



CITY OF SACRAMENTO

www.cityofsacramento.org
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
 Inspection Request: 1-916-808-7622

Downtown Permit Center
 New City Hall
 915 I Street, 3rd Floor
 Sacramento, CA 95814

North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834

Permit No. 0616842
 Date Applied 10/26/2006
 Type Residential
 Subtype Minor
 Category Duplex

Permit Address 531 WILSON AV
 SACRAMENTO CA
 Site Location

Parcel No. 26202110030000

Owner NATIONAL CHURCH RESIDENCES
 OF SACTO CA
 2335 NORTH BANK DR
 COLUMBUS, OH

Valuation \$ 75,000.00

Fee Items	# of Each	Amount
Permit-Building-Com	1	\$899.00
Strong Motion	1	\$15.75
City Business Oper Tax	1	\$30.00
Bldg-Technology Surcharg	1	\$35.96
General Plan Surcharge	1	\$44.25
Total		\$1,024.96

ISSUED
CITY OF SACRAMENTO
MAY 18 2007
DOWNTOWN PERMIT
CENTER

LICENSED CONTRACTOR'S 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: B License Number: 810970
 Date: 7/31/08 Contractor: JDS Builders Group

OWNER-BUILDER DECLARATIONS
 I hereby affirm that I am exempt from the Contractor's License Law (C.L.L.) for the following reason (Sec. 7031.5 B&P 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/she is licensed pursuant to the provisions of C.L.L. Chapter 9 (commencing with Sec. 7000) of Division 3 of the B&P Code) or that he/she is exempt there from and the basis for the alleged exemption. Any violation of Sec. 7031.5 by any applicant for a permit subjects the applicant to civil penalty of not more than five hundred dollars (\$500):

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 B&P Code: The C.L.L. does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his 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 did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractor(s) to construct the project (Sec. 7044, B&P Code: The C.L.L. does not apply to an owner of property who holds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the C.L.L.)

I am exempt under Sec. _____ B & P.C. for this reason:

Date: _____ Owner: _____

WORKERS COMPENSATION DECLARATION
 I hereby affirm that I have a certificate of consent to self-insure, or a Certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec 3800, Labor Code).
 Policy Number: Company: State Fund 713-002540-07
 Certified copy is hereby furnished.
 Certified copy is filed with the city building inspection department or city Sacramento department.
 Date: 5/18/07 Applicant: JDS Builders Group

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to construction. I hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

Date: 5/18/07 Applicant or Agent: [Signature]

Description of Work:
 reroof-1/0, 30 yr dim comp--replace windows/ doors-- replace hot water--siding repair-heater/lav and sink, drains/ gfcis for kitchens--new hvac split system units-- (for bldg 3)--PER DESIGN REVIEW
 CONDITION--(see attached)

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



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New City Hall - Fax # 916-808-1901 North Permit - Fax # 916-808-8370

Permit # _____ **FAXBACK MINOR PERMIT APPLICATION** Date: 10/10/04

Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. 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.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM

Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

Job Address: 521 WILSON AVE, BLDG #3 Bldg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 CONTACT INFO Name: PAUL FAIR Phone #: 530.795.0213 Email: BRUN123@AOL.COM Contract Price 12,000 -
 Property Owner: NATIONAL CHEST RESIDENCES OF SACRAMENTO, INC. Contractor: JOS BUILDERS GRP License #: 810970
 Address: 2335 N. BANK DR. Address: 7 EAST MAIN ST. City/State/Zip: WHITERS, CA 95694
 City/State/Zip: COLS, OHIO 43220 Phone: 530.795.0213 Fax: 530.795.5662
 Phone: (614) 451-2151 Pre-Registered? YES NO Registration # _____

Description of Work: RE-ROOF, SIDING REPAIR, REPLACE WINDOWS & EXT. DOORS, REPAIR PTAC, HWY, W.C., LAV
SINK SUPPLIES & DRAINS, INSTALL GF'S IN KITCHENS

<input checked="" type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: <u>30 YR LAM DIM.</u> <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<input type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input checked="" type="checkbox"/> New <input type="checkbox"/> Heat Pump <input checked="" 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: \$ _____	<input checked="" type="checkbox"/> Water Heater (Residential Only) <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input checked="" type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termite Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mud sill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input checked="" type="checkbox"/> Re-wire <u>NEW GF'S IN KITCH.</u> <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"/> PG&E • NOTE Correction Notice items will require an additional building permit.
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Office Use Only: Parcel #: _____ Date Received: _____ Date Issued: _____ Processor's Initials: _____ Permit #: _____

FaxBack Minor Permit



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ROOFING QUESTIONNAIRE

Applicant's Name: SHERRY SEILER Phone: (916) 821-1110
Project Address: 521 WILSON AVE, BLDG #3 Phone:

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

1. ROOFING TYPE

a. [X] The existing roofing material is composition shingle, wood shake or shingle, tile or metal. The new roofing material will be:

- Existing Proposed
[] [X] 30 year laminated dimensional composition
[] [] Wood shake or shingle
[] [] Tile
[] [] Metal that simulates one of the above listed materials

b. [] The new roofing material will be:

- Existing Proposed
[] [] Built up
[] [] Foam
[] [] Membrane

2. GUTTERS

- a. [] The existing gutters are fascia gutters.
[] There is no change proposed to existing gutters.
[] New fascia gutters shall be provided.
[] Gutters shall be repaired and/or replaced to match existing.
b. [] The existing gutters are Ogee gutters.
[] There is no change proposed to existing gutters.
[X] New Ogee gutters shall be provided.
[] Gutters shall be repaired and/or replaced to match existing.
c. [] There are no existing gutters.
[] No new gutters are proposed.
[] New Ogee gutters shall be provided.

3. RAFTER TAILS

- a. [] There are no exposed rafter tails.
b. [] There are no existing gutters.

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: [Handwritten Signature]

Date: 10/10/06

FOR CITY STAFF USE ONLY

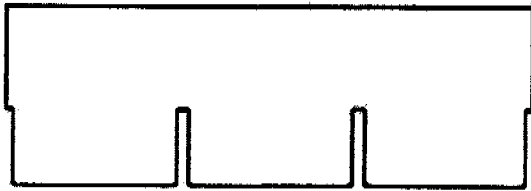
Counter Staff: _____

- [] In a DR District. Meets DR criteria? [] Yes [] No (route to DR staff)
[] In a P area or listed (route to P staff)
[] Not in a DR or P area

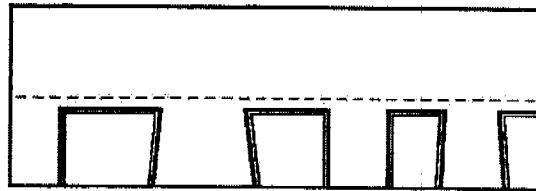


CITY OF SACRAMENTO RE-ROOF PERMIT DESIGN REVIEW GUIDE

COMPOSITION ROOFING MATERIALS

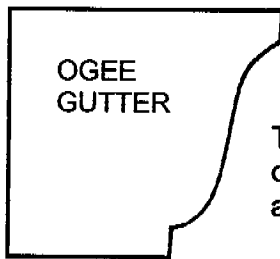


Three-tab NOT ALLOWED
in Design Review Areas



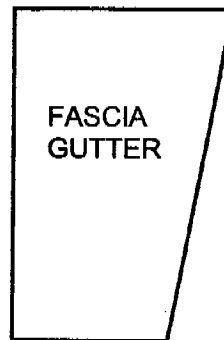
Laminated Dimensional
minimum 30-year required

GUTTER TYPES



OGEE
GUTTER

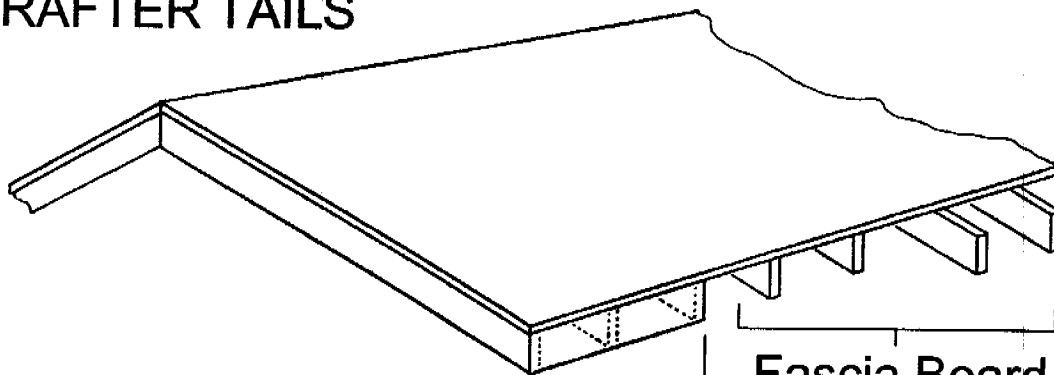
Typical of
older style
architecture



FASCIA
GUTTER

Typical of
newer 'modern'
architecture

RAFTER TAILS



covering ends
of Rafters

Fascia Board Exposed
Rafter Tails



CITY OF SACRAMENTO
CALIFORNIA

DEVELOPMENT SERVICES
DEPARTMENT

915 I STREET, 3rd Floor
SACRAMENTO, CA 95814

PHONE 916-808-5656

FAX 916-808-7480

STAFF LEVEL PROJECT REVIEW


DR Number: DR06-101
Address: 2624 Traction Avenue
Description: Exterior Rehabilitation
Staff Contact: Matthew Sites, 808-7646

Applicant/Owner: Tim Swiney
Date Filed: April 10, 2006
Date Approved: July 27, 2006
APN: 263-0172-009, -010, -011

STAFF ACTION AND CONDITIONS OF APPROVAL:

Staff has reviewed the proposed project, and approves it with the following conditions of approval:

1. Roofing shall be a minimum of 30-year laminated dimensional composition shingles.
2. Aluminum fascia gutters and downspouts shall be painted a complementary color to match paint scheme.
3. Repair existing T1-11 with new T1-11 to match existing where damaged. Prime and paint new T1-11 to match existing.
4. All windows shall be single or double hung wide frame vinyl with decorative trim, sill and grid.
5. Columns at front entry of Community Building shall be a minimum of 6" X 6" with a decorative built-out base.
6. Fiber-cement fish scale siding shall be provided in new gable elements on the Community Building.
7. Front entry doors shall have raised panel design.
8. Decorative light fixtures shall be provided at front entry.
9. HVAC louvers shall be painted to match field color.
10. No roof mounted mechanical equipment is allowed.
11. No building permit shall be issued until the expiration of the 10 day appeal period. If an appeal is filed, no permit shall be issued until final approval is received.
12. The applicant and the owners of all properties adjoining the subject property have the right to appeal this decision to the Design Review and Preservation Board. Appeals must be filed within 10 days of written notice of the staff action.
13. All other notes and drawings on the final plans as submitted by the applicant are deemed conditions of approval. Any changes to the final set of plans stamped by Design Review staff shall be subject to review and approval prior to any changes. Applicant shall comply with all current building code requirements.


Luis R. Sanchez, AIA
Design Review Director