

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0405788

Insp Area: 3
Thos Bros: 317E6

Site Address: 6129 24TH ST SAC
Parcel No: 036-0022-018

Sub-Type: NSFR
Housing (Y/N): N

CONTRACTOR
PETER MELNIKOV
5929 SHIRLEY AV
SACRAMENTO CA 95608

OWNER
DICK ARMSTRONG ENTERPRISES INC
6129 24TH ST
SACRAMENTO CA 95822

ARCHITECT

Nature of Work: NSFR -1747sf living area, 472 sf garage, 85 sf covered patio.Design Review

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 License Number 724336 Date 05/25/04 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 _____ Owner Signature _____

PAID
CITY OF SACRAMENTO
MAY 25 2004
NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

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 05/25/04 Applicant/Agent Signature P. Melnikov

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 COMBINED SPECIALTY INS CO Policy Number 005-00011783 Exp Date 01/01/2005

_____, (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 05/25/04 Applicant Signature P. Melnikov

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.

COUNTY SANITATION DISTRICT 1
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE
PERMIT AND CALCULATION

APPLICATION NO. _____ BLDG PERMIT NO. _____

GENERAL INFORMATION THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER

THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION **BUILDING USE**

INSPECTION	RESIDENTIAL	SF 2	MF 1
CSD..	COMMERCIAL USE		
SFCS			
CONSTRUCTION			
INLIEU			
TOTAL FEE			

APN: _____

DESCRIPTION/ SUBDIVISION _____ LOT _____

PROPERTY ADDRESS _____

OWNER _____

MAILING ADDRESS _____

CITY-STATE-ZIP _____ PHONE _____

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE _____

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____

RECEIPT

Certification of Compliance
School District Development

Part I—To be completed by the APPLICANT

Owner's Name/Address DEPT. OF WATER, 244 I.C.
Project Address 124 24th St.
Parcel Number 056-0322-013 Lot No. _____
Subdivision Name _____ No. of Units 1
Applicant's Signature L. Goldenrod Title Home Buyer
Phone No. (916) 484-6260 Date 02/24/04

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 040-750
Building Type (check one) Residential Apartment/Condominium Commercial/Industrial
Square Feet of Chargeable Building Area 1747 A
Signature/Title [Signature] Date 4.2.04

Part III—To be completed by the SCHOOL DISTRICT

School District SCD11SD Certificate No. 4300
 Exempt Comments _____
Residential/Apartment/etc. 1747 A Square ft. x \$ 2.14 = \$ 3738.98
Commercial/Industrial _____ Square ft. x \$ _____ = \$ _____
Total fees collected..... OKH 1592 = \$ 3738.98

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 02/24/04

White & Canary—School District • Pink—Building Department • Goldenrod—Applicant



OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

6129 24TH ST.

ICBO Report #4004

SACRAMENTO, CA

Date of Job Completion 06-01-05

PLASTERING CONTRACTOR:

Name: MELI BOU CONSTRUCTION INC.

Address: 5929 SHIRLEY AVE. CARHAMEL, CA 95628

Telephone No: (916) 484-6360

Contractor Number of Diamond Wall System 8724336

This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

06-01-05

Meli Bou

Signature of authorized representative of Plastering Contractor

This installation card must be presented to the building inspector after completion of work and before final inspection.

INSTALLATION CERTIFICATE

(Page 1 of 13)

CF-6R

6129 24TH ST. SACRAMENTO CA 0405788

Site Address

Permit Number

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 (pkgs. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ (CF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
CENTRAL AIR	ARMSTRONG	1	80%	ATTIC	4.2	25,000	23,000
AIR	ARMSTRONG		80%				
	BL-1A						

Cooling Equipment

Equip. Type (pkgs. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ (CF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
SPLIT AIR CONDITION.	ARMSTRONG	1	10.5 SEER	ATTIC	4.2	42,000	42,000
AIR	SC-170892						

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.

Reka Kell Nov 06-01-05
 Signature, Date

MELNIKOV CONSTR., INC.
 Installing Subcontractor (Co. Name)
 OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CEC 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 ³ (EF, RE)	Standby Loss (%)	External Insulation R-value ⁴
STANDARD	ARMSTRONG	STANDARD	AUTOMATIC	1	40,000	50	0.62	N/A	N/A
GAS	R66240103NO								

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 0.55.

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.

Reka Kell Nov 06-01-05
 Signature, Date

MELNIKOV CONSTR., INC.
 Installing Subcontractor (Co. Name) OR
 General Contractor (Co. Name) OR Owner

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

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 Panels	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. JACO WEN	0.34	0.34	2	2	30.0	BUESCREEN	FRONT
2. " " "	0.34	0.34	2	1	4.0	" " "	LEFT
3. " " "	0.34	0.34	2	2	40.0	" " "	REAR
4. " " "	0.34	0.34	2	1	40.0	" " "	REAR
5. " " "	0.34	0.34	2	3	43.0	" " "	RIGHT
6. " " "	0.34	0.34	2	2	30.0	" " "	RIGHT
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.

Peter Wilson 06-01-05 MELTROU CONSTR., INC.

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

P2 of 13

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 6129 24th ST A.P.N. 036-0022-018

<u>Applicant Information</u>		<u>Project Information (Check One)</u>	
Name	<u>MELNIKON CONSTRUCTION, INC</u>	Single Family Dwelling	<input checked="" type="checkbox"/>
Address	<u>5929 SHIRLEY AVE</u>	Duplex	<input type="checkbox"/>
	<u>CARMICHAEL, CA 95608</u>	Triplex	<input type="checkbox"/>
Phone	<u>(916) 484-6350</u>	Deep Lot Development	<input type="checkbox"/>

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 Y * N

- How much fill? _____ Yards Depth Y * N

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 LUDA MELNIKOV Title OFF. MANAGER

Signature L. Melnikov Date 04/30/04

Owner or Contractor

PART III (To be completed by staff)

What is the acreage of the parcel to be built on? 50/100 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: _____

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: 5.19.04

Building permit #: 0405788

Photo & APPROVED / [Signature]

MICROFILM THIS DOCUMENT

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