

01 OFF

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

ITEM	DESCRIPTION	INSPECTOR	DATE
B10	FOUNDATION FORMS	[Signature]	3/19/99
E60B11	UFER GROUND	[Signature]	3/19/99
B12	CONCRETE SLAB FORMS	[Signature]	3/19/99
P40	PLUMB. UNDERFLOOR/SLAB	[Signature]	3/19/99
M30	MECH/UNDERFLOOR/SLAB	[Signature]	3/19/99
E61	ELECT. UNDERGROUND	[Signature]	3/19/99
E62	ELECT. CONDUT-SLAB	[Signature]	3/19/99
B13	FLOOR JOISTS OR GIRDERS	[Signature]	3/19/99
B14/15	INSULATION/WALL/FLOOR	[Signature]	3/19/99
P41	TOP PLUMBING	[Signature]	3/19/99
M31	TOP MECHANICAL/WALL/CELL.	[Signature]	3/19/99
E63	ROUGH ELECTRICAL/WALL/CELL.	[Signature]	3/19/99
B19	FRAME	[Signature]	3/19/99
B17	ROOF PLYWOOD NAIL, COMM. & APRTS	[Signature]	3/19/99
B18	EXTERIOR LATH/SIDING	[Signature]	3/19/99
B22	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED	[Signature]	3/19/99
E66	DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED	[Signature]	3/19/99
P43	SEWER SERVICE	[Signature]	3/19/99
P42	WATER SERVICE	[Signature]	3/19/99
P46	SPRINKLER SYSTEM	[Signature]	3/19/99
P47	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED	[Signature]	3/19/99
P48	TEMP GAS	[Signature]	3/19/99
E68	POWER POLE	[Signature]	3/19/99
E67	TEMP POWER # 27798-2	[Signature]	3/19/99
P51	GAS TEST	[Signature]	3/19/99
P52	PLUMBING PRE-GUNITE	[Signature]	3/19/99
E70	ELECTRICAL PRE-DECK	[Signature]	3/19/99
E71	ELECTRICAL PRE-DECK	[Signature]	3/19/99
E72	ELECTRICAL UNDERGRD	[Signature]	3/19/99
B29	BUILDING	[Signature]	3/19/99
E79	ELECTRICAL	[Signature]	3/19/99
P59	PLUMBING	[Signature]	3/19/99
M39	MECHANICAL	[Signature]	3/19/99

DATE: _____ SIGNED: _____
FINAL APPROVALS

THIS CARD TO BE POSTED ON JOB AT ALL TIMES UNTIL FINAL APPROVAL.

BUILDING SITE ADDRESS: 1728 ...
 SUITE: 212
 INSUR. PLAN NO. 212

ASSESSOR PARCEL NO. 017-0171-001
 ADDRESS: 1728 ...
 PHONE NO. 516-457-6119

LICENSED CONTRACTOR: [Signature]
 NAME OF APPLICANT: [Signature]
 ADDRESS: 1728 ...

PROPERTY OWNER: [Signature]
 ARCH. ENGR: [Signature]

NO. OF STORIES: 2
 NO. OF ROOMS: 8
 ROOF COVERING: 1757
 AREA 1ST FLOOR: 2063
 TOTAL AREA: 440
 GARAGE AREA: 50
 PATIO AREA: 50
 USE ZONE: R3

THIS PERMIT IS FOR: BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

NATURE OF WORK IN DETAIL: Construction of Single Family Dwelling

FLOOD STATUS: [Blank]
 SPECIAL CONDITIONS ATTACHMENTS: A.R.F. 19-27

CITY OF SACRAMENTO BUILDING INSPECTION DIVISION
 INSPECTIONS 264-5191

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: [Signature]

Policy Number: 07712222
 Carrier: [Signature]

Applicant: [Signature]
 Date: 3/19/99

VALUATION: \$ 170,501.02
 ISSUED BY: [Signature]
 DATE ISSUED: 6/28/99

BUILDING PERMIT FEE: \$ 62899
 PLAN CHECK/PROC. FEE: \$ 999

S.M.I. FEE: \$ 0
 CONST. EXCISE TAX: \$ 0
 CITY BUS LICENSE: \$ 0
 TECH FEE: \$ 0
 WATER DEV. FEE: \$ 0
 CITY SEWER DEV. FEE: \$ 0
 REG. SEWER FEE: \$ 0
 RESIDENTIAL CONST. TAX: \$ 0

TOTAL FEES: \$ 62899

FED. CODE NO. 14

PERMIT NO. 99

0

3

5

1

2

2

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS.

**City of Sacramento Development Services Division
Planning and Zoning Information Request**

Project Address: 1728 Ventworth Ave

Assessor's Parcel Number: 017-0171-001

Current Land Use: Residential

Description of Request/Proposed Use: Construct Single
Family Dwelling

Zoning Designation: R-1

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

Comments: check per R-1
zone reqs.

Are There Any Planning Issues?: (Circle One) YES NO

Site Plan Check Required? (Circle One) YES NO

Design Review/ Preservation Required?: (Circle One) YES NO

Planning Review by/Date: W. Hoover 3/9/99

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

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

CERTIFICATE OF COMPLIANCE

SCHOOL DISTRICT DEVELOPMENT FEES

PROPERTY OWNER'S NAME <i>Michael & Rebecca Kosinski</i>	
OWNER'S ADDRESS <i>4220 Rocklin Rd. Ste. 7 Rocklin, CA 95677</i>	
PROJECT ADDRESS <i>1728 Wentworth Ave Sacramento CA 95822</i>	
PARCEL NUMBER <i>017-0171-001</i>	LOT NUMBER <i>57</i>
SUBDIVISION NAME <i>"Lead Tract"</i>	
NUMBER OF UNITS <i>1</i>	
APPLICANT'S SIGNATURE <i>[Signature]</i>	
TITLE OF APPLICANT <i>General Contractor</i>	
DATE <i>5/19/99</i>	TELEPHONE NUMBER <i>(916) 624-4504</i>
PLAN IDENTIFICATION NUMBER <i>99-03512 R</i>	
BUILDING TYPE (CHECK ONE)	
<input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> APARTMENT/CONDOMINIUM <input type="checkbox"/> COMMERCIAL/INDUSTRIAL	
SQUARE FEET OF CHARGEABLE BUILDING AREA <i>2663</i>	
SIGNATURE <i>[Signature]</i>	
TITLE <i>Blde Tech</i>	DATE <i>4/17/99</i>
DISTRICT CERTIFICATION NUMBER <i>457A-</i>	
EXEMPT	COMMENTS
RESIDENTIAL / APARTMENT / ETC.	<i>2663</i> SQ. FT. X \$ <i>1.72</i> = \$ <i>4580.36</i>
COMMERCIAL / INDUSTRIAL	_____ SQ. FT. X \$ _____ = \$ _____
OTHER FEE _____ TYPE _____	SQ. FT. X \$ _____ = \$ _____
TOTAL FEES COLLECTED..... \$ <i>4580.36</i>	
<p><i>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.</i></p> <p><i>As the authorized school district 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.</i></p>	
SIGNATURE <i>[Signature]</i>	
TITLE <i>CIVIC CENTER PERMIT</i>	DATE <i>5/19/99</i>

TC 2x4 DFL #1
HC 2x4 DFL SPURRING
WEB 2x4 DFL SPURRING
NOTE: Plates have been sized for design loads only. It is the fabricator's responsibility to account for handling factors in the sizing of plates.

THIS DESIGN IS THE COMPOSITE RESULT OF MULTIPLE LOAD CASES. MEMBER VALUES PER IBCD RESEARCH REPORT #1607. Loaded for 10 PER NON-CORRUPTOR ECTI. Permanent bracing is required by others to prevent rotation/opening. See HIB-91 and HIB-1-1995: 10.3.4.5 and 10.3.4.6. PLATING BASED ON GREEN MEMBER VALUES.

LOADS

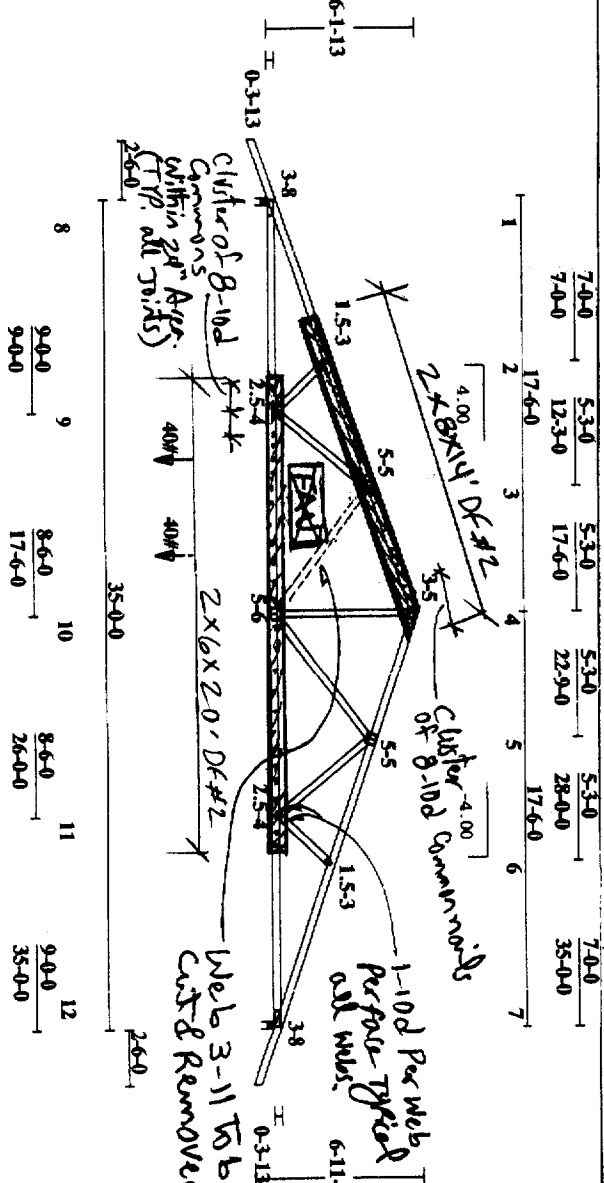
DEAD	16.0 pcf	16.0 pcf	16.0 pcf
WIND	9.0 pcf	9.0 pcf	9.0 pcf
SEMI-RIGID	0.0 pcf	0.0 pcf	0.0 pcf
PERM. BRACING	8.0 pcf	8.0 pcf	8.0 pcf
TOTAL	33.0 pcf	33.0 pcf	33.0 pcf

MEM	FORCE	CS1	WEB FORCE	CS1
1	-309	.06	5-10	6-11
2	-309	.06	5-10	6-11
3	-9	.22	6-11	.316
4	-657	.51		
5				
6	956	.39		

TRUSS REPAIR DETAIL

Web # 3-10 to be cut and removed to allow access for the FAU in attic.

Condition: Scab both faces of top and bottom chords where shown with 2x's per the size and length as noted (or longer), using 10d common nails at 6" O.C. staggered through out. Add cluster of 8-10d nail within the 12" distance to each joint and 1-10d into each web, each face. Then cut web 3-11 back as needed



9/19/99
 Scale: 1/8" = 1"

All plates are 20 gauge Trussval Connectors unless preceded by for 18 gauge or "H" for 16 gauge.

WARNING Read all notes on this steel and give a copy of it to the Erecting Contractor

This design is for an industrial building component. It has been designed and fabricated by the component manufacturer and does not constitute an engineering design. The building designer shall ascertain that the loads in accordance with the latest versions of TPI and ACPA design specifications are provided for dimensional accuracy. Dimensions are given in feet and inches. The design is based on the assumption that the top chord is laterally braced by the roof or other members and that the bottom chord is laterally braced by a rigid diaphragm. Bracing shown is for lateral support of components members only to reduce buckling length. This is not intended to be a substitute for the design and engineering of the wood exceed 19% and/or cause connector plate corrosion. Refer to the following standards: TRUSSCOM MANUAL, by Trussval, QUALITY CONTROL, STANDARDIZED PLATE CONNECTED WOOD TRUSSES (QST-88), HANDLING, INSTALLING AND BRACING METAL CONNECTED WOOD TRUSSES (HIB-91) and HIB-91 SUMMARY SHEET by TPI. The Truss Plate Institute (TPI) is located at 583 D'Oroville Road, Wisconsin 53719. The American Forest and Paper Association (AFPA) is located at 1250 Connecticut Ave. NW, Ste 200, Washington, DC 20036.



5033 Feather River Blvd. Marysville, Ca 95956

Eng. Job: .EJ.	MO: HS28	Dist/Face L=1.25 P=1.25
Drawn By: B.J.		Rep. Mbr and 1.00
Checked By: B.M.		O.C. Spacing 2-0-0
Design Spec: DBC 94		Design Spec: DBC 94
Segn: 06.04.99		33948