

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0607784  
Insp Area: 4  
Thos Bros: 278B4

**PAID**  
CITY OF SACRAMENTO

MAY 31 2006

Site Address: 3155 PENDLETON ST SAC  
Parcel No: 252-0330-016

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

CONTRACTOR  
R P WHITMORE CONSTRUCTION  
PO BOX 1442  
IONE, CA 95640

OWNER  
FLITSCH DENNIS G  
3155 PENDLETON ST  
SACRAMENTO, CA 95815

NEW CITY HALL

ARCHITECT

Nature of Work: REPLACE LAPSIDING & STUCCO WITH 8 SQRS HARDIBOARD

**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.

X License Class B License Number 830531 Date 5/31/06 Contractor Signature Rodney A Whit

**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 \_\_\_\_\_ Owner 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 above mentioned property for inspection purposes.

X Date 5/31/06 Applicant/Agent Signature Rodney A Whit

**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:

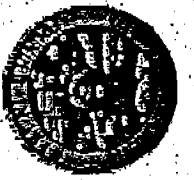
Carrier No Employees Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

\_\_\_\_ (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.

X Date 5/31/06 Applicant Signature Rodney A Whit

**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.**



**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DEPARTMENT**  
 BUILDING DIVISION  
 WWW.CITYOFSACRAMENTO.ORG  
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT  
 Inspection: 1-916-808-7622



Fax # 916-808-1901  
 Downtown Permit Center, New City Hall  
 915 I Street, 3rd Floor, Sacramento, CA 95814

North Permit Center  
 2101 Arma Blvd, Suite 200, Sacramento, CA 95834

Fax # 916-808-8370

Activity # 0607284  
*Area 4*

**FAXED PERMIT APPLICATION**  
 (certain restrictions apply)

Date: 5-31-2006

*Faxed request must be received in this office by 3:00 P.M. to be processed the following workday.*  
*Note: Contractors must have a current certificate of Worker's Compensation Insurance.*  
*Note: Work started before a Building Permit is issued will be subject to a red fee.*

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

RESIDENTIAL     APARTMENTS (4+ units per building)     COMMERCIAL (limited)

Job Address: 3155 Deerparkway St.    Unit # \_\_\_\_\_    Contract Price \$ 8600.00

Contact Person: Paul W. Johnson    Contact Phone: 916-716-6476    License # 830531

Property Owner: Dennis Pfeiffers    Address: PO Box 1142    City/State/Zip: Tamara Ca 95640    Phone: 209-274-4043    Fax: 209-274-4043

Nature of Work: (Provide detailed description of work & indicate type of work in sections below)  
 Description of Work: Remove and replace siding    9 Sides

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input checked="" type="checkbox"/> House <input type="checkbox"/> Garage # Stories: <u>2</u> # Squares: <u>8</u> Material: <u>Hardi board</u> <input checked="" type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco *Design Review approval may be required.	<input type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elec. unit to gas <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: Equipment: \$ _____ Cut-in: \$ _____ *Design Review approval may be required.	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Change-out <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termite Damage Repair (Describe Locations Below)	<input type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <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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City of Sacramento  
Development Services Department

**PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL**

ADDRESS: 3155 PENNINGTON STREET		APN: 252-0330-016
DRPB AREA / PUD / SDC: NORTH SACRAMENTO		ZONING: R-1
EXISTING LAND USE:		
PROPOSED USE: SIDING		
PLANNING STAFF WILL REVIEW FOR MORE OF THE ITEMS BELOW		
<input type="checkbox"/>	Planning review is not required.	
<input type="checkbox"/>	Use is NOT allowed by Ordinance. CANNOT submit for plan check.	
<input type="checkbox"/>	Requires APPLICABLE ORDINANCE: PC    ZA    IB    ER    DR    PB Required Planning Applications must be approved before project can be submitted for plan check.	
<input type="checkbox"/>	Application (FILED) IS COMPLETE. File Number: _____ Application must be approved before project can be submitted for plan check.	
<input checked="" type="checkbox"/>	Application(s) COMPLETED. File Number(s): _____ approval date: _____ OTC APPROVED 5-31-06 Building permit must conform to approved plans and comply with all conditions of approval.	
<input type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.	
<input type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.	
<input type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.	
<input type="checkbox"/>	Route to SITE for plan check and inspection.	
<input type="checkbox"/>	Route to SITE for inspection only, plan check not required.	
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.	
CONDITIONS AND COMMENTS: Applicant proposes to remove existing stucco and existing siding and install new Hardiplak horizontal lap siding at south elevation, dormers and laundry area. No change to setbacks, footprint, or lot coverage. No planning entitlements apparent at this time.		
DATE: 5-31-06	BY: Diana Parker	