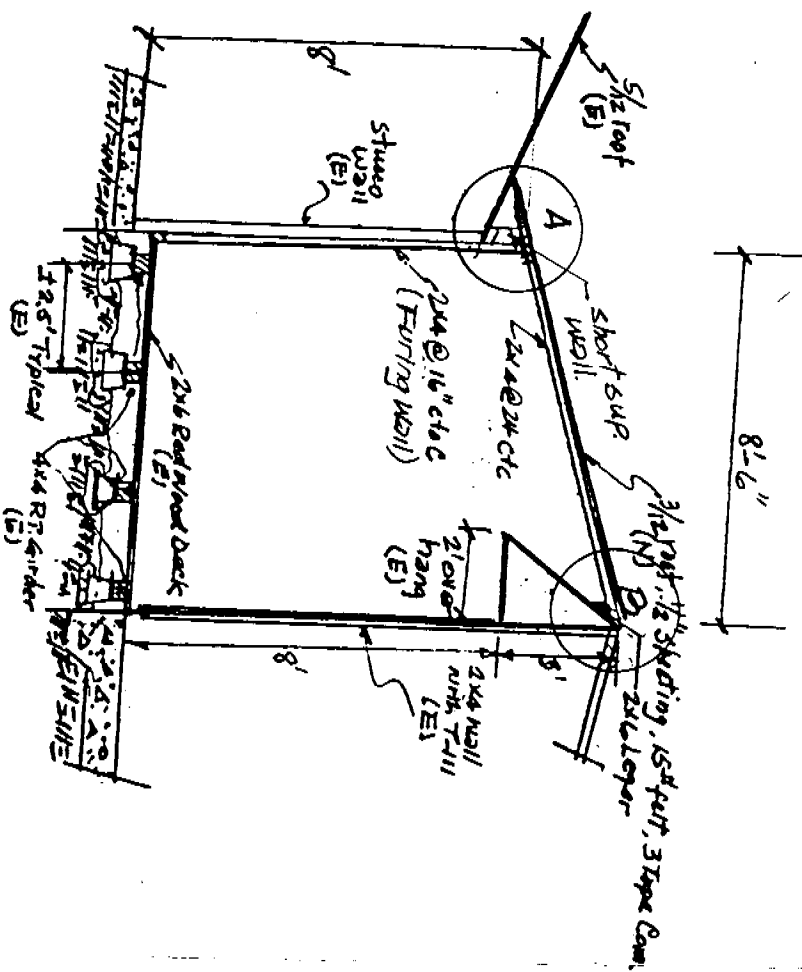
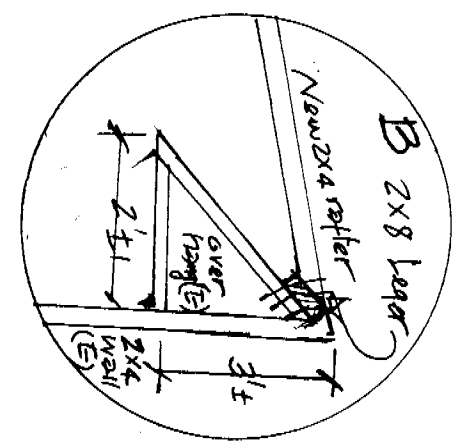
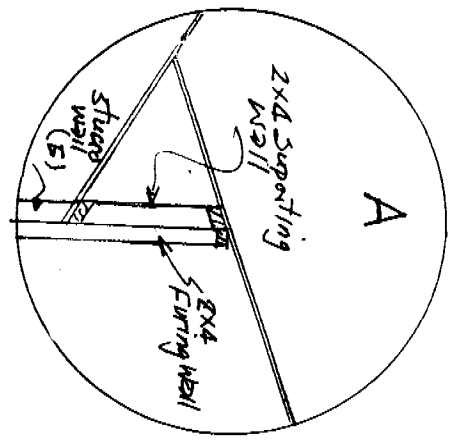
RECEIVED

John Yang
 5/24/01

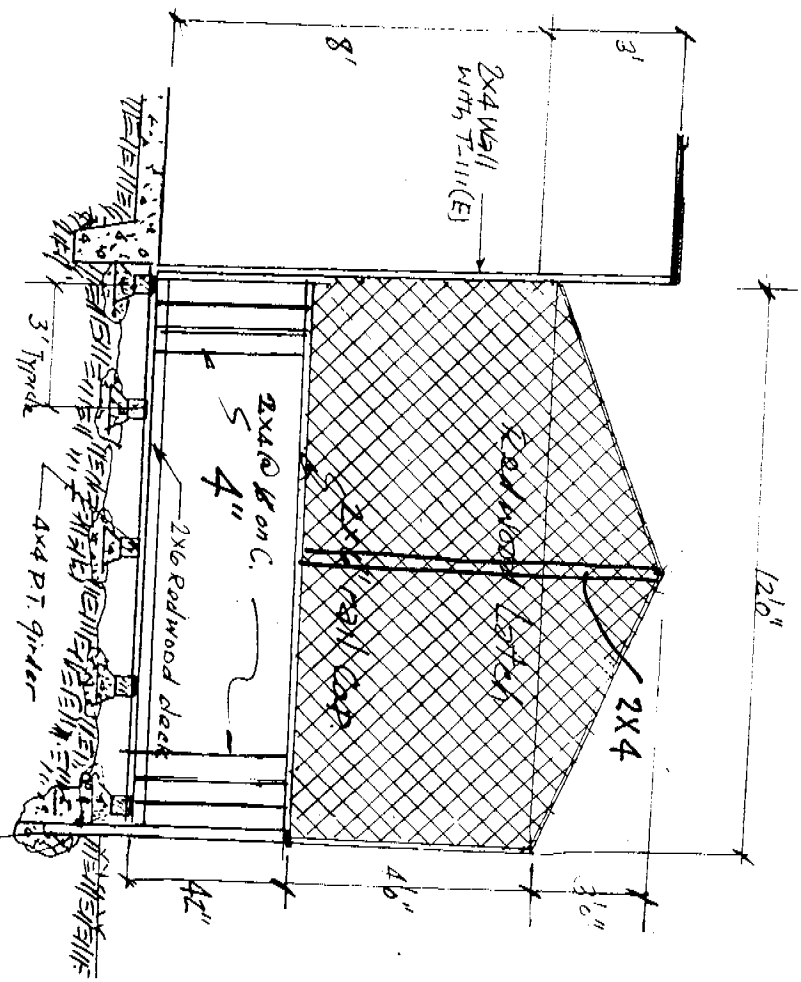
Detail see Section B-B

12" rail same as Section B-B

1801 34th Street
 Sacramento, Ca 95820
 Permit # 2000-10096



Section A-A'
Scale 1/4" = 1'-0"



Section B-B'
Scale 1/4" = 1'-0"

4801 34th Street
Sacramento Ca. 95820
Permit # 2004-10096