

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

ITEM	INSPECTOR	DATE
B10 FOUNDATION FORMS	INSPECTOR	DATE
E60B11 UFER GROUND	INSPECTOR	DATE
B12 CONCRETE SLAB FORMS	INSPECTOR	DATE
P40 PLUMB. UNDERFLOOR/SLAB	INSPECTOR	DATE
M30 MECH. UNDERFLOOR/SLAB	INSPECTOR	DATE
E61 ELECT. UNDERGROUND	INSPECTOR	DATE
E62 ELECT. CONDUIT-SLAB	INSPECTOR	DATE
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B13 FLOOR JOISTS OR GIRDERS	INSPECTOR	DATE
DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED		
B14/15 INSULATION/WALL/FLOOR	INSPECTOR	DATE
P41 TOP PLUMBING	INSPECTOR	DATE
M31 TOP MECHANICAL/WALL/CEIL.	INSPECTOR	DATE
E63 ROUGH ELECTRICAL/WALL/CEIL.	INSPECTOR	DATE
B19 FRAME	INSPECTOR	DATE
B17 ROOF PLYWOOD NAIL, COMM. & ARTS	INSPECTOR	DATE
B18 EXTERIOR LATH/SIDING	INSPECTOR	DATE
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B22 INT. LATH OR WALL BD. NAILING	INSPECTOR	DATE
DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
E66 SERVICE UNDERGRD CONDUIT	INSPECTOR	DATE
P43 SEWER SERVICE	INSPECTOR	DATE
P42 WATER SERVICE	INSPECTOR	DATE
P46 SPRINKLER SYSTEM	INSPECTOR	DATE
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
P47 GAS TEST	INSPECTOR	DATE
SWIMMING POOLS ONLY		
P51 PLUMBING PRE-GUNITE	INSPECTOR	DATE
P52 PLUMBING PRE-DECK	INSPECTOR	DATE
E70 ELECTRICAL PRE-GUNITE	INSPECTOR	DATE
E71 ELECTRICAL PRE-DECK	INSPECTOR	DATE
E72 ELECTRICAL UNDERGRD	INSPECTOR	DATE
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
ENERGY COMPLIANCE CERTIFICATE TO BE ON FILE PRIOR TO FINAL APPROVAL		
DATE	SIGNED	DATE

**BUILDING SITE ADDRESS**  
3011 Bergamo Ct

**ASSESSOR PARCEL NO.** 214 6500 020

**NAME OF APPLICANT** ADDRESS

**LICENSED CONTRACTOR** ADDRESS

**PROPERTY OWNER** ADDRESS

**ARCH ENGR** ADDRESS

**NO. OF STORIES** **NO. OF ROOMS** **ROOF COVERING AREA 1ST FLOOR** **TOTAL AREA** **GARAGE AREA** **PATIO AREA** **USE ZONE** **STREET WIDTH**

**THIS PERMIT IS FOR:**  BUILDING  MECHANICAL  PLUMBING  ELECTRICAL  SITE  FIRE

**NATURE OF WORK IN DETAIL** NSM AIR COND MAP

**FLOOD STATUS** SPECIAL CONDITIONS ATTACHMENTS: 97015C

**CITY OF SACRAMENTO INSPECTIONS** 264-5191

**BUILDING INSPECTION DIVISION**

**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: \_\_\_\_\_

This section need not be completed if the permit is for one hundred dollars (\$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: \_\_\_\_\_ Applicant: \_\_\_\_\_ (Signature)

**VALUATION** \$ 100,000.00

**ISSUED BY:** 1/4/14

**DATE ISSUED** 1/4/14

**BUILDING PERMIT FEE** \$

**PLAN CHECK/PROC. FEE** \$

**S.M.L. FEE** \$

**CONST. EXCISE TAX** \$

**CITY BUS LICENSE** \$

**TECH. FEE** \$

**WATER DEV. FEE** \$

**CITY SEWER DEV. FEE** \$

**REG. SEWER FEE** \$

**RESIDENTIAL CONST. TAX** \$

**TOTAL FEES** \$

**INSPECTION CHECK NO.** 9059

**PERMIT NO.** 9059

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

**RESIDENTIAL BUILDING PERMIT APPLICATION**

New Construction       Addition       Remodels       Other

Project Address: 3011 Byronm. Court      Assessor Parcel # 274-0530-020

**OWNER INFORMATION:**

Legal Property Owner: Unity Parkside Village LLC Phone # 6416-4506  
 Owner Address: 1500 W. El Camino Ave City Sacramento State CA Zip 95833  
#192

**CONTRACTOR INFORMATION:**

Contractor: Giammei Development Lic. # 596952 Phone # 6416-4506 Fax# 6416-5542

**PROJECT INFORMATION:**

Land Use Zone \_\_\_\_\_ Occupancy Group \_\_\_\_\_ Construction Type \_\_\_\_\_ Fed Code \_\_\_\_\_

No. of stories: 2 No. of rooms: 8 Street width: \_\_\_\_\_

1<sup>st</sup> Floor Area 1233 2<sup>nd</sup> Floor Area 1265 Basement  Roof Material \_\_\_\_\_

AREA IN SQUARE FOOT OF:	<b>EXISTING</b>	<b>NEW</b>
Dwelling/Living	_____	<u>2498</u>
Garage/Storage	_____	<u>390</u>
Decks/Balconies	_____	<u>X</u>
Carports	_____	<u>X</u>

SCOPE OF WORK: 2003

**FOR OFFICE USE ONLY:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Information above complete | <input type="checkbox"/> AR Flood Waiver required             | <input type="checkbox"/> Planning Approval                   |
| <input type="checkbox"/> Violation files checked    | <input type="checkbox"/> Flood Elevation Certificate Required | <input type="checkbox"/> Design Review Approval              |
| <input type="checkbox"/> Standard setbacks          | <input type="checkbox"/> Water Development Infill Area        | <input type="checkbox"/> Special Fee Districts Apply : _____ |
| <input type="checkbox"/> County Sewer               |   |  |

**NEW STRUCTURES & ADDITIONS**

❖ THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PLAN REVIEW

- |   |   |
|---|---|
| <input type="checkbox"/> 2 COMPLETE PLANS, LEGIBLE & DRAWN TO SCALE   | ❖ Plans to include: site plan, floor plan, elevations, roof/ceiling plan, foundation and structural framing details, and structural calculations for non-conforming structures. |
| <input type="checkbox"/> 3 SETS IF PROJECT IS IN A DESIGN REVIEW AREA |   |
| <input type="checkbox"/> Title 24 Energy Compliance documentation     | <input type="checkbox"/> 11" x 17" copy of floor plan for County Assessor   |
| <input type="checkbox"/> Grading and Erosion Control Questionnaire    | <input type="checkbox"/> Plan Review Fees   |

Date: \_\_\_\_\_ Received by: (staff) \_\_\_\_\_

ACTIVITY/PERMIT # \_\_\_\_\_