

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0505789**

**Insp Area: 3**

**Thos Bros: 317G4**

**Sub-Type: HSG**

**Site Address: 5201 MARTIN LUTHER KING BL SAC**

**Parcel No: 022-0300-020**

**permit expires in 60 days 8-13-2005 Housing (Y/N): Y**

**CONTRACTOR**

ZEBRA CLEANING /RESTORATON  
11365 SUNRISE PARK #200  
RANCHO CORDOVA, CA 95642 95642

**OWNER**

AL ZGHOUL FAMILY TRUST  
1165 HILLSIDE BL  
DALY CITY, CA 94014

**ARCHITECT**

**Nature of Work: H-050011574--Repair damage caused by an automobile collision.**

**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 6-13-05 Contractor Signature [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 \_\_\_\_\_

**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 6-13-05 Applicant/Agent Signature [Signature]

**PAID**  
**CITY OF SACRAMENTO**

**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 6-13-05 Applicant Signature [Signature]

**NEIGHBORHOODS PLANNING**  
**ALTERNATIVE SERVICES**

**WARNING: FAILURE TO SECURE WORKERS 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.**

City of Sacramento  
Development Services Department  
**PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL**

|   |   |
|---|---|
| ADDRESS: 5201 Martin Luther Blvd.   | APN: 022-0300-020   |
| DRPB AREA / PUD / SPD: Oak Park Design Review   | ZONING: R-2B  |
| EXISTING LAND USE: Multi family Residence   |   |
| PROPOSED USE: Multi family residence  |   |
| <b>PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:</b>  |   |
| <input type="checkbox"/>  | Planning review is NOT required.  |
| <input type="checkbox"/>  | Use is NOT allowed; applicant CANNOT submit for plan check.   |
| <input type="checkbox"/>  | Requires APPLICATION(s): PC      ZA      IR      ER      DR      PB<br>Required Planning application must be approved <i>before</i> project can be submitted for plan check   |
| <input type="checkbox"/>  | Application(s) IN PROGRESS:    File Number:<br>Application must be approved before project can be submitted for plan check.   |
| <input type="checkbox"/>  | Application(s) COMPLETED:    File Number & approval date:    Over-the-counter June 13, 2005<br>Building permit must conform to approved plans and comply with all conditions of approval.<br>Do NOT accept applications for a building permit prior to the end of the 10-day appeal period. |
| <input checked="" type="checkbox"/>   | <b>Plans may be submitted for plan check.</b> Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.   |
| <input type="checkbox"/>  | Meets setback & lot coverage requirements as shown on site plan provided.   |
| <input type="checkbox"/>  | Plans to be submitted have been stamped/signed by Planning counter staff.   |
| <input type="checkbox"/>  | Route to SITE for plan check and inspection.  |
| <input type="checkbox"/>  | Route to SITE for inspection only, plan check not required.   |
| <input type="checkbox"/>  | Preliminary review <b>ONLY</b> ; the information on this form <b>must be reviewed again and confirmed</b> at the time of building permit submittal.   |
| CONDITIONS AND COMMENTS:    Applicant shall repair damaged elevation including, replacing stucco siding to match existing, and window replacement. No change to footprint or set backs. |   |
| DATE: 6-13-05   | BY: Andrea Di Matteo  |



**CITY OF SACRAMENTO  
CALIFORNIA**

PLANNING AND  
BUILDING  
DEPARTMENT  
PHONE 916-264-5381

1231 I STREET, ROOM 200  
SACRAMENTO, CA  
95814-2998  
FAX 916-264-7046

Over-The-Counter Project Review

Address: 5201 Martin Luther King Blvd.  
Description: Repair Car Damage at Existing Residence  
  
Applicant: Steve McMillen  
Date Approved: June 13, 2005  
Staff Contact: Andrea Di Matteo, Planning Technician, 808-1928

STAFF ACTION AND CONDITIONS OF APPROVAL:

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

1. Repair and replace stucco finish at damaged elevation to match existing.
2. Replace damaged window at front elevation to match existing.
3. The scope of exterior work is limited to the above listed items. Any changes are subject to Design Review staff approval.

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**Andrea Di Matteo**  
Planning Technician  
Design Review



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CALIFORNIA**

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**Andrea Di Matteo**  
Planning Technician  
Design Review

# 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 |
|------------|------------|

Applicant **MUST** complete ALL Unshaded Areas

ADDRESS: 5201 Martin Luther King Blvd. #3 Suite: \_\_\_\_\_

PARCEL #: 022-0300-020

|  |   |
|--|---|
| <p style="text-align: center;"><b>CONTACT</b></p> <p>Name: _____<br/>                 Street Address: _____<br/>                 City/State/Zip: _____<br/>                 Phone: _____<br/>                 E-Mail: _____</p>            | <p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>744437</u></p> <p>Name: <u>Zebra Restoration Services</u><br/>                 Street Address: <u>11365 Sunrise Park Dr. #200</u><br/>                 City/State/Zip: <u>Rancho Cordova, CA 95642</u><br/>                 Phone: <u>(916) 635-8571</u><br/>                 E-Mail: <u>Stephen@zebrarrestoration.com</u></p> |
| <p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name: _____<br/>                 Street Address: _____<br/>                 City/State/Zip: _____<br/>                 Phone: _____<br/>                 E-Mail: _____</p> | <p style="text-align: center;"><b>OWNER</b></p> <p>Name: _____<br/>                 Street Address: _____<br/>                 City/State/Zip: _____<br/>                 Phone: _____<br/>                 E-Mail: _____</p>   |

⇒ Will permittee have any employees on the jobsite?  No  Yes ⇒ Insurance Co.: State Fund

⇒ WORKER'S COMPANSATION POLICY # 427-2004 EXPROATION DATE: 7-1-05

NATURE OF WORK IN DETAIL: Re construction due to vehicle damage.

OCCUPANT/TENANT: Tenant VALUATION: \_\_\_\_\_

|                        |                          |            |          |            |            |                 |        |          |           |             |     |
|------------------------|--------------------------|------------|----------|------------|------------|-----------------|--------|----------|-----------|-------------|-----|
| FLOOD STATUS:          |                          |            | S.C.A.T. |            |            |                 |        |          |           |             |     |
| JOB DISCRPTION         |                          |            | BLDG     | SHELL      | APT        | TI( )           | REM( ) | SW       | FIRE      | ADD         | OTH |
| INSPECTION DISCIPLINES |                          |            | BLDG     | MECH       | PLUMB      | ELEC            |        | SITE     | FIRE      |             |     |
| # Stories              | 1 <sup>st</sup> Flr Area | Total Area | Use Zone | Occp Group | Coast type | Fire Req. Y / N |        | Fed Code | Vio. [H]  | File [Quad] |     |
|                        |                          |            |          |            |            | SPR             | ALARM  |          |           |             |     |
| <b>B</b>               | <b>L</b>                 | <b>P</b>   | <b>M</b> | <b>E</b>   | <b>F</b>   | <b>S</b>        |        | <b>D</b> | <b>PW</b> | <b>UTIL</b> |     |

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

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT:  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed