

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0401652

Insp Area: 3

Thos Bros: 318C6

Site Address: 7471 HAINESPORT WY SAC

Parcel No: 038-0224-018

Sub-Type: REM

Housing (Y/N): N

PAID

~~CITY OF~~ SACRAMENTO

FEB 3 2004

CONTRACTOR

OWNER

ESTRADA JAIME N/ARACELI P
7471 HAINESPORT WY
SACRAMENTO CA 95824

Nature of Work: TWO MORE CLIENTS ADDED TO EXIST. HOME CARE FACILITY INCLUDE 6 AMBULATORY CLIENTS, ALARM INSTALLATION

NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES

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 2-3-04 Owner Signature [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 abovementioned property for inspection purposes.

Date 2-3-04 Applicant/Agent Signature [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 2-3-04 Applicant Signature [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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
 1231 I Street, Suite 200 or 2101 Arena Bl., 200
 Sacramento, CA 95814 Sacramento, CA 95834
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY # 04016 **Insp. Area**

Applicant to complete all areas down to valuation

ADDRESS 7471 HAINESPORT WY Scc CA 95824 **Suite** _____
PARCEL # _____

<p style="text-align: center;">CONTACT</p> <p>Name <u>(JAIME N.)</u> Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>JAIME N. ESTRADA</u> Address <u>7471 HAINESPORT WY</u> City/State/Zip <u>SAC CA 95824</u> Phone <u>(916) 386-1079</u> FAX _____ E-mail: _____</p>

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

NATURE OF WORK IN DETAIL:
RESIDENTIAL CARE HOME FACILITY 600/CS
(ADULT RESIDENTIAL) AMBULATORY
Install Fire Alarm, Pull Switch and Hold

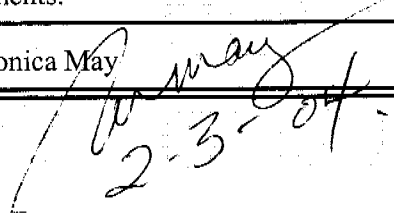
OCCUPANT/TENANT: _____ **VALUATION: \$** ✓ \$300

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	PLUMB	ELEC	SITE	FIRE			
# Stories	1 st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File				
				<u>R-2.2.1</u>		SPR	ALARM						
B	L	P	M	E	F	S		D	PW	UTIL			

COMMENTS:

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

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 7471 Hainesport Way	APN: 038-0224-018
DRPB AREA / PUD / SPD: None	ZONING: R1
EXISTING LAND USE: Single family home with attached garage, currently used as a Family Care Facility serving four clients.	
PROPOSED USE: Obtain permits for fire alarm system necessary in order to add to more clients, for a total (maximum) of six clients. No expansion of structure proposed, no garage conversion proposed.	
<p><u>PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:</u></p> <p><input type="checkbox"/> Planning review is NOT required.</p> <p><input type="checkbox"/> Use is NOT allowed; applicant CANNOT submit for plan check.</p> <p><input type="checkbox"/> Requires APPLICATION(s): PC ZA IR ER DR PB</p> <p style="padding-left: 40px;">Required Planning application must be submitted <i>before</i> project can be submitted for plan check.</p> <p><input type="checkbox"/> Application(s) IN PROGRESS:</p> <p style="padding-left: 40px;">Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.</p> <p><input type="checkbox"/> Application(s) COMPLETED:</p> <p style="padding-left: 40px;">Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period.</p> <p><input checked="" type="checkbox"/> Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.</p> <p><input type="checkbox"/> Meets setback & lot coverage requirements as shown on site plan provided.</p> <p><input type="checkbox"/> Plans to be submitted have been stamped/signed by Planning counter staff.</p> <p><input type="checkbox"/> Route to SITE for plan check and inspection.</p> <p><input type="checkbox"/> Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.</p>	
COMMENTS: Site plan not required – no expansion of structure proposed, and no garage conversion proposed. Increasing number of clients to a maximum of six. A Family Care Facility serving six or fewer clients does not require planning entitlements.	
DATE: February 3, 2004	BY: Monica May 

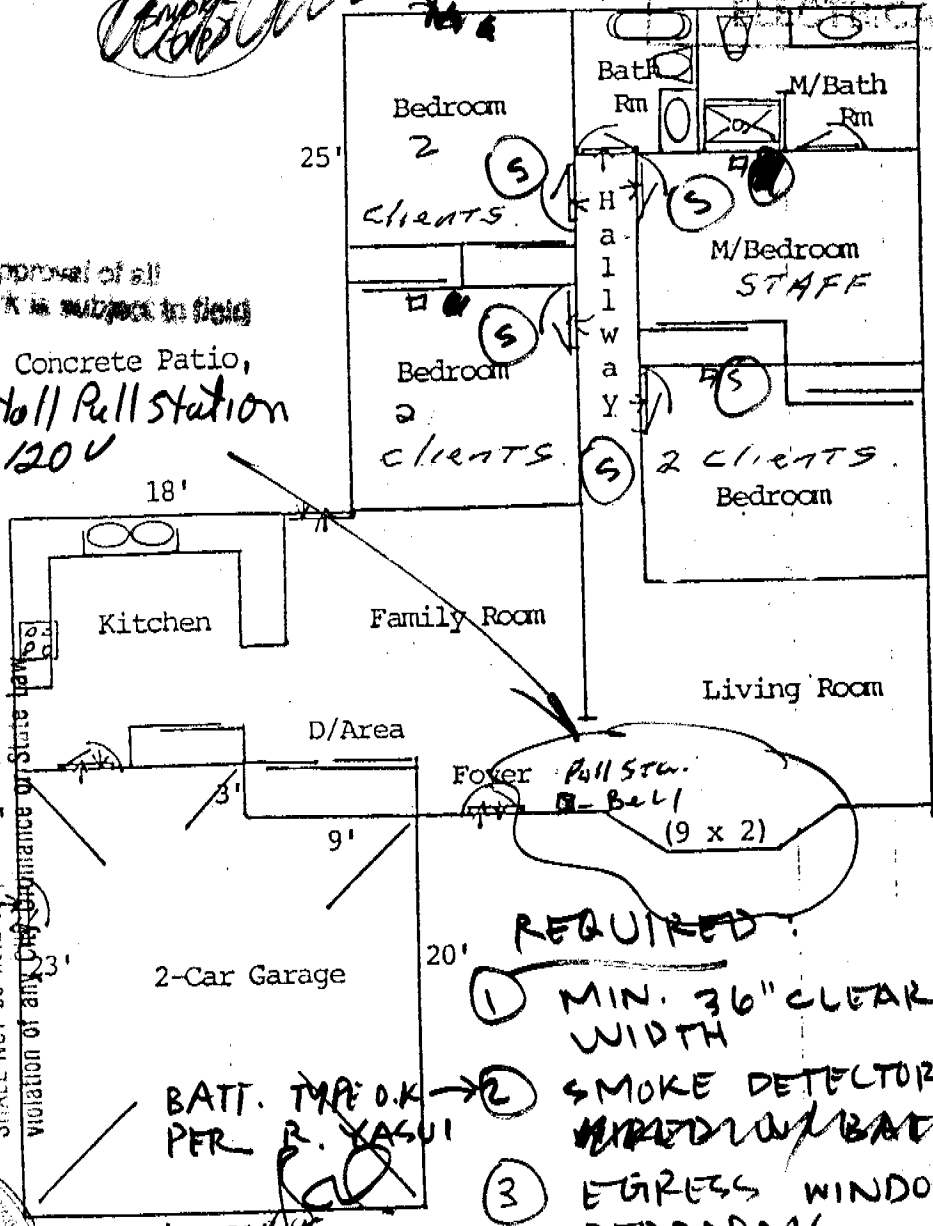
ESTRADA EJECT
FEB 2 2004

ESTRADA EJECT
SKETCH ADDENDUM

APPROVED FOR 1999
T.L.M. 2-3-4
ELECTRICAL DIVISION

Handwritten signature

The approval of all
Electrical work is subject to field
inspections
Concrete Patio,
Elect. Install Pull Station
and bell. 120V



EGRESS OR RESCUE WINDOWS FROM SLEEPING
ROOMS SHALL HAVE A MINIMUM NET CLEAR OPENING
OF 5.7 SQUARE FEET. THE MINIMUM NET CLEAR
OPENING HEIGHT DIMENSION SHALL BE 24 INCHES.
THE MINIMUM NET CLEAR OPENING WIDTH DIMENSION
SHALL BE 20 INCHES. WHERE WINDOWS ARE PROVIDED
AS A MEANS OF EGRESS OR RESCUE THEY SHALL HAVE
A FINISHED SILL HEIGHT NOT MORE THAN 44 INCHES
ABOVE THE FLOOR.

The approval of this plan and specification
SHALL NOT be held to permit or approve the
violation of any Ordinance or State law
by the City of Sacramento or its officials
in any way changes or alterations from the
same without written permission from the
building Inspection Division.

REQUIRED:

- 1 MIN. 36" CLEAR HALLWAY WIDTH
- 2 SMOKE DETECTORS (S) ~~MINIMUM~~ BATTERY BACKUP
- 3 EGRESS WINDOWS IN ALL BEDROOMS

BATT. TYPE OK
PER R. YASUI

Handwritten signature
2/3/04

Jaime N. Estrada
7471 Hainesport Way
Sacramento Ca. 95824

LIVING AREA: A= 25 x 30 = 750
13 x 48 = 624
3 x 36 = 108
9 x 2 = 18

1500 S.F.

Meeting Place
7470 Hainesport
Across Street

60-689
Ambulatory.

GARAGE: 3 x 12 = 36
20 x 21 = 420
456 S.F.

APPROVED
City of Sacramento Plan Review
FIRE
Signature R2.2.1 Date 2-3-04