

APPLICATION FOR COMMERCIAL BUILDING PERMIT

0607796

CITY OF SACRAMENTO
 PLANNING & BUILDING DEPARTMENT
 PERMIT SERVICES SECTION
 1231 I Street, Suite 200
 Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7046

ACTIVITY #	Isnp. Area
0607796	1

Applicant MUST complete ALL Unshaded areas

ADDRESS 1215 21ST ST, SACRAMENTO Suite _____
 PARCEL # _____

CONTACT Name <u>ROBERT F. DAOUST</u> Street Address <u>40 ALAMO OAKS LN.</u> City/State/Zip <u>ALAMO, CAL 94507</u> Phone <u>510-697-0670</u> FAX <u>925-743-1994</u> E-mail: <u>WINDSONG5D@aol</u>		LICENSED CONTRACTOR Lic No. # _____ Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
ARCHITECT/ENGINEER Name <u>N/A</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		OWNER Name <u>ROBERT F. DAOUST</u> Address <u>40 ALAMO OAKS LN.</u> City/State/Zip <u>ALAMO, CAL 94507</u> Phone <u>510-697-0670</u> FAX <u>925-743-1994</u> E-mail: <u>WINDSONG5D@aol</u>	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

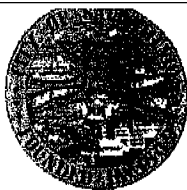
NATURE OF WORK IN DETAIL: ADD 4 RECEPTACLES FOR REFR. MICROWAVE DISPOSAL & WASH APPLIANCE. REMOVE EXIST SINK & CABINETS & INSTALL NEW SINK + CABINETS. RETROFIT 30' FLIGHT 2x4 FLUOR FIXTURES WITH NEW REDUCED WATTAGE BALLASTS & T-8 32W LAMPS

OCCUPANT/TENANT: NONE VALUATION: \$ 4000

FLOOD STATUS					S.C.A.T.					
JOB DESCRIPTION		BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TI <input type="checkbox"/>	REM <input type="checkbox"/>	SW <input type="checkbox"/>	FIRE <input type="checkbox"/>	ADD <input type="checkbox"/>	OTHER <input type="checkbox"/>
INSPECTION DISCIPLINES		BLDG	MECH	PEUMB	ELEC	SITE	FIRE			
# Stories	1 st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
B	L	(P)	(M)	(E)	F	SPR	ALARM	S	(D)	PW UTIL
		BCX	BCX	COX					FWR	

COMMENTS:
Over-110 - counter review for plumbing & electrical.

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Yes No



**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DEPARTMENT
BUILDING DIVISION**

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834
Inspection: (916) 808-4677

OWNER BUILDER VERIFICATION

1. Check one below - I or my immediate family (parent, spouse, or child) will perform:

- A - all the work authorized by this permit.
- B - a portion of the work.
- C - none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do:

- all of the authorized work.
- a portion of the authorized work.

Name CALIFORNIA LAMINATED PRODUCTS INC. Phone 916-344-6646
 Address 5720 ROSEVILLE RD. SAC., 95842
 Type of Work FURNISH AND INSTALL KITCHEN CABINETS

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

3. I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner [Signature]
 Date 5/30/06 Case No. _____ Permit No. 0607796
 Job Address 1215 21st St., SACRAMENTO CAL.

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.

RECORDING REQUESTED BY:
Chicago Title Company
Escrow No.: 06-76200100-LR
Locate No.: CACTI7758-7758-4762-0076200100
Title No.: 06-76200100-DP

Sacramento County Recording
Craig A Kramer, Clerk/Recorder
BOOK 20060418 PAGE 2352

Check Number 6931
Tuesday, APR 18, 2006 3:37:36 PM
Tt1 Pd \$10.00 Nbr-0004253432

006-Sacramento Cy DTT PAID

NJF/66/1-2

When Recorded Mail Document
and Tax Statement To:
The Robert F. Daoust and Carol J. Daoust
Trust Dated April 20, 1995
40 Alamo Oaks Lane
Alamo, CA 94587

060794 1015 2/16/06

APN: 007-0151-001-0000

SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT DEED

The undersigned grantor(s) declare(s)
Documentary transfer tax is \$1,045.00 City Tax \$2,612.50

- computed on full value of property conveyed, or
- computed on full value less value of liens or encumbrances remaining at time of sale,
- Unincorporated Area City of Sacramento,

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, Adam Rehfeldt, an unmarried man

hereby GRANT(S) to Robert F. Daoust and Carol J. Daoust, trustees of The Robert F. Daoust and Carol J. Daoust Trust
Dated April 20, 1995

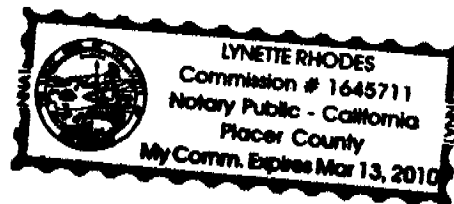
the following described real property in the City of Sacramento, County of Sacramento, State of California:
SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

DATED: March 31, 2006

STATE OF CALIFORNIA)
COUNTY OF Placer)
ON April 3, 2006 before me,
Lynette Rhodes
(here insert name and title of the officer), personally
appeared Adam Rehfeldt

[Signature of Adam Rehfeldt]
Adam Rehfeldt

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) ~~is/are~~ subscribed to the within instrument and acknowledged to me that ~~he/she/they~~ executed the same in ~~his/her/their~~ authorized capacity(ies), and that by ~~his/her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



Witness my hand and official seal.

Signature Lynette Rhodes

MAIL TAX STATEMENTS AS DIRECTED ABOVE

Escrow No.: 06-76200100-LR
Locate No.: CACT17758-7758-4762-0076200100
Title No.: 06-76200100-DP

EXHIBIT "A"

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE CITY OF SACRAMENTO, COUNTY OF SACRAMENTO, STATE OF CALIFORNIA, AND IS DESCRIBED AS FOLLOWS:

The South one-quarter of Lot 1 in the block or square bounded by 21st and 22nd and L Streets and Capitol Avenue in said City of Sacramento, according to the official map of plat thereof.

Initials: _____

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
PERMIT SERVICES SECTION
 1231 I Street, Suite 200
 Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7046

ACTIVITY # 0107796	Isup. Area 1
------------------------------	------------------------

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1215 21ST ST, SACRAMENTO **Suite** _____
PARCEL # _____

CONTACT		LICENSED CONTRACTOR		Lic No. # _____
Name <u>ROBERT F. DROUST</u>	Street Address <u>40 ALAMO OAKS LN.</u>	Name _____	Address _____	
City/State/Zip <u>ALAMO, CAL 94507</u>	Phone <u>510-697-0670</u> FAX <u>925-743-1994</u>	City/State/Zip _____	Phone _____ FAX _____	
E-mail: <u>WINDSONG5D@aol</u>		E-mail: _____		
ARCHITECT/ENGINEER		OWNER		
Name <u>N/A</u>	Address _____	Name <u>ROBERT F. DROUST</u>	Address <u>40 ALAMO OAKS LN.</u>	
City/State/Zip _____	Phone _____ FAX _____	City/State/Zip <u>ALAMO, CAL 94507</u>	Phone <u>510-697-0670</u> FAX <u>925-743-1994</u>	
E-mail: _____		E-mail: <u>WINDSONG5D@aol</u>		

→ Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** _____
 → **WORKER'S COMPENSATION POLICY #** _____ **EXPIRATION DATE:** _____

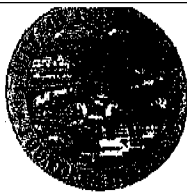
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OCCUPANT/TENANT: NONE **VALUATION:** \$4000⁰⁰

FLOOD STATUS				S.C.A.T.					
JOB DESCRIPTION	<input type="checkbox"/> BLDG	<input type="checkbox"/> SHELL	<input type="checkbox"/> APT	<input type="checkbox"/> TH	<input type="checkbox"/> REM	<input type="checkbox"/> SW	<input type="checkbox"/> FIRE	<input type="checkbox"/> ADD	<input type="checkbox"/> OTHER
INSPECTION DISCIPLINES	BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File	
						SFR ALARM			
<u>B</u>	<u>L</u>	<u>(P)</u>	<u>(B)</u>	<u>(I)</u>	<u>F</u>	<u>S</u>	<u>(D)</u>	<u>PW</u>	<u>UTIL</u>
		<u>BCR</u>	<u>BCR</u>	<u>COX</u>			<u>FMR</u>		

COMMENTS:
Over-the-counter review for plumbing & electrical.

REGIONAL SANITATION FEES? Yes No **HEALTH DEPARTMENT?** Yes No
WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Yes No



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Inspection: (916) 808-4677

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1. Check one below - I or my immediate family (parent, spouse, or child) will perform:

- A - all the work authorized by this permit.
- B - a portion of the work.
- C - none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do:

all of the authorized work. a portion of the authorized work.

Name CALIFORNIA LAMINATED PRODUCT INC. Phone 916-344-6646
 Address 5720 ROSEVILLE RD., SAC., 95842
 Type of Work FURNISH AND INSTALL KITCHEN CABINETS

Name _____ Phone _____
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 Type of Work _____

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 Type of Work _____

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 Type of Work _____

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Title No.: 06-76200100-DP



Sacramento County Recording
Craig A Kramer, Clerk/Recorder
BOOK 20060418 PAGE 2352

Check Number 6931
Tuesday, APR 18, 2006 3:37:36 PM
Ttl Pd \$10.00 Nbr-0004253432

006-Sacramento Cy DTT PAID

NJF/66/1-2

When Recorded Mail Document and Tax Statement To:

The Robert F. Daoust and Carol J. Daoust Trust Dated April 20, 1995
40 ALAMO OAKS Lane
ALAMO, CA 94587

APN: 007-0151-001-0000

SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT DEED

The undersigned grantor(s) declare(s)

Documentary transfer tax is \$1,045.00 City Tax \$2,612.50

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FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, Adam Rehfeldt, an unmarried man

hereby **GRANT(S)** to Robert F. Daoust and Carol J. Daoust, trustees of The Robert F. Daoust and Carol J. Daoust Trust Dated April 20, 1995

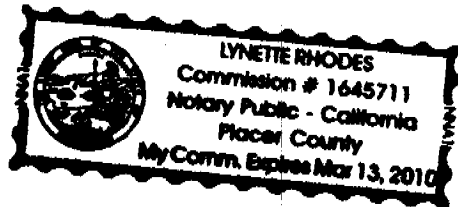
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DATED: March 31, 2006

STATE OF CALIFORNIA)
COUNTY OF Placer)
ON April 3, 2006 before me,
Lynette Rhodes
(here insert name and title of the officer), personally
appeared Adam Rehfeldt

Adam Rehfeldt

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) ~~is/are~~ subscribed to the within instrument and acknowledged to me that ~~he/she/they~~ executed the same in ~~his/her/their~~ authorized capacity(ies), and that by ~~his/her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



Witness my hand and official seal.

Signature Lynette Rhodes

MAIL TAX STATEMENTS AS DIRECTED ABOVE

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Locate No.: CACTI7758-7758-4762-0076200100
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