

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0008942

Insp Area: 1

Site Address: 1505 F ST SAC
Parcel No: 002-0132-021

1507

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

CONTRACTOR

OWNER

AFFLECK DOROTHY
189 ORANGE BLOSSOM CIRCLE
FOLSOM CA. 95620

ARCHITECT

Nature of Work: REPLACE STAIRS.

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 8/5/00 Owner Signature Dorothy Ay

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 8/5/00 Applicant/Agent Signature Dorothy Ay

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 Exempt Policy Number _____ Exp Date _____

(This section need not be completed if the permit is for \$100,000 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 8/5/00 Applicant Signature Dorothy Ay

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.

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) _____
2. I (have/have not) _____ 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:

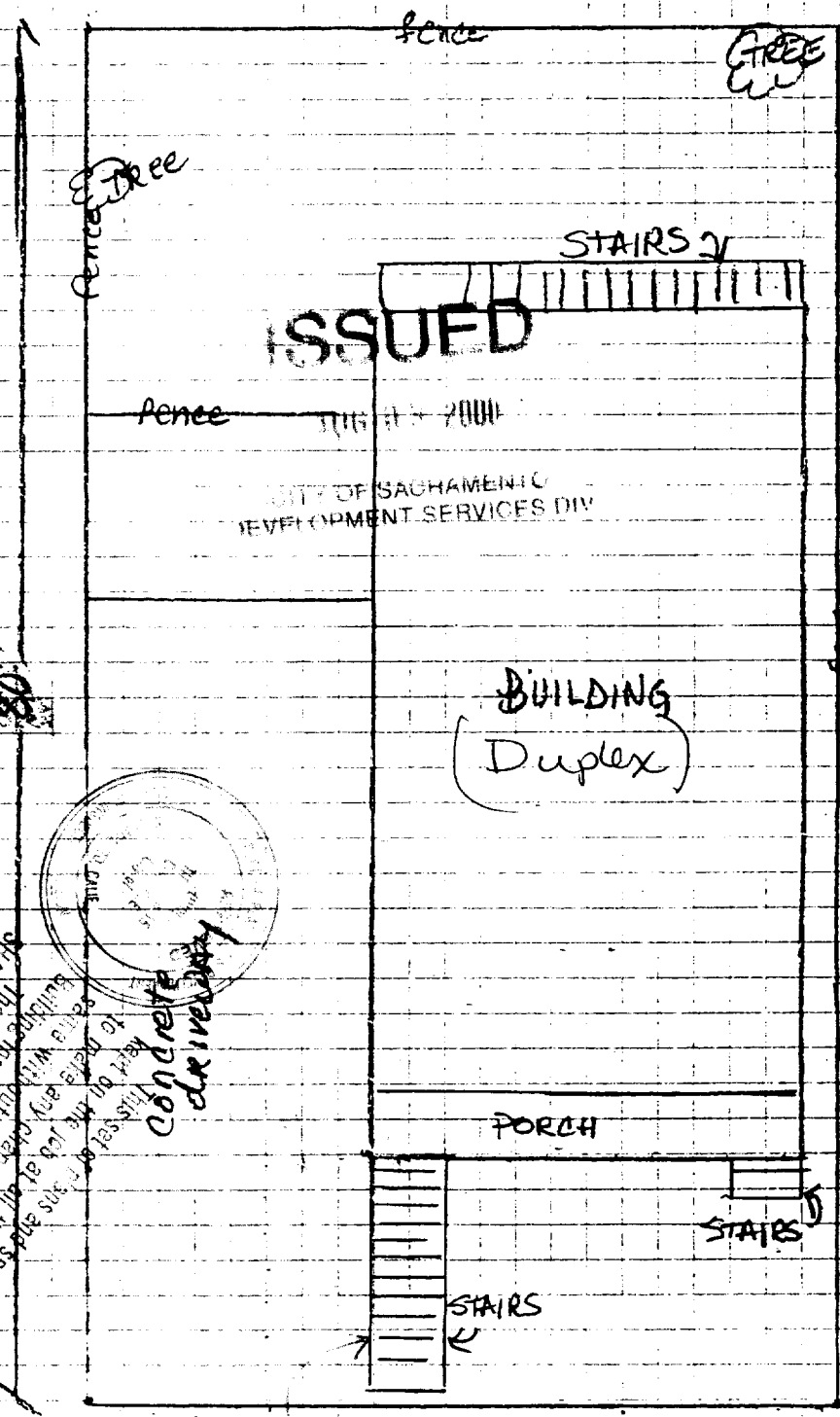
Name	Address	Phone	Type of work
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Signed Worobay Aff

Job Address 1505/1507 F Street SAE 95814

Permit No: 2008-1-1000

1505/1507 F STREET, SAC, CA 95814 PLOT PLAN



CITY OF SACRAMENTO PRESER' REVIEW	PB 00-040
PROJECT N.	APPROVED BY: <i>R. Jones</i>
APPROVAL DATE: 8-2-00	CONDITIONS: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

PB 00 040

RECEIVED

JUL 12 2000

CITY OF SACRAMENTO
CITY PLANNING DIVISION

SCALE: 1/4" = 2'

Must be
hand
grip
must
be
34"
min
to
38"
max
above
nose
of
stair
treads
top

TOP OF MUSHROOM
HAND GRIP MUST BE 34" MIN
TO 38" MAX ABOVE NOSE OF
STAIR TREADS TOP

40'
City
Tree

Owner
DOROTHY AFFLECK
916-485-6641

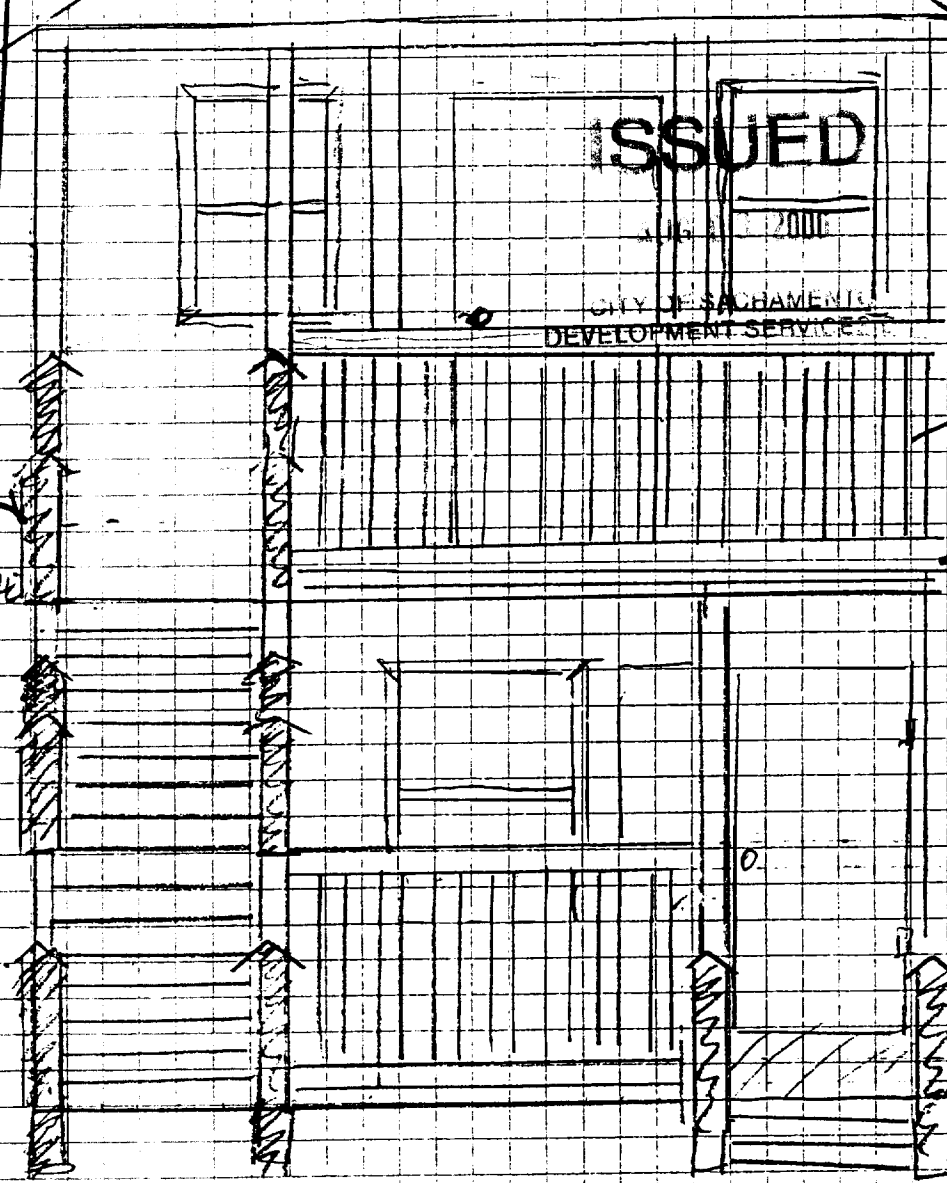
Reviewed by Matt P 8/30

REPLACE BALLISTERS / RUNNERS / STEPS AND RAILS

1505/1507 F ST.
SACRAMENTO CA 95814

DRY ROT
DAMAGE

DATE	PROJECT	APPROVED BY	APPROVAL DATE	Conditioned?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7/10/00	PB00-040	[Signature]	8-2-00	<input checked="" type="checkbox"/>	



4x4
POSTS
SEE PICTURE

REPLACE
WITH
1 1/2" x 2 1/2"
BALUSTERS

1x4"
Front &
back of
ballister

PB00 040

NOT TO SCALE

RECEIVED
JUL 12 2000
CITY OF SACRAMENTO
CITY PLANNING DIVISION

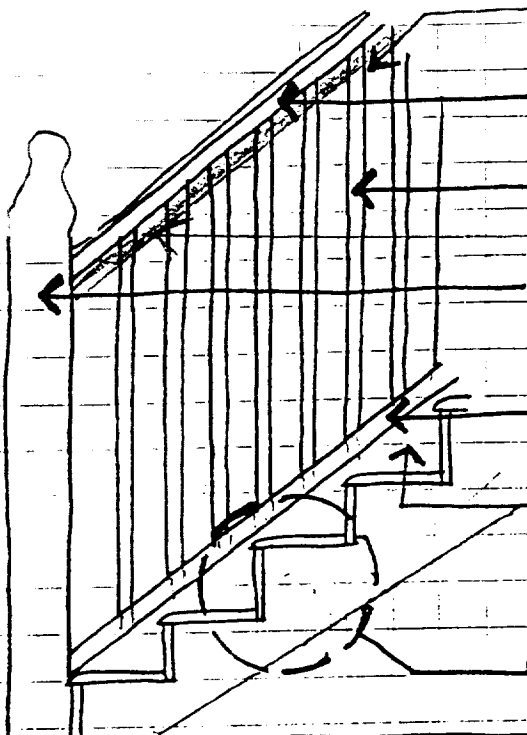
OWNER: DOROTHY
APFLECK
916-985-6647
P 916-321-7751

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7/10/00

MIN. STAIR WIDTH = 36"

LANDINGS MUST BE AT LEAST AS WIDE AS THE STAIRS



4" SPHERE CANNOT PASS THROUGH

2x4 TOP RAIL W/ EASED EDGE AND MUSHROOM HANDGRIP

1 1/2" x 2 1/2" BALLISTER 4" OC

1" x 4" SIDE OF BALLISTERS

4x4 decorative CAP (SEE PICTURES)

1" x 4" BOTTOM RAIL EACH SIDE OF BALLISTER

6" SPHERE CANNOT PASS THROUGH THIS AREA

(B)

NOTE: PAINT STREAKS

CITY OF SACRAMENTO PREPARED FOR REVIEW	PROJECT N. PB 00-040	APPROVED BY: <i>[Signature]</i>	APPROVAL DATE: 8-2-00	Conditioned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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(A) STAIRWAY
NOT TO SCALE

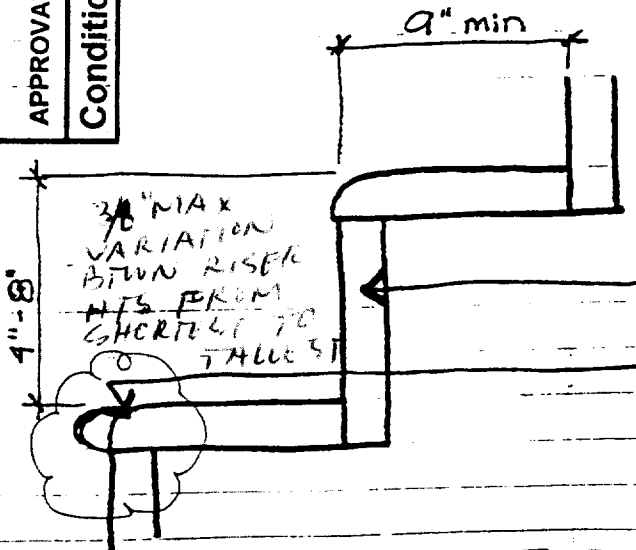
CITY OF SACRAMENTO
DEVELOPMENT SERVICES

5/4

RECEIVED

JUL 12 2000

CITY OF SACRAMENTO
CITY PLANNING DIVISION

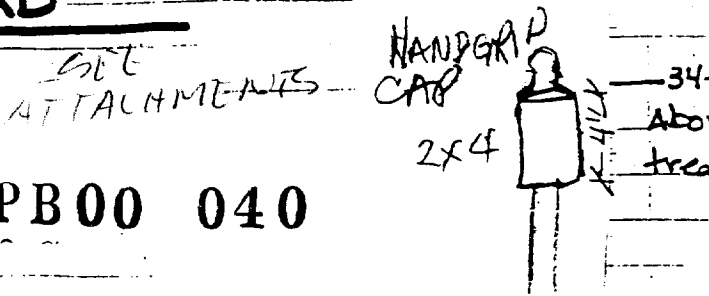


3/8" MAX VARIATION B/TWN RISER HTS FROM SHORTEST TO TALLEST

CLOSED RISERS

BULLNOSE TREADS (NOSING to project beyond riser f.f.)

(B) RISER/TREAD
NOT TO SCALE



DOROTNY AFFLECK
1505 1507 PST
SACRAMENTO CA

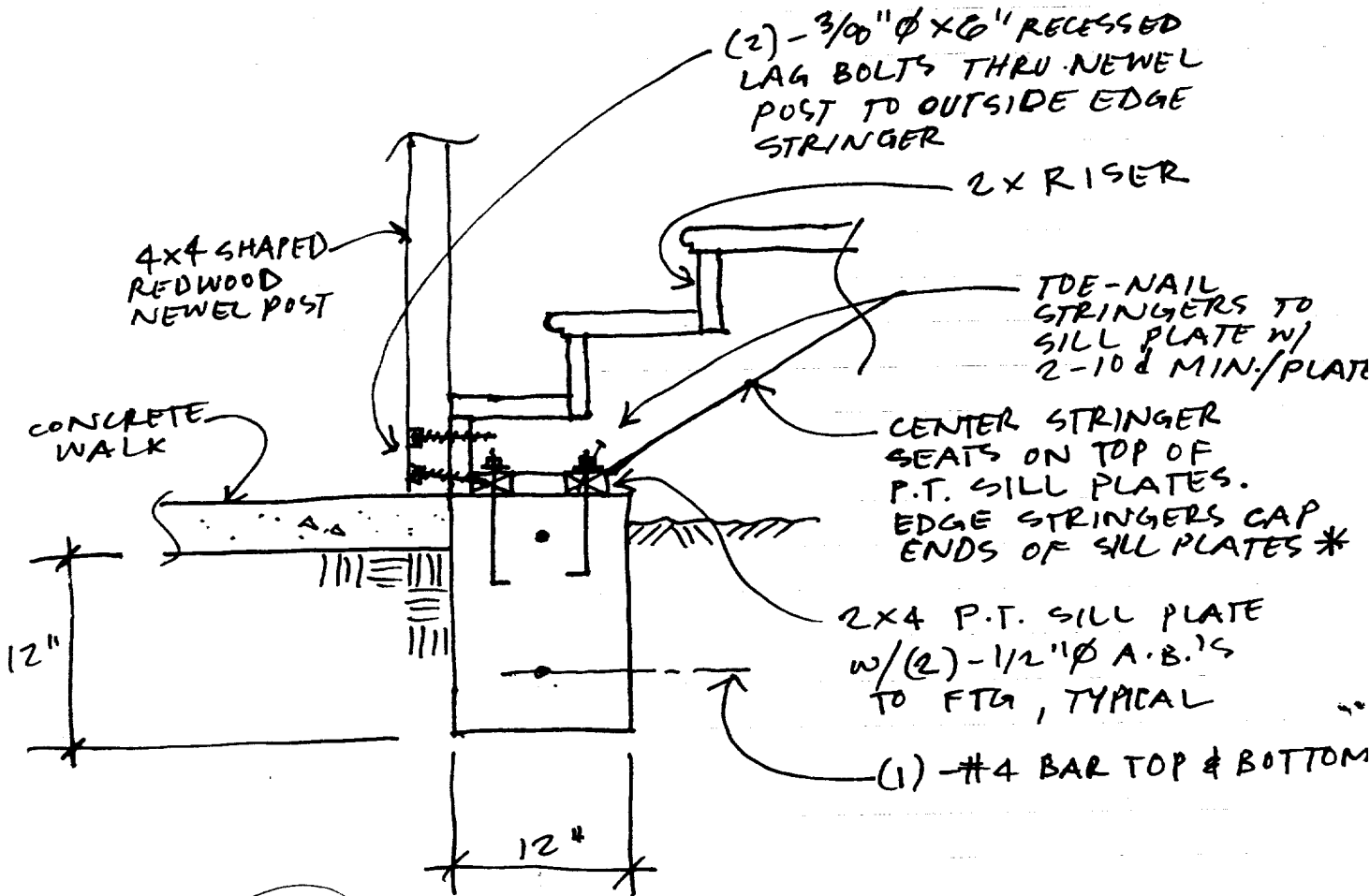
PB 00 040

985-6647

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HAND GRIPS

ATTACHMENT # 2



4

* ATTACH OUTSIDE EDGE STRINGERS TO TOP OF EACH 2x4 SILL PLATE W/ A34 (SIMPSON BRAND OR EQ.) FRAMING ANCHOR.

STAIR END FRAMING DETAIL

NO SCALE