

NOTE:

DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL, PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE

INSPECTION	INSPECTOR	DATE
110 FOUNDATION FORMS	✓	6-14-00
111 EXTERIOR GROUND	✓	
112 CONCRETE SLAB FORMS		
120 PLUMB UNDER FLOOR/SLAB		
130 MECH UNDER FLOOR/SLAB		
161 ELECT UNDERGROUND		
162 ELECT CONDUIT SLAB		

DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED

DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED

DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED

DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED

17MS3 SA. TYP	
P48	
E68	
567	

SWIMMING POOLS ONLY

929	
E79	
P59	
M39	
F94	

FINAL APPROVALS

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THIS PERMIT IS VALID FOR THE PERIOD OF 180 DAYS FROM THE DATE OF ISSUANCE. ANY WORK NOT COMPLETED WITHIN THIS PERIOD MUST BE REAPPLIED FOR. THIS PERMIT IS NOT VALID FOR THE PERIOD OF 180 DAYS FROM THE DATE OF ISSUANCE.

BUILDING SITE ADDRESS

4464 G ST. 4464 G St.

CITY

INSPECTION AREA

112

ASSESSOR PARCEL NO

004 302-009

COMMUNITY PLAN NO

95516 716-402-6555

NAME OF APPLICANT

CLARENCE PROSKE

ADDRESS

4464 G ST

ZIP CODE

95516

PHONE NO

716-402-6555

LICENSED CONTRACTOR

PROPERTY OWNER

CLARENCE PROSKE

NO. OF STORES

NO. OF ROOMS

ROOF COVERING

AREA 1ST FLOOR

TOTAL AREA

GARAGE AREA

PATIO AREA

USE ZONE

STREET WIDTH

LICENSE NO.

73519

716-402-6555

716-402-6555

716-402-6555

716-402-6555

THIS PERMIT IS FOR:

BUILDING

MECHANICAL

PLUMBING

ELECTRICAL

SITE

FIRE

OCCUP GROUP

NATURE OF WORK IN DETAIL

3377 S. 51st St. 51st St. Addition re case 5108 re 25-00000000

FLOOD STATUS

() SPECIAL CONDITIONS ATTACHMENTS:

CITY OF SACRAMENTO

BUILDING INSPECTION DIVISION

INSPECTIONS 264-5191

VALUATION \$ 203,000

ISSUED BY AS 6/15/00

DATE ISSUED

WORKER'S COMPENSATION DECLARATION

DATE ISSUED

6/15/00

BUILDING PERMIT FEE

\$

SEWER FEE

\$

WATER FEE

\$

PLUMBING FEE

\$

ELECTRICAL FEE

\$

MECHANICAL FEE

\$

FIRE FEE

\$

INSURANCE FEE

\$

PERMIT FEE

\$

TOTAL FEES

\$

00 0 4 5 6 3 R

Date of Request: _____

By _____

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

Address: 6 _____

Assessor's Parcel Number: 009 300 - 009

Legal Use: _____

Description of Request/Proposed Use: lot 100% lot 40%

Is this a Change of Use? _____

Zoning Designation: R-1

Other Approvals for Project Site (P#, Z#, DRPB#): _____

Comments: all considered

for 100% lot 40%

lot 100% lot 40%

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: 4/28/07
Mr. Smith

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

DO NOT REMOVE AFTER FINAL

GLAZING AREA TAKE-OFF

#	Size Nom.	Area	ORIENTATION			
			North	South	East	West
0	2'36"	2.166 31.66		6.33	65.33	
4	2'36"	4.366 13.66	9.33	9.33		
	5'03" CR	33				
TOTAL		33.3	9.33	15.666	65.33	
GLAZING REMOVAL						
2	3'46"	13 27			27	
2	2'36"	7 14			14	
	4'03"	14			14	
	5'06"	25			25	
TOTAL		80			80	

AREA OF ADDITION = 337 \square

337 x 6% ALLOWABLE GLAZING = 53.92 \square ALLOWED

53.92 + 80 \square GLAZING REMOVED = 133.92 \square

333 PROPOSED / 133.92

\therefore O.K.