

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

**Permit No: 9909347**  
**Insp Area: 1**

**Site Address: 5358 J ST SAC**  
Parcel No: 008-0172-007

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

CONTRACTOR

OWNER  
JIM GARLAND  
2622 RIVERPINE CT  
CARMICHAEL, CA 95608

ARCHITECT

**Nature of Work: NEW SFR**

**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 5-24-2000 Owner Signature Jim Garland

**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 5-24-2000 Applicant/Agent Signature Jim Garland

**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 State Fund 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 Jim Garland Applicant Signature 5-23-2000

**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: \_\_\_\_\_  
By: \_\_\_\_\_

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 5358 I Street

Assessor's Parcel Number: 008 0172 007

Previous Use: None

Description of Request/Proposed Use: Single Family House

Is This a Change of Use? No

Zoning Designation: R-1

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

Comments: Plans meet setback requirements  
Not in design review area

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: J. Wilcox 8/20/99

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

MICROFILM AFTER FINAL

\* 2/1/97

Date of Request: 1/3/00  
By: \_\_\_\_\_

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

Project Address: 5358 J Street

Assessor's Parcel Number: \_\_\_\_\_

Previous Use: None

Description of Request/Proposed Use: New Resid.

Is This a Change of Use? \_\_\_\_\_

Zoning Designation: R-1

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

Comments: \_\_\_\_\_

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: [Signature] 1-3-00

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

MICROFILM AFTER FINAL

# Certification of Compliance

## School District Development Fees

*(Print or Type) If Printing, press hard for four copies*

**PART I To be completed by the APPLICANT**

OWNER'S NAME James J. [unclear]  
 OWNER'S ADDRESS 2022 Riverline ST San Manuel Ca 95606  
 PROJECT ADDRESS 53rd ST Street  
 PARCEL NUMBER \_\_\_\_\_ LOT NO. \_\_\_\_\_  
 SUBDIVISION NAME \_\_\_\_\_  
 NUMBER OF UNITS 1

*Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.*

APPLICANT'S SIGNATURE [Signature]  
 TITLE OF APPLICANT \_\_\_\_\_  
 DATE 5-22-00 PHONE NUMBER \_\_\_\_\_

**PART II To be completed by BUILDING DEPARTMENT**

PLAN IDENTIFICATION NUMBER 7709347  
 BUILDING TYPE  
 RESIDENTIAL  APARTMENT/CONDOMINIUM ( ) COMMERCIAL/INDUSTRIAL ( )  
 SQUARE FEET OF CHARGEABLE BUILDING AREA 1740  
 SIGNATURE [Signature]  
 TITLE Building Inspector DATE 5-22-00

**PART III To be completed by SCHOOL DISTRICT**

SCHOOL DISTRICT 96000  
 DISTRICT CERTIFICATION NO. 1737  
 EXEMPT \_\_\_\_\_ COMMENTS \_\_\_\_\_

|                       |             |            |                            |      |                |
|-----------------------|-------------|------------|----------------------------|------|----------------|
| RESIDENTIAL/APT/CONDO | <u>1140</u> | SQ FT X \$ | <u>1.72</u>                | = \$ | <u>2992.80</u> |
| COMMERCIAL/INDUSTRIAL |             | SQ FT X \$ |                            | = \$ |                |
| OTHER FEE             | TYPE        | SQ FT X \$ |                            | = \$ |                |
| TOTAL FEES COLLECTED  |             |            | <u>05-22-00A11:06 RCVD</u> | = \$ | <u>2992.80</u> |

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 district 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.

**AUTHORIZED SCHOOL DISTRICT OFFICIAL**

SIGNATURE \_\_\_\_\_  
 TITLE \_\_\_\_\_ DATE 5/22/00

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 5358 J Street A.P.N. \_\_\_\_\_

Applicant Information

Name Jim Garland  
Address 2622 Riverpine Ct  
Carmichael Ca 95806  
Phone 916-485-7900

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)

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 Jim Garland Title Owner

Signature James Garland Date 5-22-2  
Owner or Contractor

**PART III** (To be completed by staff)

What is the acreage of the parcel to be built on? 0.15 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?  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: Matt P. Date: 5/22/0

Building permit #: 9909347R

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

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) yes
2. I (have/have not) have 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 |
|-------|---------|-------|--------------|
| _____ | _____   | _____ | _____        |
| _____ | _____   | _____ | _____        |
| _____ | _____   | _____ | _____        |

X Signed Tom Garland

X Job Address 5258 2 St X Date 5.23.2008

Permit No: \_\_\_\_\_

# FLOOD ZONE DETERMINATION

FLOOD ZONE: AR EL. 32'

Date: \_\_\_\_\_

1. Name of Owner(s): \_\_\_\_\_

2. Address: 5358 J ST.

3. City: \_\_\_\_\_ State: \_\_\_\_\_ -Zip Code: \_\_\_\_\_

4. FIRM: Community, Panel Number: 060266 / 0010 F

5. APN Number: 008 - 0472 - 007

6. Location of Property: \_\_\_\_\_

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

|   |                    |  |  |
|---|--------------------|--|--|
| SECTION A - PROPERTY OWNER INFORMATION  |                    | For Insurance Company Use:   |  |
| BUILDING OWNER'S NAME<br><b>JIM GARLAND</b>   |                    | Policy Number  |  |
| BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.<br><b>5358 J Street</b>             |                    | Company NAIC Number  |  |
| CITY<br><b>SACRAMENTO</b>   | STATE<br><b>CA</b> | ZIP CODE<br><b>95819</b>   |  |
| PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)<br><b>APN 008-0172-007</b>                   |                    |  |  |
| BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)<br><b>Residential</b> |                    |  |  |
| LATITUDE/LONGITUDE (OPTIONAL)<br>(##°-##'-###" or ##.#####)   |                    | HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type):<br><input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: _____ |  |

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

|  |                        |  |  |                                |   |
|--|------------------------|--|--|--------------------------------|---|
| B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER<br><b>CITY OF SACRAMENTO 060266</b> |                        | B2. COUNTY NAME<br><b>SACRAMENTO</b>       |  | B3. STATE<br><b>CA</b>         |   |
| B4. MAP AND PANEL NUMBER<br><b>060266 001D</b>                                 | B5. SUFFIX<br><b>F</b> | B6. FIRM INDEX DATE<br><b>July 6, 1998</b> | B7. FIRM PANEL EFFECTIVE/REVISED DATE<br><b>July 6, 1998</b> | B8. FLOOD ZONE(S)<br><b>AR</b> | B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)<br><b>32</b> |

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  
 FIS Profile  FIRM  Community Determined  Other (Describe): \_\_\_\_\_

B11. Indicate the elevation datum used for the BFE in B9:  NGVD 1929  NAVD 1988  Other (Describe): \_\_\_\_\_

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
Designation Date: \_\_\_\_\_

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number \_\_\_\_\_ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO  
Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.  
Datum \_\_\_\_\_ Conversion/Comments \_\_\_\_\_

Elevation reference mark used \_\_\_\_\_ Does the elevation reference mark used appear on the FIRM?  Yes  No

|   |                        |  |
|---|------------------------|--|
| <input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)                     | _____ ft.(m)           | License Number, Embossed Seal, Signature, and Date |
| <input type="checkbox"/> b) Top of next higher floor  | _____ ft.(m)           |  |
| <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)              | _____ ft.(m)           |  |
| <input type="checkbox"/> d) Attached garage (top of slab)   | _____ ft.(m)           |  |
| <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building     | _____ ft.(m)           |  |
| <input type="checkbox"/> f) Lowest adjacent grade (LAG)   | _____ ft.(m)           |  |
| <input type="checkbox"/> g) Highest adjacent grade (HAG)  | _____ ft.(m)           |  |
| <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade | _____                  |  |
| <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h                 | _____ sq. in. (sq. cm) |  |

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.  
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.  
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

|                  |      |                |          |
|------------------|------|----------------|----------|
| CERTIFIER'S NAME |      | LICENSE NUMBER |          |
| TITLE            |      | COMPANY NAME   |          |
| ADDRESS          | CITY | STATE          | ZIP CODE |
| SIGNATURE        | DATE | TELEPHONE      |          |



# ELEVATION CERTIFICATE

## FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077

Expires July 31, 1999

ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR). You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form.

Instructions for completing this form can be found on the following pages.

| SECTION A PROPERTY INFORMATION  | FOR INSURANCE COMPANY USE |                          |
|---|---------------------------|--------------------------|
| BUILDING OWNER'S NAME<br><u>Jim Garland</u>   | POLICY NUMBER             |                          |
| STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER<br><u>2622 Rivermont Camichael, Ca.</u> | COMPANY NAIC NUMBER       |                          |
| OTHER DESCRIPTION (Lot and Block Numbers, etc.)<br><u>APN 008-0172-007</u>  |                           |                          |
| CITY<br><u>Camichael, Ca</u>  | STATE<br><u>Ca</u>        | ZIP CODE<br><u>95608</u> |

### SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM (See Instructions):

| 1. COMMUNITY NUMBER | 2. PANEL NUMBER | 3. SUFFIX | 4. DATE OF FIRM INDEX | 5. FIRM ZONE | 6. BASE FLOOD ELEVATION<br>(in AO Zones, use depth) |
|---------------------|-----------------|-----------|-----------------------|--------------|---|
| <u>060266</u>       | <u>0010</u>     | <u>F</u>  | <u>July 6, 1998</u>   | <u>AR</u>    | <u>32</u>   |

7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE):  NGVD '29  Other (describe on back)
8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE:  feet NGVD (or other FIRM datum—see Section B, Item 7).

### SECTION C BUILDING ELEVATION INFORMATION

1. Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 5 and 6 that best describes the subject building's reference level 8.
- 2(a). FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference level floor from the selected diagram is at an elevation of  feet NGVD (or other FIRM datum—see Section B, Item 7).
- (b). FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of  feet NGVD (or other FIRM datum—see Section B, Item 7).
- (c). FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is  feet above  or below  (check one) the highest grade adjacent to the building.
- (d). FIRM Zone AO. The floor used as the reference level from the selected diagram is  feet above  or below  (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown
3. Indicate the elevation datum system used in determining the above reference level elevations:  NGVD '29  Other (describe under Comments on Page 2). (NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)
4. Elevation reference mark used appears on FIRM:  Yes  No (See Instructions on Page 4)
5. The reference level elevation is based on:  actual construction  construction drawings  
(NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)
6. The elevation of the lowest grade immediately adjacent to the building is:  feet NGVD (or other FIRM datum—see Section B, Item 7).

### SECTION D COMMUNITY INFORMATION

1. If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest floor" as defined by the ordinance is:  feet NGVD (or other FIRM datum—see Section B, Item 7).
2. Date of the start of construction or substantial improvement \_\_\_\_\_