

CITY OF SACRAMENTO

Permit No: 0603921

1231 I Street, Sacramento, CA 95814

Insp Area: 3

Thos Bros: 317E1

Site Address: 2548 7TH AV SAC

Sub-Type: REM

Parcel No: 013-0263-011

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

BROWNSTONE DONNI BLAIR
2548 7TH AV
SACRAMENTO, CA 95818

Nature of Work: INTERIOR KITCHEN AND BATH REMODAL, REMOVAL OF 2 NON LOAD BEARING WALLS -- ADDING SOME ELEC OUTLETS IN KITCHEN AND BATHROOM

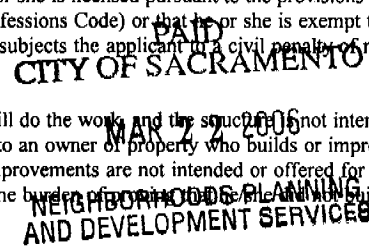
CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

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 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 or 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

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 3/22/06 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:

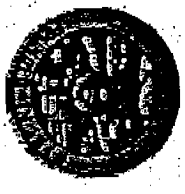
Carrier Policy Number Exp Date

(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 3/22/06 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.

2548 7th Av.  
0603921



**CITY OF SACRAMENTO**  
PLANNING & BUILDING DEPARTMENT  
BUILDING DIVISION  
www.cityofsacramento.gov  
Help Line: 1-916-808-5858 OR 1-888-EZ-PERMIT  
Inspection: 1-916-808-7622



Fax # 916-808-1901 Downtown Permitt Center, New City Hall  
915 I Street, 3rd Floor, Sacramento, CA 95834  
North Permitt Center  
2101 Arvins Blvd., Suite 200, Sacramento, CA 95834  
Fax # 916-808-8370

Activity # 0603921

**FAXED PERMIT APPLICATION**  
(certain restrictions apply)

Date: 3/2/06

*Faxed request must be received in this office by 3:00 P.M. to be processed the following workday.  
Note: Contractors must have a current certificate of Worker's Compensation Insurance.*

*Note: Work started before a Building Permit is issued will be subject to a fine.*

**IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:**

RESIDENTIAL     APARTMENTS (4+ units per building)     COMMERCIAL (limited)  
Unit # \_\_\_\_\_ Contract Price \$ 50,000

Job Address: 2548 7th Ave  
Contact Person: Dawn Brewster  
Contractor: \_\_\_\_\_ License # \_\_\_\_\_

Property Owner: Dawn Brewster  
Address: 2548 7th Ave  
City/State/Zip: Sacto Ca 95818  
Phone: 916-457-1780  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Nature of Work: (Provide detailed description of work & indicate type of work in sections below).  
Description of Work: Interior Kitchen & Bath Remodel

<input type="checkbox"/> Rooftop (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: <input type="checkbox"/> Siding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco *Design Review approval may be required.	<input type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: _____ Equipment: \$ _____ Cut-in: \$ _____ *Design Review approval may be required.	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> Dry Rot or Termite <input type="checkbox"/> Damage Repair (Describe Locations Below) *Design Review approval may be required.	<input checked="" type="checkbox"/> Minor Electric and/or Minor Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E ◆ NOTE: Correction Notice items will require an additional building permit.
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Mar. 13, 2006

To Whom It May Concern,

I authorize Nicole Marvin to pull the permits for the job located at 2548 7th Ave.

Sac., CA 95818.

Donni B. Brownstone

Donni B. Brownstone

916-457-1758

916-715-8216

# DENNIS MOFFETT

Certified Energy Analyst #R05-02-638

Title 24 Consultant

CHEERS Certified H.E.R.S. Rater

7836 Fair Oaks Blvd., Carmichael, California, 95608

Phone: 916-944-2484 Fax: 916-944-3307

E-Mail: [DenMof@aol.com](mailto:DenMof@aol.com)

Ted Smith Building Design

March 20, 2006

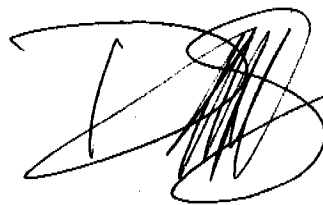
RE: Brownstone Remodel

Dear Sir

I have reviewed the aforementioned project and determined this renovation will comply if the following "Package D" requirements are met and incorporated into the plans. It appears the only modification is changing all the windows from single pane to dual pane/vinyl frame windows. There does not seem to be any changes to the outside envelope. Please be sure the following fenestration rules are applied:

1. The new installed fenestrations (glass) must have a Maximum U value of .57 or lower and must have a SHGC (Solar Heat Gain Coefficient) of .40 or lower.

With all this in consideration, I feel you should present this letter to the building department with this information on the plans and this addition should be acceptable to them.



Member of California Association of Building Energy Consultants



CITY OF SACRAMENTO

New City Hall
915 I Street, 3rd Floor
Sacramento, CA 95814

www.cityofsacramento.org
Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-7622

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

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 - [x] 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:

- [x] all of the authorized work. [ ] a portion of the authorized work.

Name Donni Brownstone Phone 457-1788
Address 2548 7th Ave Sacto. Ca 95818
Type of Work Kitchen/Bath Remodel

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 Nicole Martin (Printed name), [Signature] (for Donni Brownstone)
Date \_\_\_\_\_ Case No. \_\_\_\_\_ Permit No. \_\_\_\_\_
Job Address \_\_\_\_\_

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