

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0011637
Insp Area: 3

Site Address: 2850 19TH AV SAC
Parcel No: 019-0082-013

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

CONTRACTOR
UNIVERSAL MOBILEHOME
3213 ARROYO DR
FAIRFIELD CA. 94533

OWNER
LOPEZ ISABEL P/ROSEMARY L-
2850 19TH AV
SACRAMENTO CA 95820

ARCHITECT

Nature of Work: 1560 SF MFR HOME + 24 SF DECK LANDINGS

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 C-42 License Number 556 237 Date 11-15-00 Contractor Signature [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 _____ 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 abovementioned property for inspection purposes.

Date 11-15-00 Applicant/Agent Signature [Signature]

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 1558589-99 Exp Date 07/01/2001

_____, (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 11-15-00 Applicant Signature [Signature]

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.

Certification of Compliance School District Development

Part I - To be completed by the APPLICANT

Owner's Name/Address Rose Mezzueta
 Project Address 2850-19th Ave
 Parcel Number 019 0022 013 Lot No. _____
 Subdivision Name _____ No. of Units _____
 Applicant's Signature [Signature] Title Contractor
 Phone No. 707 459-9261 Date 10-15-00

Notice to Applicant: Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

Part II - To be completed by the BUILDING DEPARTMENT

Plan Identification Number 0011637R
 Building Type (check one) Residential Apartment/Condominium Commercial/Industrial
 Square Feet of Chargeable Building Area 575 sq ft
 Signature/Title [Signature] Date 11/8/00

Part III - To be completed by the SCHOOL DISTRICT

School District Sacto Unified Certificate No. 6922
 Exempt Comments _____
 Residential/Apartment/etc. 575 Square ft. x \$ 1.72 = \$ 989-
 Commercial/Industrial _____ Square ft. x \$ _____ = \$ _____
 Total fees collected.. 4,102.5 = \$ 989-

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 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.

Signature [Signature] Date 11/15/00

Date of Request: 9-29-00
By: DAOE Jackson

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 2850 19th AOE.

Assessor's Parcel Number: 019 0082 013

Previous Use: Dwellings

Description of Request/Proposed Use: install manufactured home on
Sac. Industry Foundation

Is This a Change of Use? No

Prior Applications for Project Site(P#, Z#, DRPB#): _____
Zoning Designation: R1

Comments: needs paved driveway
to garage (entire length)
Plans should be to
scale. This conceptual plan
looks okay - see need to scale

Are There Any Planning Issues?: (circle one) ~~YES~~ NO

- * Staff Site Plan Check Required? (Circle one) ~~YES~~ NO *see above*
- * Field Inspection Required? (Circle one) ~~YES~~ NO
- * Design Review/Preservation Required?: (Circle one) ~~YES~~ NO *(not a Des-Rev. area)*

Planning Review by/Date: [Signature] 9-29-00

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

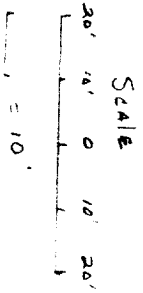
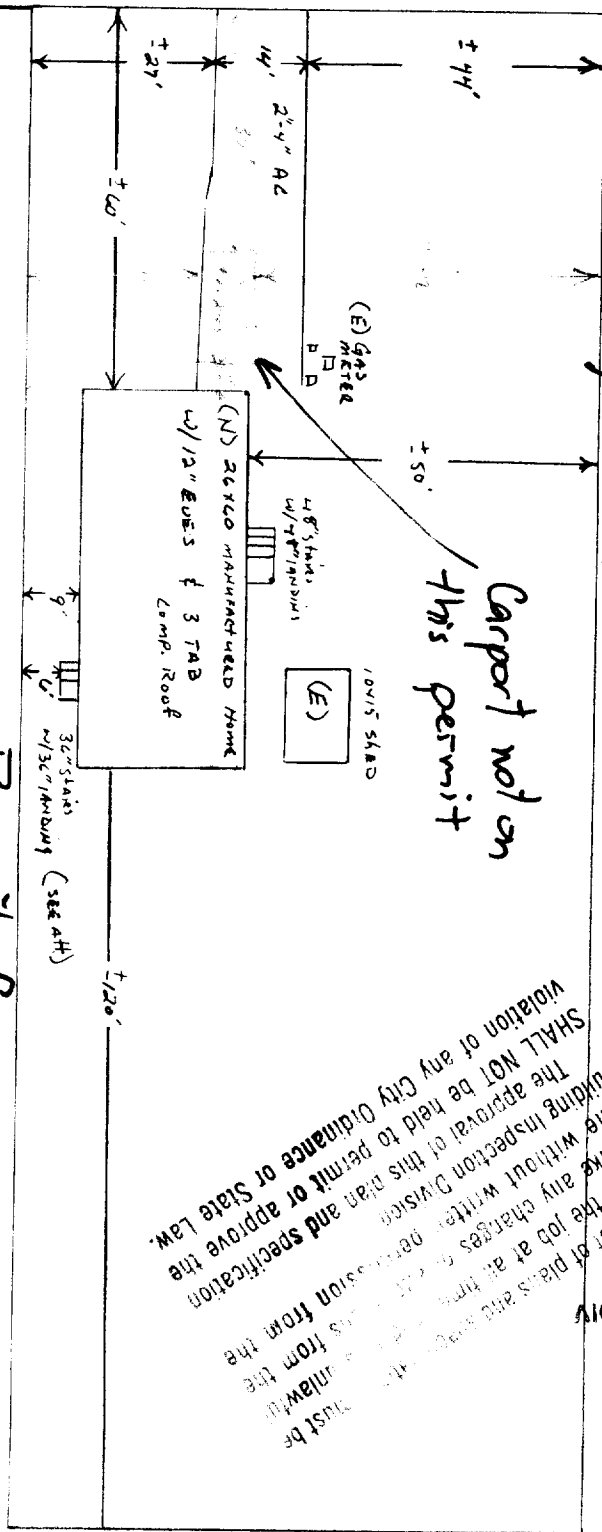
MICROFILM AFTER FINAL

To Franklin

19th AVE

→ MM 18 drainage to street req'd from pad.
 → All ground to slope away from foundation to street.
 → Elevation of pad req'd as necessary for this ± 270'

Carport not on this permit



SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.
 The approval of this plan and specification Building Inspection Division must be kept on the job at all times. This set of plans and specifications must be kept on the job at all times. This set of plans and specifications must be kept on the job at all times. This set of plans and specifications must be kept on the job at all times.

Permit for:

- ① 26' X 60' modular home
 - ② 2 entry porches + stairs
 - ③ Driveway req'd.
- Approved set-up manual to be provided to inspector on job, inspect prior to inspection on job.

AP# 019 0082 013

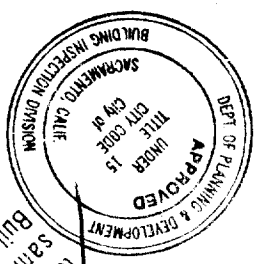
2850 19th AVE.

00011637R

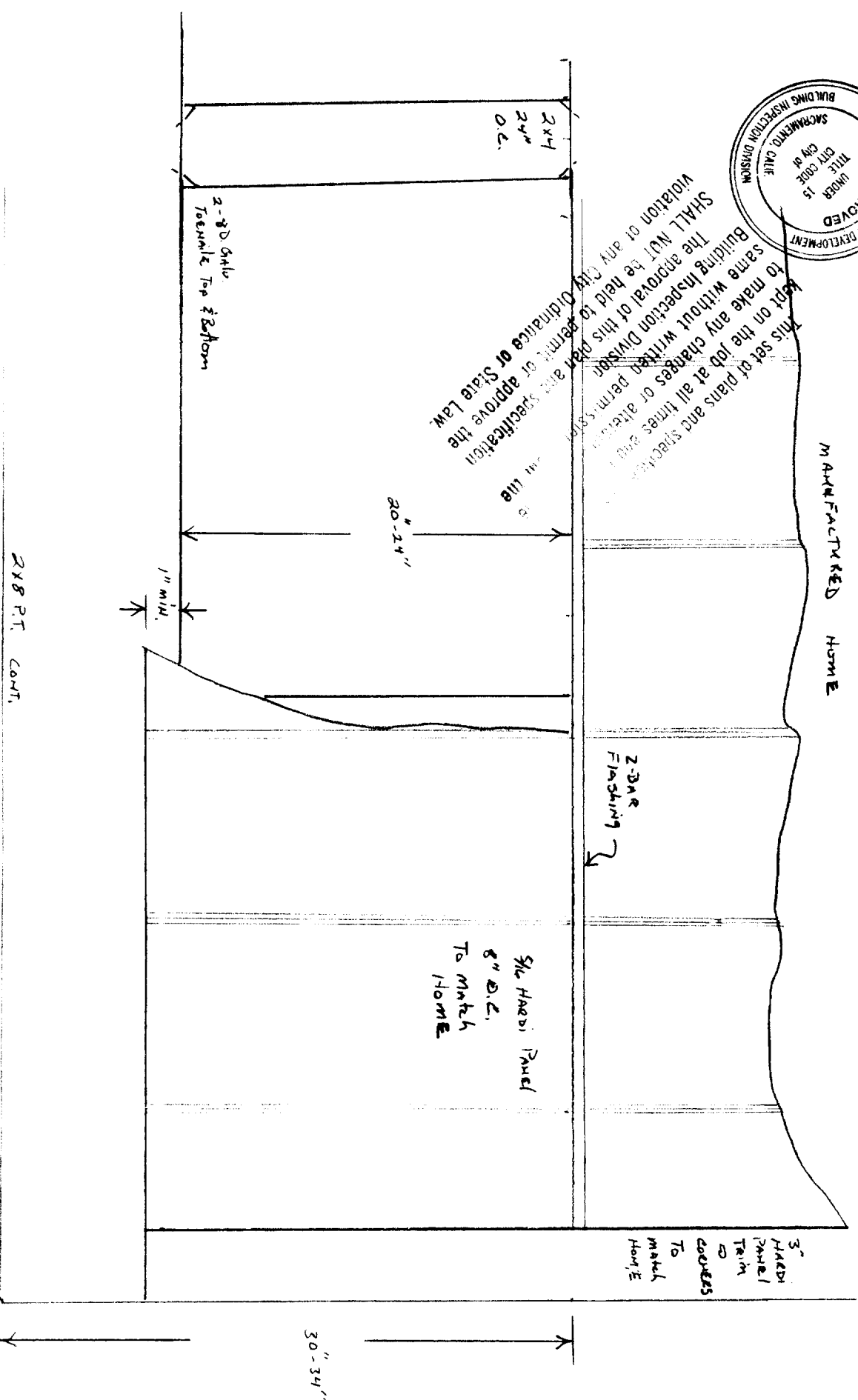
Reviewed by Matt P. 11/15/00

Skirting Detail -

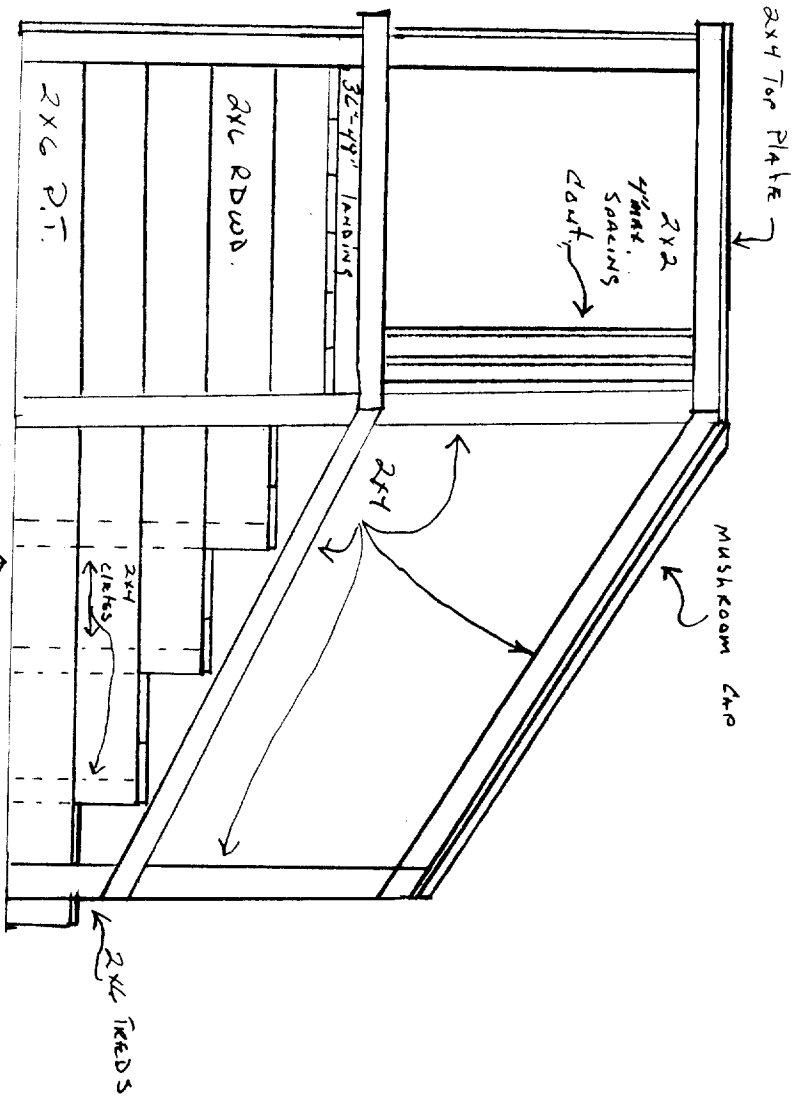
Notes: Skirting to = 1 1/2" max 150 3/8"
 Trim & Paint to match Home
 All water to drain away from Home @ 2% for 5' min



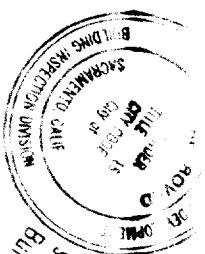
This set of plans and specifications is kept on the job at all times and no changes or alterations shall be made without written permission of the Building Inspection Division. The approval of this set of specifications shall not be held to permit or approve the violation of any City Ordinance or State Law.



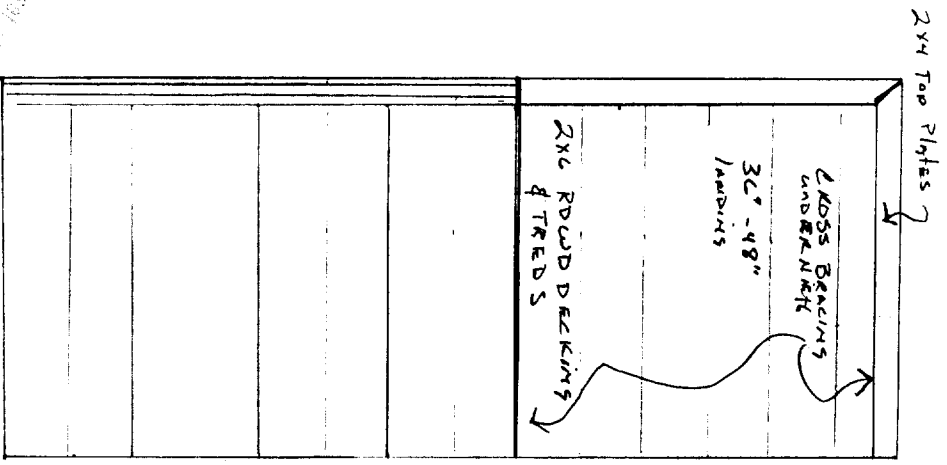
Stair Details



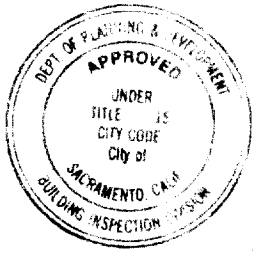
Stair Framing
 Double or 3x4
 Treads or 4x8"



THIS PLAN IS THE PROPERTY OF THE CITY OF SPRINGFIELD, MASSACHUSETTS. IT IS TO BE USED ONLY FOR THE PROJECT AND LOCATION SPECIFICALLY IDENTIFIED HEREON. IT IS TO BE RETURNED TO THE CITY OF SPRINGFIELD, MASSACHUSETTS, UPON COMPLETION OF THE PROJECT. ANY REUSE OR REPRODUCTION OF THIS PLAN WITHOUT THE WRITTEN PERMISSION OF THE CITY OF SPRINGFIELD, MASSACHUSETTS, IS PROHIBITED. THE CITY OF SPRINGFIELD, MASSACHUSETTS, DOES NOT WARRANT THE ACCURACY OF THIS PLAN. THE USER ASSUMES ALL LIABILITY FOR THE USE OF THIS PLAN. THE APPROVAL OF THIS PLAN BY THE CITY OF SPRINGFIELD, MASSACHUSETTS, DOES NOT CONSTITUTE A WARRANTY OF FITNESS FOR ANY PARTICULAR PURPOSE. THE CITY OF SPRINGFIELD, MASSACHUSETTS, DOES NOT ACCEPT LIABILITY FOR ANY DAMAGE, INCLUDING CONSEQUENTIAL DAMAGES, ARISING FROM THE USE OF THIS PLAN. THE CITY OF SPRINGFIELD, MASSACHUSETTS, DOES NOT ACCEPT LIABILITY FOR ANY LOSS OF PROFITS, REVENUE, OR BUSINESS OPPORTUNITY, ARISING FROM THE USE OF THIS PLAN. THE CITY OF SPRINGFIELD, MASSACHUSETTS, DOES NOT ACCEPT LIABILITY FOR ANY SPECIAL, INCIDENTAL, OR PUNITIVE DAMAGES, ARISING FROM THE USE OF THIS PLAN. THE CITY OF SPRINGFIELD, MASSACHUSETTS, DOES NOT ACCEPT LIABILITY FOR ANY OTHER DAMAGES, ARISING FROM THE USE OF THIS PLAN. THE CITY OF SPRINGFIELD, MASSACHUSETTS, DOES NOT ACCEPT LIABILITY FOR ANY OTHER LOSSES, ARISING FROM THE USE OF THIS PLAN. THE CITY OF SPRINGFIELD, MASSACHUSETTS, DOES NOT ACCEPT LIABILITY FOR ANY OTHER DAMAGES, ARISING FROM THE USE OF THIS PLAN.

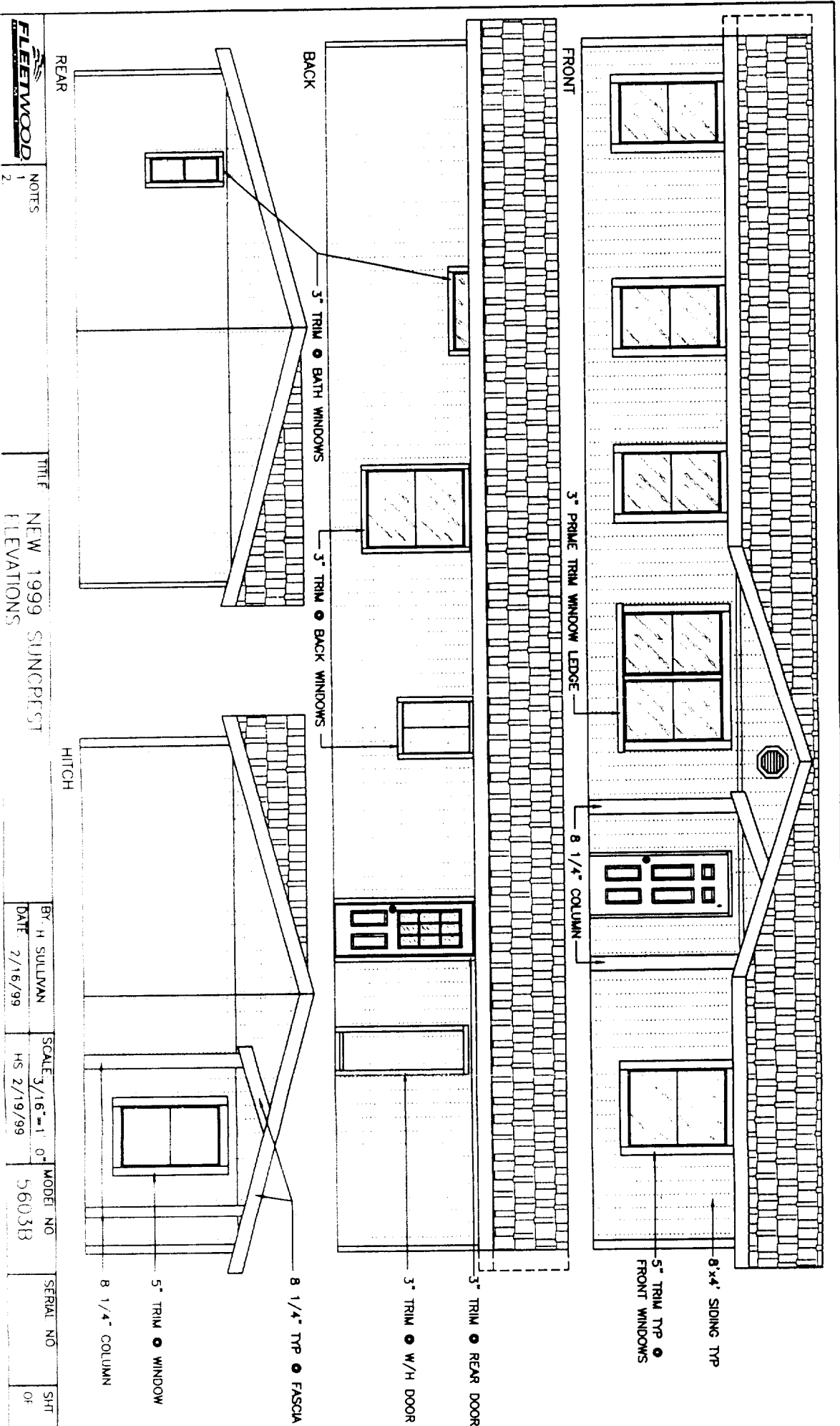


Notes: All material to be A.T. or R2UD, (Except mushroom cap)
 Max. Stair Rise 8"
 STD Run Double 2x4 or 11"
 Max Spacing pickets 4"



This set of plans and specifications shall be kept on the job at all times and shall not be used to make any changes or alterations to the same without written permission from the Building Inspection Division.

The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

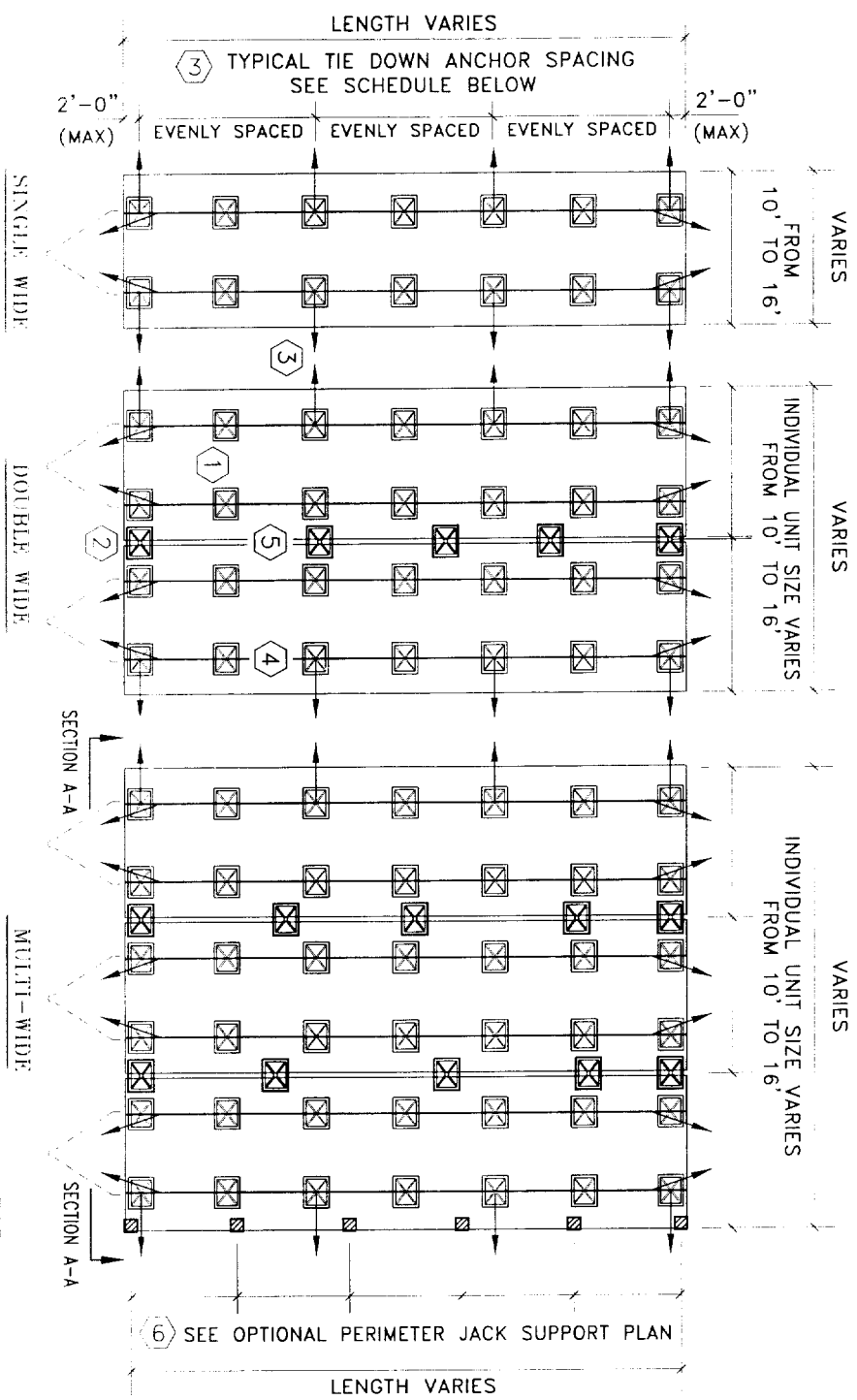


FLEETWOOD
NOTES
1
2

TITLE
NEW 1999 SUNCREST
ELEVATIONS

BY: H SULLIVAN	SCALE: 3/16" = 1' 0"	MODEL NO: 5603B	SERIAL NO:	SHT OF
DATE: 2/16/99	HS 2/19/99			

MANUFACTURED HOME PERMANENT FOUNDATION PLAN



TYPICAL CHASSIS SUPPORT AND TIE DOWN ANCHOR SCHEDULE

(1) CHASSIS SUPPORT SPACING

(2) MATING LINE SUPPORTS

(3) REQ'D NO. OF TIE DOWN ANCHORS

WIDTH	LENGTH	WIND LOAD	No. OF SIDE TIE DOWNS	No. OF END TIE DOWNS	Total No. OF TIE DOWNS
SINGLE 0'-7 1/2"	70 MPH	4	2	2	8
0'-7 1/2"	55 MPH	4	2	2	8
0'-7 1/2"	45 MPH	4	2	2	8
DOUBLE 0'-7 1/2"	70 MPH	4	2	2	8
0'-7 1/2"	55 MPH	4	2	2	8
0'-7 1/2"	45 MPH	4	2	2	8
MULTI 0'-7 1/2"	70 MPH	4	2	2	8
0'-7 1/2"	55 MPH	4	2	2	8
0'-7 1/2"	45 MPH	4	2	2	8

NOTE: SEE MANUFACTURER'S INSTRUCTIONS FOR MATING LINES AND LOCATIONS. SEE DETAIL #1 FOR SPECIFICATIONS.

NOTE: SEE MANUFACTURER'S INSTRUCTIONS FOR MATING LINES AND LOCATIONS. SEE DETAIL #2 FOR SPECIFICATIONS.

NOTE: SEE DETAIL #3 FOR SPECIFICATIONS.

(4) TYPICAL CHASSIS FRAME

(5) TYPICAL MATING LINE

(6) PERIMETER JACK SUPPORT

DETAIL 1

TYP. FLOOR JOIST

DETAIL 2

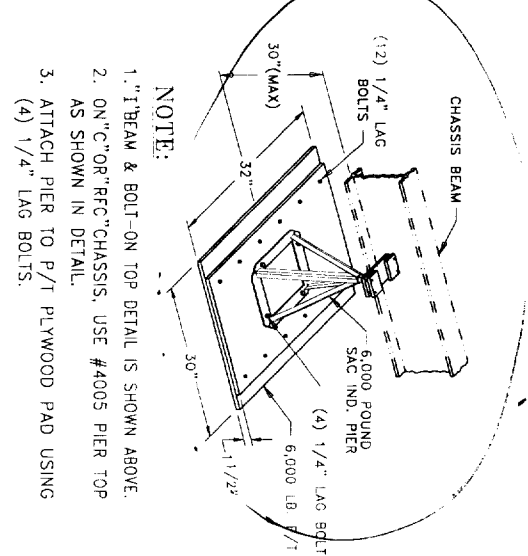
SECTION A-A

NOTE: A COMBINATION OF THE DIFFERENT TYPES OF THE DOWNS CAN BE USED.

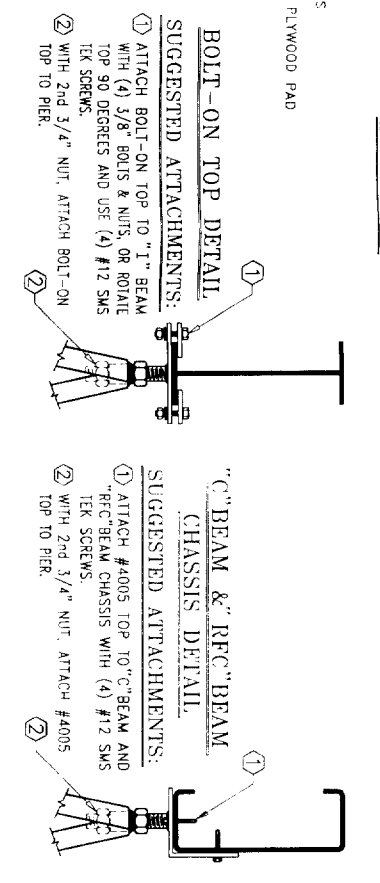
NOTE: SEE OPTIONAL PERIMETER ENCLOSURE PLAN FOR DETAILS.



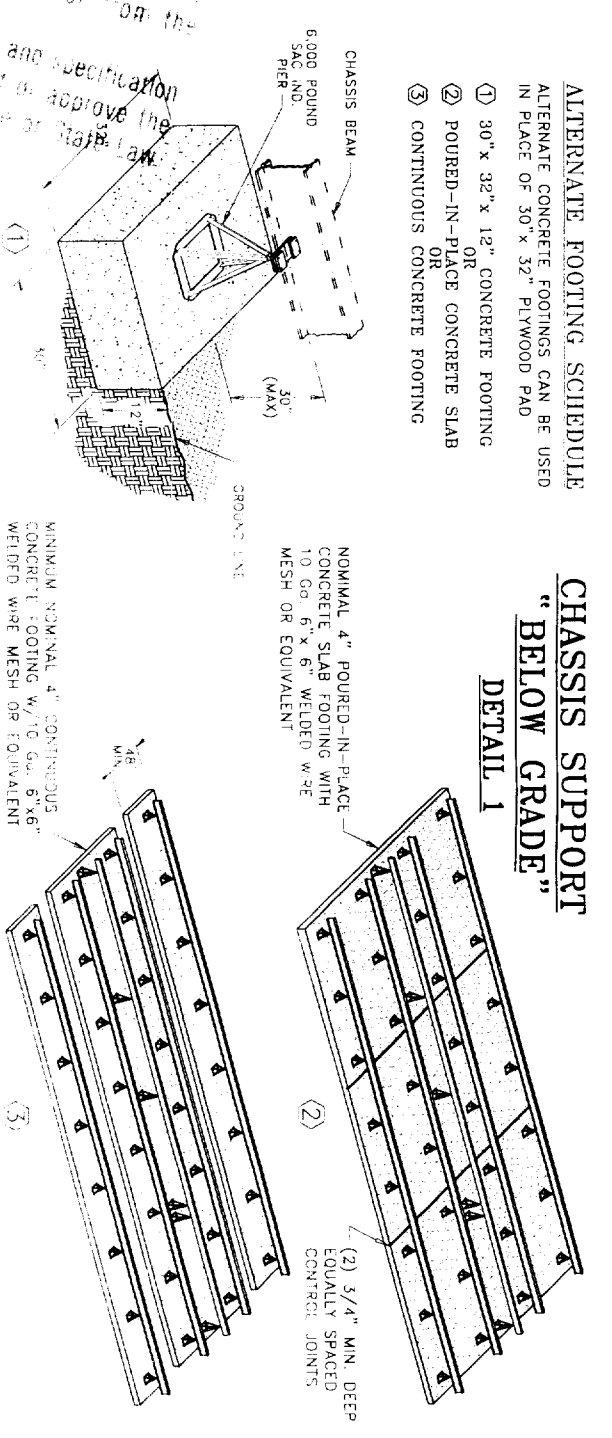
I hereby approve this plan and specification for the building in question. I am not held responsible for the violation of any City Ordinance or State Law.



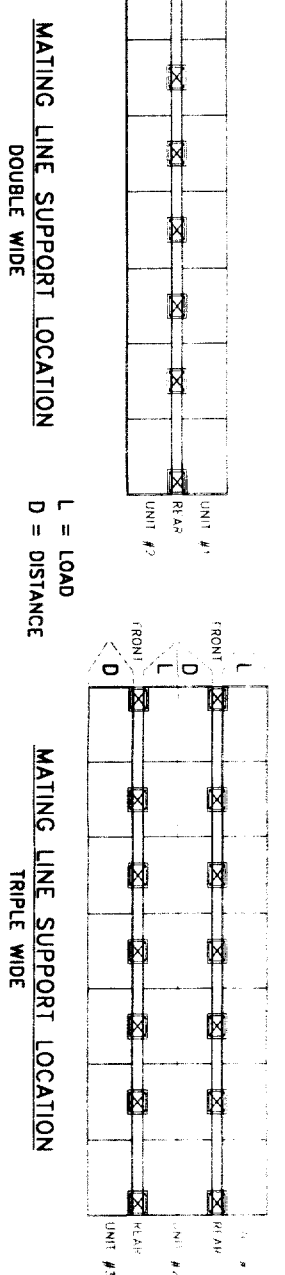
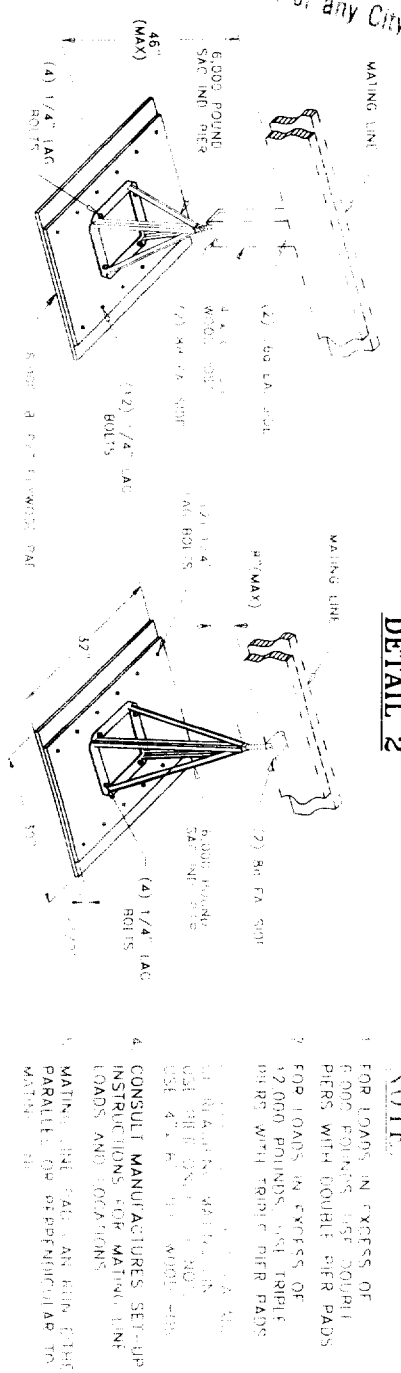
CHASSIS SUPPORT "ABOVE GRADE" DETAIL 1



CHASSIS SUPPORT "BELOW GRADE" DETAIL 1



MATING LINE SUPPORT DETAIL 2



RECORDING REQUESTED BY:

ORIGINAL
Accepted for Recording
COPY--NOT CERTIFIED

AND WHEN RECORDED MAIL TO:

DEC 05 2002

NAME Rosemary Laps - Mosqueda
STREET ADDRESS 2850-19th Ave
CITY, STATE and ZIP Sacto Ca 95820

Sacramento County
Clerk-Recorder

200212051073

SPACE ABOVE THIS LINE FOR RECORDER USE ONLY

**NOTICE OF MANUFACTURED HOME (MOBILEHOME) OR COMMERCIAL COACH,
INSTALLATION ON A FOUNDATION SYSTEM**

Recording of this document at the request of the local agency indicated is in accordance with California Health and Safety Code Section 18551. This document is evidence that such local agency has issued a certificate of occupancy for installation of the unit described hereon, upon the real property described with certainty below, as of the date of recording. When recorded, this document shall be indexed by the county recorder to the named owner of the real property and shall be deemed to give constructive notice as to its contents to all persons thereafter dealing with the real property.

Rosemary Laps - Mosqueda
REAL PROPERTY OWNER/LESSOR

City of Sacramento Planning + Bld
LOCAL AGENCY ISSUING PERMIT and CERTIFICATE OF OCCUPANCY Dept

2850-19th Ave
MAILING ADDRESS

2101 Arena BL #200
MAILING ADDRESS

Sacto, Ca 95820
CITY COUNTY STATE ZIP

Sacramento-Sacramento-Ca-95834
CITY COUNTY STATE ZIP

Same SAC. Co.
INSTALLATION MAILING ADDRESS, IF DIFFERENT

0011637
BUILDING PERMIT NO. TELEPHONE NUMBER

Same
CITY COUNTY STATE ZIP

Michelle n Buchinger 12-4-02
SIGNATURE OF LOCAL AGENCY OFFICIAL DATE

Same
UNIT OWNER (If also property owner, write "SAME")

D + D Homes
DEALER NAME (If not a dealer sale, write "NONE")

MAILING ADDRESS

1061581
DEALER LICENSE NO.

CITY COUNTY STATE ZIP

UNIT DESCRIPTION

Plotwood 9-13-2000 Suncrest
MANUFACTURER'S NAME DATE OF MANUFACTURE MODEL NAME/NUMBER

17A238365C12-13 60x26 RAD1286259260
SERIAL NUMBER(S) LENGTH X WIDTH INSIGNIA/LABEL NUMBER(S)

REAL PROPERTY LEGAL DESCRIPTION ASSESSOR'S PARCEL NUMBER 019-0082-013

The west 1/2 of lot 27 of Edward Coyle subdivision according to the office a Plot thereof filed in the office of the recorder of Sacramento County, California on September 26, 1924, in book of maps, map No. 13.

2850-19th Ave

DOUBLE WIDE

HCD FORM 433(A) Rev. 8/91



CERTIFICATE OF OCCUPANCY

BUILDING PERMIT NO. 0011637

Address or Location of unit 2850 19TH AVE SAC. TLA
Legal Description of Real Property 018-0082-013

A Mobilehome/Manufactured Home Commercial Coach has been affixed to the real property described above by installation on a foundation system pursuant to Health and Safety Code Section 18551.

Owner's name: ROSEMARY MOSQUEDA

Owner's address: 2850 19TH AVE

INSIGNIA OR HUD NUMBER: RAD1286259-60 SERIAL NUMBER OR V.I.N. 17A238365C1213

MANUFACTURER'S NAME FLEETWOOD YEAR OF MANUFACTURE: 9-13-2000

Nicholas A. Buckner (Official Approving Installation) 12-4-02 (Date) (916) 808-5920 (Phone)

HCD 513C 4/86

WHITE—Owner GREEN—HCD BLUE—Building Dept. YELLOW—Applicant

**NOTICE TO ASSESSOR
HCD 433(B) 4/86**

THIS FORM MUST BE COMPLETED BY THE OWNER OF A MANUFACTURED HOME MOBILEHOME OR COMMERCIAL COACH AND FORWARDED TO THE COUNTY ASSESSOR UPON COMPLETION OF THE INSTALLATION OF THE UNIT ON A FOUNDATION SYSTEM PURSUANT TO SECTION 18551 HEALTH AND SAFETY CODE.

ORIGINAL PURCHASE PRICE FOR:

1. The Basic Unit \$ 59,830
 2. Optional Equipment & Upgrades \$ 4,850.00 AC
 3. Subtotal \$ 64,680.00
 4. Accessories & Accessory Structures \$ 199.00
 5. Other (Specify) _____ \$ _____
 6. Delivery & Installation \$ _____
 7. TOTAL SALES PRICE \$ _____

Type of Exterior Wall Covering: Vinyl Siding
 (Metal, Wood, etc.)

Type of Roof Covering Composition
 (Metal, Wood, Composition, etc.)

Heating Type: Forced Air Floor or Wall

Air Conditioning: YES NO Tons _____

Evaporative Cooler: YES NO

Built-in Cooktop: YES NO

Built-in Oven: YES NO

Built-in Dishwasher: YES NO

Built-in Wet Bar: YES NO

Refrigerator: YES NO

Roof Overhang (Eaves): YES NO _____ inches

Furniture Included: YES NO Value \$ _____
 (LENGTH X WIDTH)

Carport: YES NO _____ X _____

Awning: YES NO _____ X _____

Porch: YES NO _____ X _____

Garage: YES NO _____ X _____

Shortage Shed: YES NO _____ X _____

Skirting: YES NO _____ LINEAL FEET

DOES THE BASIC PRICE INCLUDE:

The Towbar(s) YES NO
 Tires & Wheels YES NO
 Wheelhubs & Axle YES NO

LIST NUMBER OF ROOMS:

Bedrooms	<u>4</u>	Dining Room	<u>1</u>
Bath	<u>2</u>	Family Room	<u>1</u>
Kitchen	<u>1</u>	Utility Room	<u>1</u>
Living Room	<u>1</u>	Other Room	_____

The sales price as shown does not include any amount for any in-place location.

The Assessor's Parcel number of the installation site is 019-0082-013

DOUBLE WIDE

[Signature]
 (Signature)

2850 10th Ave
 Address

Santa, CA 95820

916 455-4681
 Telephone



Planning and Building Department

Building Division

CITY OF SACRAMENTO
CALIFORNIA

2101 ARENA BL, #200
SACRAMENTO, CA
95834

December 9, 2002

MEMORANDUM

TO: Angelina Childers
FROM: Carolyn Cooper, Building Inspections Division
SUBJECT: Manufactured Housing on a Permanent Foundation

The permit for the following manufactured home on a permanent foundation has been finalized. Please cut a check for \$11.00 per portable side for the following:

SUBJECT PROPERTY: 2850 – 19th Ave
TOTAL AMOUNT: \$22.00
CHECK PAYABLE TO: H.C.D.

Please send the check with the canary copy of the State Form HCD 433(a) and the green copy of State Form HCD 513(c) (both attached) to:

Department of Housing and Community Development
Division of Codes and Standards
P.O. Box 31
Sacramento, Ca 95801