

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: **0418705**

Insp Area: 4
Thos Bros: 277J3

Site Address: **3630 BELDEN ST SAC**
Parcel No: 251-0143-016

DESIGN REVIEW AREA

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

CONTRACTOR
NIKOLAY FEITSER
1220 MELODY LANE STE 110
ROSEVILLE CA 95678

OWNER
LINSKIY NIKOLAY
7691 WATSON WAY
CITRUS HEIGHTS, CA 95610

ARCHITECT

Nature of Work: NEW 1 STORY SINGLE FAMILY RESIDENCE 1430 SQFT LIVING, W/ ATTACHED 406 SQFT GARAGE, & 84 SQFT COVERED PORCH. ----- DESIGN REVIEW AREA -----

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.

X License Class B License Number 686873 Date 2-3-05 Contractor Signature Paul Doroshuk

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) 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 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.

X Date 2-3-05 Applicant/Agent Signature Paul Doroshuk

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.

X ~~PD~~ 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 713 0006747

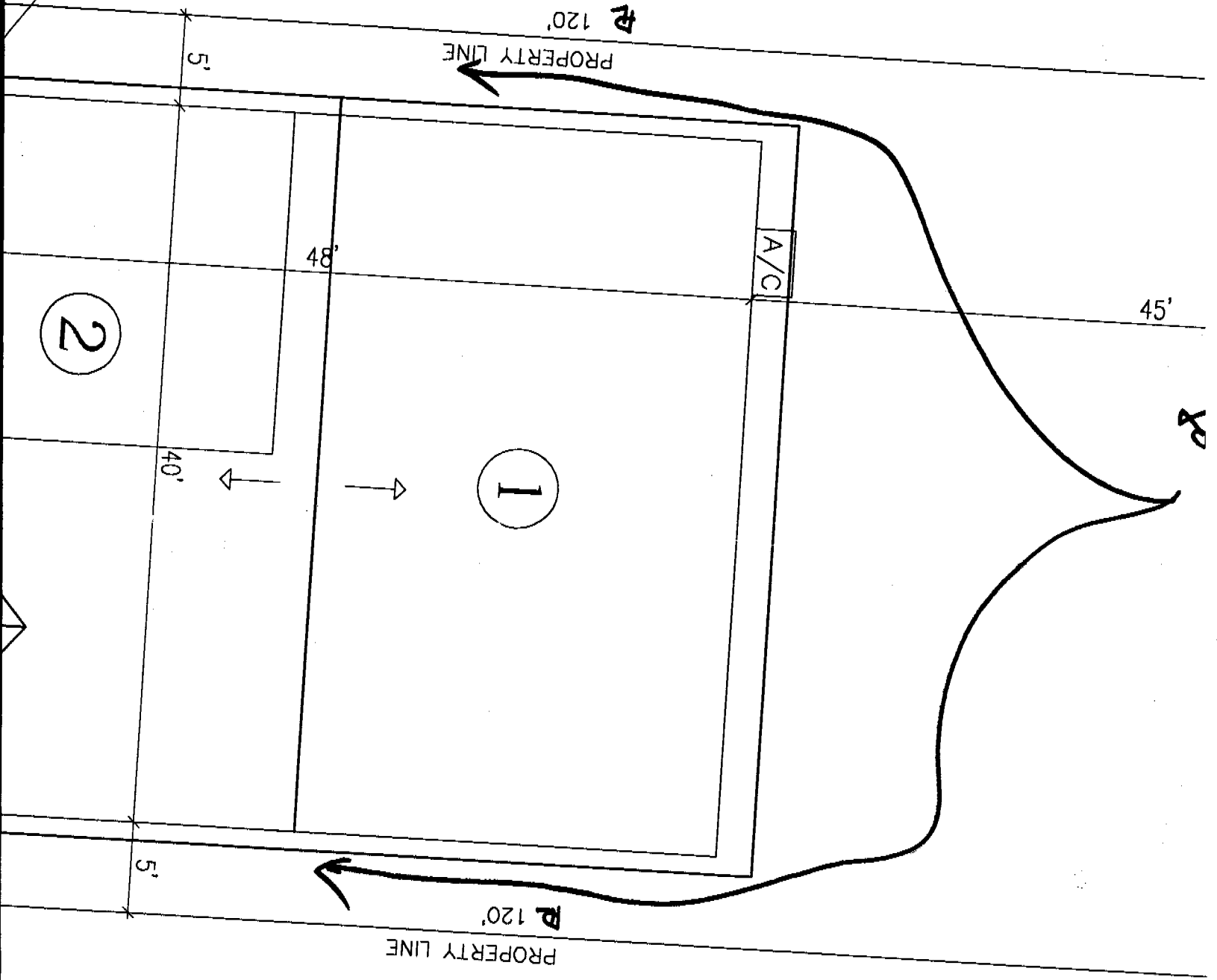
Exp Date 10/01/2005

(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.

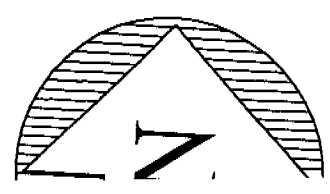
X Date 2-3-05 Applicant Signature Paul Doroshuk

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.

125 AMP, ELECTRICAL
ENTRANCE PANEL



ATTENTION BUILDING INSPECTOR
DO NOT FINALIZE



Certification of Compliance School District Development Fees

PART 1 To be completed by APPLICANT

Owner's Name & Address Linschay, Nicholas
 Project Address 3130 Belden St.
 Parcel Number 251-0143-016 Lot No. _____
 Subdivision Name _____ Number of Units _____
 Applicant's Signature & Title Paul Linschay
 Date 2-3-05 Phone No. _____

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 2 To be completed by BUILDING DEPARTMENT

Plan Identification Number 0418705 Building Type (CHECK ONE)
 Residential
 Apartment/Condominium
 Commercial/Industrial
 Square Feet of Chargeable Building Area 1430
 Signature _____ Date 02-03-05
 Title BUILDING INSPECTOR

PART 3 To be completed by SCHOOL DISTRICTS

Grant Joint Union High School District	
District Certification No. <u>05-0951</u>	
EXEMPT _____	
Comments RESIDENTIAL / APARTMENT / CONDOMINIUM	
<u>1430</u> Sq. Ft. x \$ <u>224</u> = \$ <u>3203.20</u>	
COMMERCIAL / INDUSTRIAL	
_____ Sq. Ft. x \$ _____ = \$ _____	
OTHER FEE TYPE _____	
_____ Sq. Ft. x \$ _____ = \$ _____	
TOTAL FEES COLLECTED = \$ <u>3203.20</u>	

Robla Elementary School District	
District Certification No. _____	
EXEMPT _____	
Comments RESIDENTIAL / APARTMENT / CONDOMINIUM	
_____ Sq. Ft. x \$ _____ = \$ _____	
COMMERCIAL / INDUSTRIAL	
_____ Sq. Ft. x \$ _____ = \$ _____	
OTHER FEE TYPE _____	
_____ Sq. Ft. x \$ _____ = \$ _____	
TOTAL FEES COLLECTED = \$ _____	

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 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.

GRANT	ROBLA
Authorized School District Official	
Signature _____	Signature _____
Title _____	Title _____
Date <u>2/3/05</u>	Date _____

Original: Grant Joint Union High School District/
 Robla Elementary School District
 1st Copy: Building Department
 2nd Copy: Applicant

GJUHSD: Facilities Planning and Construction Department
 Certificate of Compliance Form (rev. 10/02) bep

Department of Planning and Development
Building Inspection Division
Grading and Erosion Control Questionnaire

To be completed for all residential new construction and additions

PART I (To be completed by applicant)

Site Address 3630 Belolen St A.P.N. 251-0143-016

Applicant Information Feitser Construction
Name Edward Feitser
Address 1220 Melody Ln #110
Roseville, CA 95678
Phone (916) 759-8244

Project Information (Check One)
Single Family Dwelling ✓
Duplex
Triplex
Deep Lot Development

PART II (To be completed by the applicant when the project is not a part of a larger subdivision)

Are there existing structures on site? Y N
Does the site front on a paved road? Y N *
Is the site higher than the crown of adjacent road? Y N *
Is the proposed building site higher than the back of the sidewalk or curb? Y N *
Describe existing frontage improvements along road.
 Ditch * Curb and Gutter Curb, Gutter, and Sidewalk
The direction of drainage on this site is:
 Front to Rear * Rear to Front Side to Side *
Does an adjacent site drain across this parcel? Y * N
Does this site have an existing low area or drainage swale? Y * N
Will construction require cut or fill on site? (* >50FT3 or >2FT)
- How much cut? _____ Yards Depth Y N
- How much fill? _____ Yards Depth Y * N
Has building site been previously been filled? Y * N
Will existing drainage be re-routed? Y * N
Do you plan to construct or modify culverts or drainage ditches? Y * N

Print Name Edward Feitser Title Contractor
Signature [Signature] Date 11/05/04
Owner or Contractor

PART III (To be completed by staff)

What is the acreage of the parcel to be built on? _____ Acres.
If greater than 1/2 acre has an approved erosion and sediment control plan been provided? Y N
If greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N
Site verify drainage to street
Is the parcel to be built on part of a larger subdivision? Y N
Subdivision Name: _____
If yes has an approved erosion and sediment control plan been provided? Y N
If the original subdivision is greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N
Is grading and drainage approval required prior to permit issuance? Y N
Approved by: [Signature] Date: 02-03-05
Building permit #: 0418705

White Copy - Permit Jacket
Yellow - Utilities
Pink - Bldg. Div.

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 3630 BELDEN STREET	APN: 251-0143-016
DRPB AREA / PUD / SPD: DEL PASO HEIGHTS	ZONING: R-1
EXISTING LAND USE: VACANT	
PROPOSED USE: NEW CONSTRUCTION RSF	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<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 submitted <i>before</i> project can be submitted for plan check.
<input type="checkbox"/>	Application(s) IN PROGRESS: Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.
<input checked="" type="checkbox"/>	Application(s) COMPLETED: DR04-266 APPROVED 10/8/2004 Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period.
<input 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 checked="" type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input checked="" 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"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
COMMENTS: LOT AREA = APPROXIMATELY 6000. PROPOSED LOT COVERAGE = 1920 / 6000 = 32% TOTAL LOT COVERAGE. MEETS ALL SETBACK AND LOT COVERAGE REQUIREMENTS.	
DATE: 09/23/04	BY: Bonnie Surgeon



CITY OF SACRAMENTO
CALIFORNIA

PLANNING AND
BUILDING DEPARTMENT
PLANNING DIVISION

1231 I STREET, ROOM 200
SACRAMENTO, CA
95814-2998

WATER DEVELOPMENT FEE WAIVER

Applicant: FEITSER CONST Phone: 916-784-3006
Property Address: 3630 BELDEN ST
APN: 251-0143-016 Zoning: R-1 Number of Units: 1

This project qualifies for the waiver because it is in a:

REDEVELOPMENT AREA; or

DESIGNATED INFILL AREA; or

QUALIFIED INFILL AREA, meeting all of the following requirements:

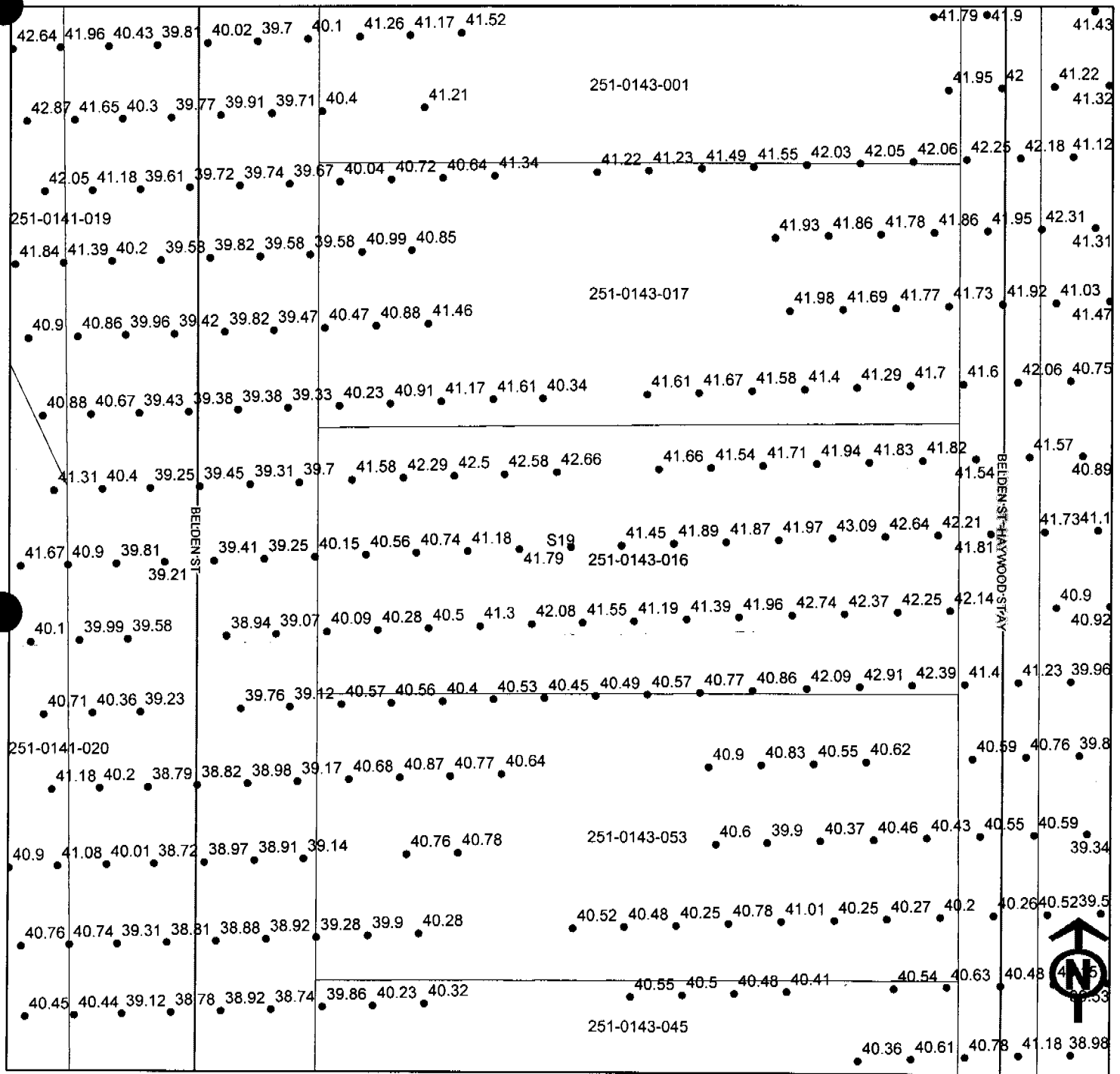
1. The site is located in a neighborhood where the median year of housing construction is 1965 or earlier as shown on the Neighborhood Statistics Boundary Map, or the applicant has proof to the satisfaction of the Planning Director that the median age of housing within 500 feet of the site was developed prior to 1965; and
2. The lot is surrounded on three sides by existing or approved development; and
3. The project is consistent with the General Plan or more specific plan designation; and
4. The site is no more than 5 acres in size for single family development, or 2 acres in size for multiple family development; and
5. The site has City sewer, water, and drainage services, or is within proposed or existing assessment district for these services; and the services provided are capable of serving the proposed development to the satisfaction of the Public Works Director.

Fee Waiver Denied by: _____ Date: _____

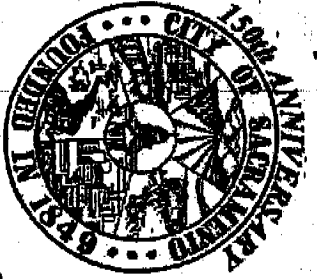
Fee Waiver Approved by: *Joseph J. [Signature]* Date: 11/5/04

WD No: _____

0418705



3630 BELDEN ST



CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)

Fax # 916-264-1901

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.
Note: Contractors must have a current certificate of Worker's Compensation Insurance.

DATE: 11/05/04

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

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (multi)

UNIT # _____ CONTRACT PRICE \$ 90,000

CONTACT PERSON:

CONTACT PHONE:

Property Owner: N. Lohley LANSBY
Address: 7631 Watson Way
City/State/Zip: Citrus Heights, CA 95610
Phone: (916) 919-1266

Contractor: Felisa Construction License # 686873 AB
Address: 1220 Melody Ln #110
City/State/Zip: Roseville, CA 95678
Phone: (916) 784-3006 FAX: (916) 784-3012

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHET <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE <input type="checkbox"/> # STORKIES: <input type="checkbox"/> #SQUARES <input type="checkbox"/> Material: <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 <p>Note: Design Review approval may be required in certain areas.</p>	<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) <input type="checkbox"/> Value of duct work: <input type="checkbox"/> Equipment: \$ <input type="checkbox"/> Cut-in: \$ <p>Note: Design Review approval may be required for rooftop units.</p>	<input type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITTE DAMAGE REPAIR (Describe locations below) <p>Note: Design Review approval may be required in certain areas.</p>	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # amps <input 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 <p>Note: Design Review approval may be required in certain areas.</p>	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTOR* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PGE <p>*NOTE: Correction Notice items will require an additional building permit</p>
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DESCRIPTION OF WORK:

Site Address _____

Permit Number _____

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Pans	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. <i>Aside Windows</i>	<i>.39</i>	<i>.65</i>	<i>2</i>		<i>80</i>		
2. <i>"</i>	<i>.35</i>	<i>.65</i>	<i>2</i>		<i>115</i>		
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

¹ Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.

² Installed U-Factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-Factors for the total fenestration area are less than or equal to values from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-Factor and lower SHGC than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) the product meets or exceeds the appropriate requirements for manufactured devices (from Part 5), where applicable.

<i>1, 2</i>	<i>[Signature]</i>	<i>06/02/05</i>	<i>Feltzer Stone Const</i>
Item #s (if applicable)	Signature, Date		Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature, Date		Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature, Date		Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

Insulation Certificate

This is to certify that insulation has been installed in conformance with the current energy regulations, California Administration code. Title 24, State of California, in the building located at:

Site Address: 3630 Belden Street
Number Street Sacramento CA
City State

Ceilings:

Blow: Manufacturer Greenfiber Thickness 10.3" R / Value 38
Square Feet 1373 # Bags / Lbs. Per Bag 58

Batts: Manufacturer Johns Manville Thickness 13" R / Value 38
Batts: Manufacturer Johns Manville Thickness N/A R / Value N/A

Exterior Walls:

Manufacturer Johns Manville Thickness 3.5" R / Value 13
Manufacturer Johns Manville Thickness N/A R / Value N/A

Floor Insulation:

Manufacturer N/A Thickness N/A R / Value N/A

Air Infiltration: (Title 24)

Yes No

Other: _____

General Contractor: Feitser Construction Lic. # _____

By: _____ Title: _____ Date: _____

Insulation Contractor: Gold Star Insulation, Inc. Lic. # 797510

By: Jamie Housley Title: Office Manager Date: 04/11/05



OMEGA PRODUCTS INTERNATIONAL, INC.

CERTIFIES THAT

Feiber Construction

HAS MET OMEGA'S REQUIREMENTS FOR THE APPLICATION OF THE

DIAMOND WALL ONE COAT SYSTEM

The holder of this certificate is an independent contractor and is beyond the control of Omega Products International, Inc. The issuance of this certificate in no way implies a guarantee by Omega Products International, Inc. of the quality or accuracy of the holder's installation of Omega Products.

Certified this 29th day of December, in the year 2003

Expires this 29th day of December, in the year 2005

A handwritten signature in black ink, appearing to read "John W. Carter", written over a horizontal line.

Certificate No. 5163

APPROVED SETBACKS PLAN
DATE 7-23-88
CITY OF SACRAMENTO - PLANNING
THIS PLAN IS APPROVED FOR THE CITY OF SACRAMENTO

This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from 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.
Approved By _____



φ of BELDEN ST

