

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0418415

Insp Area: 2

Thos Bros: 337J5

Site Address: 5056 VALLEY HI DR SAC

Parcel No: 117-0611-016

Sub-Type: ASFR

Housing (Y/N): N

CONTRACTOR

OWNER

GARRETT ALFRED L
5056 VALLEY HI DR
SACRAMENTO, CA 95823

ARCHITECT

Nature of Work: CONTINUATION OF WORK FROM PERMIT # 0318343 ADD 565 SF LIVING (BEDROOMS) & 22 SF PORCH

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);

AW 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 improvement is 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 11-1-04 Owner Signature Alfred L. Garrett

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 11-1-04 Applicant/Agent Signature Alfred L. Garrett

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 _____ 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 11-1-04 Applicant Signature Alfred L. Garrett

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.

Matt Parisek, P.E.
1881 Calaveras Drive, El Dorado Hills, CA 95762
ph (916) 939-3525 fax (916) 939-3547 e-mail parisek@comcast.net

Structural engineering and design services

California Registered Civil Engineer C 52996

Date: July 28, 2004

Client: Gerald Glover
Western Empire Construction
3132 Norstrom Way
Sacramento, CA 95833
Ph (916) 803-6729

Project: Garrett Addition
5056 Valley Hi Drive
Sacramento, CA 958231

Re: Plan Revisions

Dear Gerald;

Based on review of the plan on this date, the following revisions are approved:

- 1) The Type B shear wall near the center of the front of the house (to the right of the entry) may be eliminated because there is less than 25' between the braced panel on the left corner of the garage front and the next braced panel to the right of the entry.
- 2) The foundation may be pour in one pour if all anchor bolts are placed in the first pour. If not, anchor bolts may be retrofitted per the information on the plans. This is in regards to inspection comment (1) from the inspection on 5/10/04.
- 3) A 4x12 D.F.#2 beam may be substituted for the 6x12 beam over the entryway at the front of the house.

If you have any questions, please contact me.

Sincerely,
Matt Parisek, P.E.

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JUL 28 2004

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.

TWO 8/27/04
Revision to
0318 343

Area 2 5056 Valley Hi DR

**Certification of Compliance
School District Development Fees**

(Print or Type) If Printing, press hard for four copies

PART I To be completed by APPLICANT (MUST BE COMPLETED)

OWNER'S NAME Alfred Garrett
 OWNER'S ADDRESS 5056 Valley Hi. Dr. ✓
 PROJECT ADDRESS same
 PARCEL NUMBER 117-0611-014 LOT NO. _____
 SUBDIVISION NAME _____
 NUMBER OF UNITS _____
 Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.
 APPLICANT'S SIGNATURE Gerald Glover
 TITLE OF APPLICANT Contractor
 DATE 3/30/04 PHONE NUMBER 613-6651

PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER Y
 BUILDING TYPE: NEW RESIDENTIAL () RESIDENTIAL ADDITION ()
 APARTMENT/CONDOMINIUM COMMERCIAL/INDUSTRIAL ()
 SQUARE FEET OF CHARGEABLE BUILDING AREA 565
 NAME (PRINTED) _____ SIGNATURE _____
 TITLE _____ PHONE NUMBER _____ DATE _____

PART III To be completed by SCHOOL DISTRICT

DISTRICT: ELK GROVE UNIFIED SCHOOL DISTRICT DISTRICT CERTIFICATE NO. 42071
 EXEMPT _____ COMMENTS addition

RESIDENTIAL - LEVEL 1		\$ _____	= \$ _____
RESIDENTIAL - LEVEL 2	<u>565</u> SQ FT X	\$ <u>2.14</u>	= \$ <u>1,209.10</u>
TOTAL RESIDENTIAL		\$ _____	= \$ _____
SENIOR RESIDENTIAL	_____ SQ FT X	\$ _____	= \$ _____
COMMERCIAL/INDUSTRIAL	_____ SQ FT X	\$ _____	= \$ _____

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.

PAID
 AUTHORIZED SCHOOL DISTRICT OFFICIAL
 SIGNATURE Kim Williams DATE MAR 30 2004
 TITLE Planner Facilities Planning
 DATE 3/30/04 Elk Grove Unified School District

Original: School District 1st copy: School District 2nd copy: Building Department 3rd copy: Applicant REVISED 4/24/03

03/03/04



**CITY OF SACRAMENTO
BUILDING INSPECTION
DIVISION**

PERMIT OFFICES
Downtown (916) 264-7619
1231 I St., Rm. 200, Sacramento 95814
Natomas Center (916) 808-2534
2101 ARENA BL., Sacramento 95834
<http://www.sacto.org>

**RESIDENTIAL PLAN REVIEW
2001 CBC Adopted Codes
Effective November 1st, 2002**

PROJECT ADDRESS & DESCRIPTION 5056 Valley Hi Dr., Room(s) addition PERMIT No. 0318343

These sheets, when attached to a set of plans, become part of those plans and must remain attached thereto. The approval of this plan and the specifications shall not be held to permit or approve the violation of any City ordinance or State or Federal law. (Note: Authorized agent must provide a letter from Owner verifying Authorization.) (The code requirements circled do not limit the code requirements for this project.)

I have read and will comply with the items in this document and as marked on the plans.

Signature of: [Signature] Date 2/28/04
 Owner Authorized Agent Contractor Architect/Engineer

BUILDING CODE REQUIREMENTS

- B-1 Smoke detector location within dwelling units.** In dwelling units, a detector shall be installed in each sleeping room and at a point centrally located in the corridor or area giving access to each separate sleeping area. When the dwelling unit has more than one story and in dwellings with basements, a detector shall be installed on each story and in the basement. In dwelling units where a story or basement is split into two or more levels, the smoke detector shall be installed on the upper level except that, when the lower level contains a sleeping area, a detector shall be installed on each level. When sleeping rooms are on an upper level, the detector shall be placed at the ceiling of the upper level in close proximity to the stairway. In dwelling units where the ceiling height of a room open to the hallway serving the bedrooms exceeds that of the hallway by 24 inches (610 mm) or more, smoke detectors shall be installed in the hallway and in the adjacent room. Detectors shall sound an alarm audible in all sleeping areas of the dwelling unit in which they are located. In new construction, required smoke detectors shall receive their primary power from a commercial source and have a battery back up. 2001 CBC, Section 310.9.1.
- B-2** When alteration, repairs, or additions having a value in excess of \$1,000 are made, provide an approved smoke detector to protect existing sleeping rooms. The detector may be battery operated as per 2001 CBC, Section 310.9.1.2.
Exception: Repairs to the exterior surfaces of a Group R occupancy are exempt from the requirements of this section.
- B-3 Emergency escape and rescue.** Basements in dwelling units and every sleeping room below the fourth story shall have at least one operable window or door approved for emergency escape or rescue that shall open directly into a public street, public way, yard, or exit court. Escape or rescue windows shall have a minimum net clear openable area of 5.7square feet / 821 SQ. inches. The minimum net clear openable height dimension shall be 24 inches. The minimum net clear openable width dimension shall be 20 inches. Emergency escape or rescue windows shall have a finished sill height not more than 44 inches above the floor. 2001 CBC, Section 310.4.
- B-4 All Group U occupancies attached to Group R, Division 3 occupancies shall be separated by** materials approved for one-hour fire-resistive construction. The separation may be limited to the garage side only and requires a self-closing, tight fitting solid wood door 1 3/8 inches in thickness or a self-closing, tight fitting door having a fire protection rating of not less than 20 minutes. CBC, Section 302.4, Exception 3. **Note:** All members supporting such separation shall be equivalent fire-resistive construction as per 2001 UBC, Section 302. All electrical outlet boxes on opposite sides of the wall shall be separated by a horizontal distance on not less than 24 inches per 2001 CBC 709.7, Exception 1

BID0001

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FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

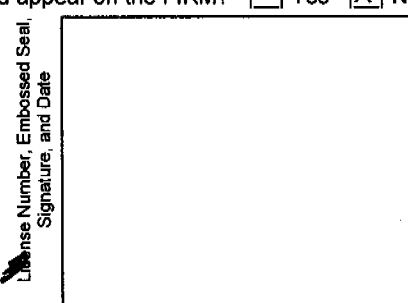
O.M.B. No. 3067-0077
Expires December 31, 2005

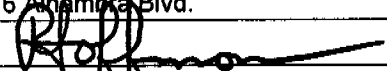
ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION		For Insurance Company Use:
BUILDING OWNER'S NAME Alfred L. Garrett		Policy Number
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 5056 Valley Hi Drive		Company NAIC Number
CITY Sacramento	STATE CA	ZIP CODE 95823
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Assessor's Parcel No. 117-0611-016, Legal description: Lot 896, Valley Hi Unit No. 32 (Book 135 of Maps, Page 14)		
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) Residential		
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.###" or ##.####")		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type): _____ <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other _____

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER Sacramento 060266		B2. COUNTY NAME Sacramento		B3. STATE CA	
B4. MAP AND PANEL NUMBER 060266 0030	B5. SUFFIX F	B6. FIRM INDEX DATE rev July 6, 1998	B7. FIRM PANEL EFFECTIVE/REVISED DATE rev. July 6, 1998	B8. FLOOD ZONE(S) AE	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) 16.0'
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9. <input type="checkbox"/> FIS Profile <input checked="" type="checkbox"/> FIRM <input type="checkbox"/> Community Determined <input type="checkbox"/> Other (Describe): _____					
B11. Indicate the elevation datum used for the BFE in B9: <input checked="" type="checkbox"/> NGVD 1929 <input type="checkbox"/> NAVD 1988 <input type="checkbox"/> Other (Describe): _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Designation Date: _____					

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)	
C1. Building elevations are based on: <input type="checkbox"/> Construction Drawings* <input type="checkbox"/> Building Under Construction* <input checked="" type="checkbox"/> Finished Construction *A new Elevation Certificate will be required when construction of the building is complete.	
C2. Building Diagram Number <u>1</u> (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)	
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO Complete Items C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion. Datum <u>NGVD 1929</u> Conversion/Comments <u>N/A</u>	
Elevation reference mark used <u>City Benchmark 337-J5B</u> Does the elevation reference mark used appear on the FIRM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure) <u>15.10</u> ft.(m) <input type="checkbox"/> b) Top of next higher floor <u>N/A</u> ft.(m) <input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only) <u>N/A</u> ft.(m) <input type="checkbox"/> d) Attached garage (top of slab) <u>14.65</u> ft.(m) <input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.) <u>N/A</u> ft.(m) <input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG) <u>14.79</u> ft.(m) <input type="checkbox"/> g) Highest adjacent (finished) grade (HAG) <u>14.86</u> ft.(m) <input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade <u>0</u> <input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h <u>0</u> sq. in. (sq. cm)	License Number, Embossed Seal, Signature, and Date 

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION			
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.			
CERTIFIER'S NAME	Ronald L. Hoffman	LICENSE NUMBER	L.S. 5671
TITLE	Vice President	COMPANY NAME	Train, Sening & Hoffman Surveying, Inc.
ADDRESS	716 Alhambra Blvd.	CITY	Sacramento
		STATE	CA
		ZIP CODE	95816
SIGNATURE		DATE	March 19, 2004
		TELEPHONE	916-451-7793

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 5056 Valley Hi Drive			Policy Number
CITY Sacramento	STATE CA	ZIP CODE 95823	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS

Benchmark used for determination of elevations shown in Section C3: City of Sacramento
Benchmark #337-J5B, a hilti nail in light base on the north side of Valley Hi Drive at Pegler
Way, Elevation = 14.087 ft., NGVD 1929 datum.

Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1. through E5. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number _____ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is _____ ft. (m) _____ in. (cm) _____ above or _____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is _____ ft. (m) _____ in. (cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is _____ ft. (m) _____ in. (cm) _____ above or _____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME _____

ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
SIGNATURE _____	DATE _____	TELEPHONE _____	

COMMENTS _____

Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER _____	G5. DATE PERMIT ISSUED _____	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED _____
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- G7. This permit has been issued for: New Construction Substantial Improvement
- G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft. (m) Datum: _____
- G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft. (m) Datum: _____

LOCAL OFFICIAL'S NAME _____	TITLE _____
COMMUNITY NAME _____	TELEPHONE _____
SIGNATURE _____	DATE _____

COMMENTS _____

Check here if attachments