

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0407231

Insp Area: 3

Thos Bros: 317E3

Site Address: 4409 ARLINGTON AV SAC

Parcel No: 019-0082-001

Sub-Type: NDUP

Housing (Y/N): N

CONTRACTOR

ELDON GROW
85 CALLE ARBOLEDA
ELK GROVE, CA 95624

OWNER

SOIN BAL/URMIL
2514 21ST AV
SACRAMENTO CA 95824

ARCHITECT

Nature of Work: SECOND UNIT ON CORNER LOT, NEW 2 STORY SINGLE FAMILY, 1609 SQ FT OF LIVING, W ATTACHED GARAGE OF 281 SQ FT & 83 SQ FT COVERED 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 B-1 License Number 259729 Date 7-21-04 Contractor Signature Eldon N Grow

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);

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

PAID CITY OF SACRAMENTO JUL 21 2004

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 July 21, 04 Applicant/Agent Signature Eldon N Grow

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:

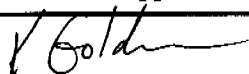
Carrier EXEMPT Policy Number Exp Date

(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 July 21, 04 Applicant Signature Eldon N Grow

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.

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 2600 19 th Ave	APN: 019-0082-001
DRPB AREA / PUD / SPD: N/A	ZONING: R-1
EXISTING LAND USE: One SFR	
PROPOSED USE: Duplex-Add 2 nd house to corner lot.	
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 checked="" type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER XX 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: ER04-093-5/10/2004 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 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 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 size 7,744 sq ft/Existing SFR is approx 1,112 sq ft-New SFR is approx 1040 sq ft. Total sq ft approx 2152/7744=28% Lot Coverage. Setbacks are within required limits. Garage depth and width is within required limits.	
Building permit must conform to approved plans and comply with all conditions of approval.	
DATE: May 10, 2004	BY: Kelly Goldman 

Robertson Engineering

9940 Business Park Dr., Ste 130, Sacramento, CA 95827
Phone: (916) 363-7021 Fax: (916) 363-7027

June 9, 2004

City of Sacramento
Building Department

Job #24131

Re: Bal Soin Residence
2600 19th Ave
Sacramento, CA

Dear Sir or Madam:

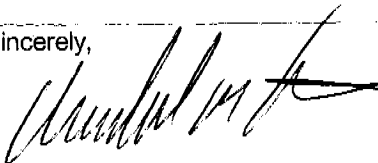
The following is in response to your plan check comments dated 6/1/04. (PC #0400986) (Structural Only):

Item #

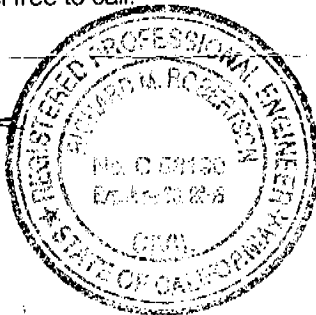
1. The trusses have been reviewed and a truss compliance letter is attached.
2. The second floor will be built with BCI 400 floor joists. The floor trusses have been removed from the calcs.

If you have any other questions, feel free to call.

Sincerely,



Richard M. Robertson, P.E.



Certification of Compliance
School District Development

Part I - To be completed by the APPLICANT

Owner's Name/Address B. I. SOIN
Project Address 4409 ARLINGTON AVE
Parcel Number 019-0052 001 Lot No. _____
Subdivision Name _____ No. of Units _____
Applicant's Signature _____ Title _____
Phone No. 516-655-5555 Date _____

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 II - To be completed by the BUILDING DEPARTMENT

Plan Identification Number 0107231
Building Type (check one) Residential Apartment/Condominium Commercial/Industrial

Square Feet of Chargeable Building Area 1609
Signature/Title [Signature] Date 6/01/04

Part III - To be completed by the SCHOOL DISTRICT

School District SCUSD Certificate No. 9770
9770

Exempt Comments _____
 Residential/Apartment/etc. 1609 Square ft. x \$ 214 = \$ 3,443.24
Commercial/Industrial _____ Square ft. x \$ _____ = \$ _____
Total fees collected..... = \$ 3,443.24

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 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.

Signature [Signature] Date 7/21/04

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 4409 Ardington A.P.N. 019-0082-001

Applicant Information

Name Eldon Gron
Address 85 CALLE ARDINGTON
EIK GROVE CA 95624
Phone (916) 685-0683

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) Y N
- How much cut? _____ Yards Depth
- How much fill? _____ Yards Depth

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 Eldon Gron Title Contractor
Signature Eldon Gron Date 6-23-04
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
Is the parcel to be built on part of a larger subdivision? Y N
Subdivision Name: 1st hill, field nearby drainage to street.
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: 7/12/04
Building permit #: 04-07231

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

This form is to be filled out completely & signed by applicant/owner/contractor responsible for Title 24 Energy Compliance & returned to the field inspector at final.

INSTALLATION CERTIFICATE

(Page 1 of 13)

CF-6R

Site Address 4409 ARLINGTON, SAC, CA 95820 Permit Number 040723

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. heat pump)	CBC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) [CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
SPLIT H2 FURN	COLEMAN LM85080816VH1	ONE	80% AFUE	Attic	R4.2	20K BTU	20K BTU

Cooling Equipment

Equip. Type (pkg. heat pump)	CBC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) [CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
SPLIT	COLEMAN DRC30421BE	ONE	12 SEER TXV	Attic	R4.2	42,800	42,800

1. \geq reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable:

[Signature] 03/24/05
Signature, Date

GROW AIR REPAIR
Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CBC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ² Loss (%)	External Insulation R-value ³
GAS	BRADFORD WHITE M45D36FBN5	PURON	RAM	1	40000	50	24.8	10%	

- 2 For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.
- 3. R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

8-15-05
Signature, Date

[Signature]
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

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

INSTALLATION CERTIFICATE

(Page 2 of 8)

CF-6R

Site Address _____

Permit Number _____

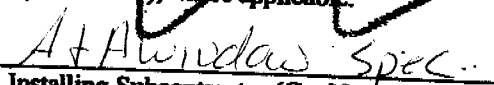
FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. <u>WIND FOOD WINDOW</u>	<u>0.35</u>	<u>0.3</u>	<u>22</u>	<u>11</u>	<u>158</u> feet	<u>18"</u>	
2. _____	_____	_____	_____	_____	_____	_____	_____
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 6), where applicable.

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

CERTIFICATION OF INSULATION

F-11

PART I GENERAL

4409 ARINGTON
SACRA 95820

LOT #

- P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026
- 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026
- P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026
- P.O. BOX 1631, RENO, NV 89505 LIC. #10675
- 3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

DATE INSULATION COMPLETED

12-10-5

PART II AREAS INSULATED

WALLS			CEILING			FLOORS		
(SQUARE FEET)			(SQUARE FEET)			(SQUARE FEET)		
MATERIAL FIBERGLASS			MATERIAL FIBERGLASS			MATERIAL FIBERGLASS		
FORM BATTS			FORM BATTS & BLOW			FORM BATTS		
MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.		
MANUFACTURER			MANUFACTURER			MANUFACTURER		
CT	OC	JM	CT	OC	JM	CT	OC	JM
BAGS								
R-VALUE	APPLIED	R-VALUE	APPLIED	R-VALUE	APPLIED	R-VALUE	APPLIED	R-VALUE
13'	3 1/2"	38	14"	19	3 1/2"			

MATERIAL		FORM		R VALUE		MANUFACTURER		
FIBERGLASS		BATTS				CT	OC	JM

MATERIAL		MANUFACTURER	
FOAM		HILTI	HANDY FOAM

THIS IS TO CERTIFY THAT INSULATION AND SEALANT HAS BEEN INSTALLED IN PERFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.

SIGNATURE — INSULATION CONTRACTOR	TITLE MANAGER	DATE
SIGNATURE — GENERAL CONTRACTOR	TITLE	DATE 12-10-5

REMARKS

PART III CERTIFICATION

BUILDER COPY

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 4409 Arlington A.P.N. 019-0082-001

Applicant Information

Name Eldon Gron
Address 85 Calle Ardulien
Eik Grove Ct 95624
Phone (916) 685-0483

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

- How much fill? _____ Yards _____ Depth

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 Eldon Gron Title CONTRACTOR

Signature Eldon Gron Date 6-23-04

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

Is the parcel to be built on part of a larger subdivision? Y N
(Bill, find nearby drainage to street.)

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: 7/13/04

Building permit #: 04-07231

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