

00-05572H



CITY OF SACRAMENTO
CALIFORNIA

DEPARTMENT OF
NEIGHBORHOODS,
PLANNING AND DEVELOPMENT

1231 I STREET
ROOM 200
SACRAMENTO, CA
95814-2998

PHONE 916-264-5381

FAX 916-264-7046

STAFF LEVEL OVER THE COUNTER PROJECT REVIEW

Address: 613 Arden Way
Description: **Stucco repair and replacement**

Applicant: Virginia Silva
Owner: Lucille Jorgenson
Date Approved: June 2, 2000
Staff Contact: Ellen A. Schmidt, Junior Architect, 264-5962

STAFF ACTION AND CONDITIONS OF APPROVAL:

Staff has reviewed the proposed project, and approves it with the following conditions of approval:

1. Scope of work is limited to replacement and repair of stucco siding.
2. Existing window trim and sills shall remain.
3. Roof-mounted equipment is not permitted.
4. New stucco color shall match existing color and texture.
5. All other notes and drawings on the final plans as submitted by the applicant are deemed conditions of approval. Any changes to the final set of plans stamped by Design Review staff shall be subject to review and approval prior to any changes.

Sincerely,

Ellen A. Schmidt
Junior Architect
Design Review

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) _____

2. I (have/have not) _____ signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signed Virginia Silva

Job Address 613 Arden Way

Permit No: _____



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