

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0514151  
Insp Area: 3  
Thos Bros: 317G2

Site Address: 4050 8TH AV SAC  
Parcel No: 014-0212-002  
N

INPROGRESS INSPECTION REQUIRED

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

CONTRACTOR  
STEPHEN EDINBURGH  
15140 PEQUENO  
RANCHO MURIETA CA 95683

OWNER  
HIGGINS LATONYA  
262 E ALLENHURST ST  
LOS ANGELES, CA 90061

ARCHITECT

**Nature of Work:** Install new elec circuit in bedroom; repair dryrot where needed; kit rmdl; temp power, tear off & reside 13sqsq like for like, repair roof & c/o windows. SMOKE DETECTORS REQ'D

**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 669081 \_\_\_\_\_ 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 **ISSUED** subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

CITY OF SACRAMENTO

ML, 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.)

DOWNTOWN PERMIT CENTER

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 092105 \_\_\_\_\_ Owner Signature Maureen Smith

**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 improvement. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

CITY OF SACRAMENTO

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.

Date 092105 \_\_\_\_\_ Applicant/Agent Signature Maureen Smith

**WORKER'S COMPENSATION DECLARATION:** I hereby affirm under penalty of perjury one of the following declarations:  
ML 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 \_\_\_\_\_ 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 092105 \_\_\_\_\_ Applicant Signature Maureen Smith

**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.

# PERMIT SUMMARY DOCUMENT

**Bldg Residential Permit  
ISSUED**

Address: **4050 8TH AV SAC**      Date Issued: 09/14/2005      Area: 3  
 Permit #: **0514151**      Thomas Bros: 317G2  
 Location: INPROGRESS INSPECTION REQUIRED  
 APN: 014-0212-002

Owner: HIGGINS LATONYA      Contractor: STEPHEN EDINBURGH  
 262 E ALLENHURST ST      15140 PEQUENO  
 LOS ANGELES, CA      RANCHO MURIETA CA  
 90061      95683  
 Phone:      Phone: 916-689-5389

**JOB DESCRIPTION:**      Install new elec circuit in bedroom; repair dryrot where needed; kit rmdl; temp power, tear off & reside 13sqs like for like, repair roof & c/o windows. SMOKE DETECTORS REQ'D 2/2/06 ADDITIONAL WORK, r/r kitchen cabinets, sink & appliances. R/R 1st floor bath lav, wc, Btub. R/R 2nd floor lav, wc and install new tub. R/R drywall throught dwelling. R/R 40 gal water heater, R/R all siding throughout complying with design review mandate.

DBA:

<u>PlanChecker's Update Screen:</u>	<u>General Info Screen:</u>	Zoning: ??
Occupancy:	Change of Use:	DR: OAK PARK
Const Type:	Sub-Type: REM	Fed Code: 1A
Fire Spk/1hr sub:?? / ??	Activity Code: II	Balance: \$0.00
Flood Zone: X	Cert Req'd: N	
Square Footage: 0		

VALUATION: \$25,000.00      Reg San: \$0.00      School Fees Req'd: Y or N

BLDG Y      MECH N      PLBG N      ELEC Y      SITE      FIRE N

	<u>RES</u>	<u>BLDG</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>	<u>UTIL</u>	<u>PW</u>	<u>PLN</u>	<u>DR</u>	<u>PB</u>
Cycle #	0	0	0	0	0	0	0	0	0	0
Intake										
Target										
Complete			ELE		FIR	NSD	PW	PLN	DR	PB
Initials										

CONDITIONS:

City of Sacramento  
Development Services Department  
**PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL**

ADDRESS: 4050 8 <sup>th</sup> Avenue	APN: 014-0212-002
DRPB AREA / PUD / SPD: Oak Park Design Review	ZONING: R-1
EXISTING LAND USE: SFR	
PROPOSED USE: SFR-Rehab	
<b>PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:</b>	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC      ZA      IR      ER      DR      PB Required Planning application must be approved <i>before</i> project can be submitted for plan check
<input type="checkbox"/>	Application(s) IN PROGRESS:      File Number: Application must be approved <i>before</i> project can be submitted for plan check.
<input type="checkbox"/>	Application(s) COMPLETED:      File Number & approval date:      Over-the-counter September 21, 2005 Building permit must conform to approved plans and comply with all conditions of approval. Do NOT accept applications for a building permit prior to the end of the 10-day appeal period.
<input checked="" 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 <i>only</i> , plan check not required.
<input type="checkbox"/>	Preliminary review <b>ONLY</b> ; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
CONDITIONS AND COMMENTS:      Applicant proposes to repair and replace siding, roofing, ad windows. No change to foot print or setbacks. 10 day appeal period shall be waived.	
DATE: 9-21-05	BY: Andrea Di Matteo



**CITY OF SACRAMENTO  
CALIFORNIA**

PLANNING AND  
BUILDING  
DEPARTMENT  
PHONE 916-264-5381

1231 I STREET, ROOM 200  
SACRAMENTO, CA  
95814-2998  
FAX 916-264-7046

Over-The-Counter Project Review

Address: 4050 8<sup>th</sup> Avenue  
Description: Repair Siding, Roofing, Replace windows  
Applicant: Marcus  
Date Approved: September 21, 2005  
Staff Contact: Andrea Di Matteo, Planning Technician, 808-1928

STAFF ACTION AND CONDITIONS OF APPROVAL:

Staff has reviewed the proposed project, and approves it with the following conditions of approval:

1. Repair and replace lap siding with smooth finish fiber cement siding.
2. Retain original window openings.
3. Provide vinyl framed single hung windows at existing window openings.
4. Provide wood trim and sills at all windows to match existing.
5. Retain original scalloped shingles and detailed molding at front gable end.
6. Repair front porch to match existing, and provide columns with built out bases.
7. Paint entire building, all trim and exposed wood shall be painted a complementary accent color.
8. Provide new roofing, minimum 30 year laminated dimensional composition shingle.
9. The scope of exterior work is limited to the above listed items. Any changes are subject to Design Review staff approval.

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**Andrea Di Matteo**  
Planning Technician  
Design Review



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CALIFORNIA**

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**Andrea Di Matteo**  
Planning Technician  
Design Review



**CITY OF SACRAMENTO**

www.cityofsacramento.org  
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT  
 Inspection Request: 1-916-808-7622

Downtown Permit Center  
 1231 I Street, Suite 200  
 Sacramento, CA 95814  
 North Permit Center  
 2101 Arena Blvd., Suite 200  
 Sacramento, CA 95834  
 Fax # 916-264-1901

**MINOR PERMIT APPLICATION**

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

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

*Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM*

*Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)*

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

Job Address: 4050 8th Ave Bldg Type:  RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

CONTACT INFO Name: Marcus & Son Phone #: \_\_\_\_\_ Unit # \_\_\_\_\_ Contract Price \_\_\_\_\_

Property Owner: Marcus & Son Sergio Gomez Contractor: \_\_\_\_\_ License #: \_\_\_\_\_

Address: 484 Lake Park Ave #280 Address: \_\_\_\_\_

City/State/Zip: Oakland, CA 94610 City/State/Zip: \_\_\_\_\_

Phone: (916) 833-2113 Phone: \_\_\_\_\_

Nature of Work: Provide description of work & indicate type of work in selections below.

Description of Work: Some for square exterior windows & siding / Roof maintenance 3 square mechanical

<input checked="" type="checkbox"/> Reroof (excluding tile) <input checked="" type="checkbox"/> Tear-Off <input checked="" type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: <u>2</u> # Squares: <u>0</u> Material: <u>30 yr. Corp</u> <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<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 elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____	<input checked="" type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input checked="" type="checkbox"/> Dry Rot or Termitic Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Shuds <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<input checked="" type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps _____ <input checked="" 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 checked="" type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input checked="" type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Correction Notice items will require an additional building permit.	Office Use Only: Parcel #: _____ Date Received: _____ Date Issued: _____ Processor's Initials: _____ Permit #: _____
					Pre-Registered? YES NO Registration # _____