

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0105228

Insp Area: 1

Thos Bros: 297E2

Site Address: 1200 MC CARTHY CT SAC

Parcel No: 001-0090-003

UNITS 1200, 1202, 1204, & 1206

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

SACTO COUNTY HOUSING AUTHORITY
1217 DEL PASO BLVD
SACRAMENTO CA 95815

Nature of Work: REMODEL OF APARTMENT FOR CODE COMPLIANCE, REPLACE PORCH COVERS, WINDOWS, EAVES, NEW ROOF

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);

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 10/09/01 Owner Signature

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 above-mentioned property for inspection purposes.

Date 10/09/01 Applicant/Agent Signature

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 10/9/01 Applicant Signature

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.

SET 2 Blue Dell

### APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
 DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION  
 1231 I Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY #	Insp. Area
0105228	1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1200, 1202, 1204 & 1206 McConthy Court Suite \_\_\_\_\_  
 PARCEL # 001-0090-003

<b>CONTACT</b> Name <u>MIKE Miller</u> Street Address <u>320 Commerce Circle</u> City/State/Zip <u>SACTO CA 95815</u> Phone <u>566.1245</u> FAX <u>566.1275</u> E-mail: _____		<b>LICENSED CONTRACTOR</b> Lic No. # _____ Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
<b>ARCHITECT/ENGINEER</b> Name <u>MIKE Taylor</u> Address <u>320 Commerce Circle</u> City/State/Zip <u>SACTO, CA 95815</u> Phone <u>566.1220</u> FAX <u>566.1275</u> E-mail: _____		<b>OWNER</b> Name <u>CO. City of Sacto Housing Authority</u> Address <u>320 Commerce Circle</u> City/State/Zip <u>SACTO CA</u> Phone <u>566.1240</u> FAX _____ E-mail: _____	

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

NATURE OF WORK IN DETAIL: Lead based paint / Asbestos Abatement, Modernization of Mechanical, electrical, plumbing, porch covers, w. ~~ADA compliance~~

OCCUPANT/TENANT: <u>Public Housing</u>						VALUATION: \$ <u>200,000</u>				
FLOOD STATUS: <u>NR</u>			S.C.A.T. <u>X11; X12; X16; X1.31</u>							
JOB DESCRIPTION		BLDG	SHELL	APT	TI ( )	REM ( <input checked="" type="checkbox"/> )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y ( <input type="checkbox"/> ) N ( <input checked="" type="checkbox"/> )		Fed Code	Vio. File	
		<u>3220</u>		<u>R1</u>	<u>VN</u>	SPR	ALARM	<u>04</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	PW	UTIL	
<u>SMS</u>										

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Plot in  
1200 McCortby  
Kover please

Date of Request:  
By: Mike Miller - SHRA.

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

X Project Address: 1200 McCortby  
320 EHZAST

Assessor's Parcel Number: 001-0090-003

Previous Use: Existing apartment complex.

X Description of Request/Proposed Use: Public Housing

Is This a Change of Use? No

Prior Applications for Project Site (P#, Z#, DRPB#): DR98-180; DR98-122; DR98-119  
Zoning Designation: RMX-SPD  
Richard's Blvd  
Deo  
Pier

Comments: This is <sup>final</sup> phase # final phase of project  
See DR98-122 and DR98-119.

Are There Any Planning Issues?: (circle one) YES NO

- \* Staff Site Plan Check Required? (Circle one) YES NO
- \* ~~Field Inspection Required?~~ (Circle one) ~~YES~~ NO
- \* Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: [Signature] May 4-26-01. See DR98-122 & 119.

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL