

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0009382**  
**Insp Area: 1**

**Site Address: 820 24TH ST SAC**  
Parcel No: 007-0025-008

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

**CONTRACTOR**

**OWNER**  
MCKNIGHT ROBIN S  
820 24TH ST  
SACRAMENTO CA 95816

**ARCHITECT**

**Nature of Work: REMODEL INT. STRUCTUAL WALLS & ADD & RELOCATE WINDOWS**

**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 11/7/00  Owner Signature David E Hamilton

**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 11/7/00  Applicant/Agent Signature David E Hamilton

**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 11/7/00  Applicant Signature David E Hamilton

**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.**

Date of Request: 8/11/00  
By: \_\_\_\_\_

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

Project Address: 820 24<sup>TH</sup> ST SACRTO 95816

Assessor's Parcel Number: 007 00 25 008

Previous Use: MEDICAL OFFICES (PRE-PURCHASE)

Description of Request Proposed Use: SINGLE FAMILY RESIDENCE  
w/ ATTACHED GARAGE

Is This a Change of Use? YES - ZONED R3a - PURCHASED AS HOME

Zoning Designation: R3a

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

Comments: RECO CASE - APPROVED BY PLUM -  
INTERIOR WORK ONLY - FEELBACKS EXISTING,  
EXISTING FOOTPRINTS IN PLANNING

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

APPROVED  
RECO-CAT  
8/11/00

Planning Review by/Date: [Signature]

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

MICROFILM AFTER FINAL

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 Robert S Hamilton

Job Address 820 24th St X DATE 11/7/00

Permit No: 0000382



**WALLACE - KUHL & ASSOCIATES INC.**  
 GEOTECHNICAL ENGINEERING - CONSTRUCTION TESTING

3050 Industrial Blvd.  
 PO Box 1137  
 West Sacramento  
 California 95691  
 916-372-1434

DATE: 5-17-01		OR NO: 9640.87		WEATHER:		TEMP: ° at: AM		° at: PM	
PROJECT:				Technician I <input type="checkbox"/>		Staff E/G <input type="checkbox"/>			
LOCATION:				Technician II <input type="checkbox"/>		Project E/G <input type="checkbox"/>			
TYPE OF WORK:				Technician III <input type="checkbox"/>		Senior E/G <input type="checkbox"/>			
Inside 50 mi. radius <input type="checkbox"/>		Outside 50 mi. radius <input type="checkbox"/>		Nuclear Densities <input type="checkbox"/>		Principal E/G <input type="checkbox"/>			
PERSONNEL		REG HRS	OT HRS	TOTAL HRS	TRAVEL	ON JOB	VEHICLE		MILES
				2.5			# 36		

**OBSERVATIONS:**  
 On site for load testing of  
 installed 5/8" alk-threads (5-total)  
 at two interior walls.  
 Anchors tested to 7350 LBS  
 (75%). One failure  
 removed and visually  
 inspected. Area was cleaned and bleared.  
 SET-22 epoxy used.  
 deficiencies.  
 (1-total) and one observed  
 yellow spray paint.

O.K. [Signature] 5/17/01

**FIELD REPORT**

Signature: [Signature]