

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0507485

Insp Area: 1

Thos Bros: 297E3

Site Address: 415 20TH ST SAC

Parcel No: 003-0125-001

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

OWNER

MORRISON KELLY L & MICHAEL R.
415 20TH ST
SACRAMENTO, CA 95814

ARCHITECT

Nature of Work: EXT- REHAB-cut in hvac,reroof ,new gutters, dryrot repairs as nec. new lap siding, c/o windows,

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 5/26/05 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 5/26/05 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 self-insurance 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 project 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 5/26/05 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.



Downtown Permit Center
 1231 I Street, Suite 200, Sacramento, CA 95814

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

PRELIMINARY RESIDENTIAL APPLICATION

1-916-808-5656 OR 1-866-EZ-PERMIT

415 20TH STREET			
BUILDING SITE ADDRESS	SUITE	INSP. AREA	
003-0125-001		0507485	
ASSESSOR'S PARCEL NO.	COMMUNITY PLAN NO.	PLAN CHECK NO.	

NAME OF APPLICANT	ADDRESS	ZIP CODE	PHONE #	FAX #
MICHAEL MORRISON	9145 S. CAMDENWAY ELK GROVE, CA	95624	916 806 2781	916 685 5456
PROPERTY OWNER				
MICHAEL MORRISON	9145 S. CAMDENWAY ELK GROVE, CA	95624	916 806 2781	916 685 5456
LICENSED CONTRACTOR		LICENSE #:		
ARCHITECT/ENGINEER				

No. of Stories	No. of Rooms	Roof Covering	Area 1 st Floor	Total Area	Garage Area	Patio Area
1	7	COMP	962	962	NONE	NONE

THIS PERMIT IS FOR:

- BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

NATURE OF WORK IN DETAIL

apply new siding, ~~Re-roof~~, Reroof-T/O, dryrot repairs as necessary, apply dim lam emp. C/O windows cut in ground mount HVAC

\$ 15,000
 VALUATION

12/28/2004



DEVELOPMENT SERVICES
DEPARTMENT
CITY OFFICES @ 13TH & I STREETS
(916) 264-5543 Fax

CITY OF SACRAMENTO
CALIFORNIA

PRESERVATION OFFICE
1231 "I" STREET, RM 200
SACRAMENTO, CA 95814
(916) 808-5962 Phone

CERTIFICATE OF APPROPRIATENESS

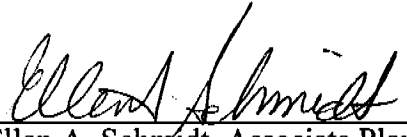
File Number:	PB05-046	Applicant/Owner:	Micheal Morrison
Address:	415 20 th Street	Date Filed:	May 26, 2005
Classification:	Non-Contributing	Date Approved:	May 26, 2005
Staff Contact:	Ellen A. Schmidt, 808-5962	APN:	003-0125-001

Project Description: Replace siding, windows, roof and other repairs

Findings of the Preservation Director/Office: The Preservation Director has determined the project to be consistent with the Secretary of Interior's Standards for the Treatment of Historic Properties and the goals and policies of Chapter 15.124 of Title 15 of the Sacramento City Code.

The Preservation Director has reviewed the proposed project, and approves it with the following conditions of approval:

1. The project shall be located and constructed of the materials indicated in this approval.
2. Provide new six inch lap siding on all exterior walls. Siding shall have a smooth finish
3. Provide new vinyl or fiberglass windows on front façade. Each front window configuration shall consist of a large fixed window with a single hung window on each side. Windows on other elevations may be replaced at owner's option and shall also be vinyl or fiberglass.
4. Provide new four inch wood trim and sills at all new windows.
5. Provide 30 year laminated dimensional composition roof and new ogee gutters. Rolling of roofing material along barge rafters is not allowed.
6. All woodwork shall have a smooth, painted finish – no rough-sawn allowed.
7. Repair dryrotted rafters as necessary. Match existing.
8. Provide new ground-mounted HVAC unit in either rear of sideyard. Unit shall not be visible from any street views.
9. No other exterior work is allowed
10. Any changes to this final approval shall be subject to review and approval prior to any changes.
11. This approval shall expire in three years from the approval date.


Ellen A. Schmidt, Associate Planner


Date

THIS IS NOT A PERMIT TO COMMENCE WORK OR CHANGE OF OCCUPANCY. PERMITS FROM THE BUILDING DIVISION (AND ANY OTHER APPROPRIATE AGENCIES) MUST BE SECURED BEFORE WORK IS STARTED OR OCCUPANCY IS CHANGED.

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

ADDRESS: 415 20 th Street	APN: 003-0125-001
DRPB AREA / PUD / SPD: Boulevard Park	ZONING: R-1B
EXISTING LAND USE: SFR	
PROPOSED USE: Exterior Rehab of an existing SFR	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<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 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: Application must be approved before project can be submitted for plan check.
<input checked="" type="checkbox"/>	Application(s) COMPLETED: File Number & approval date: PB05-046 approved May 26, 2005 Building permit must conform to approved plans and comply with all conditions of approval. Do NOT accept applications for a building permit prior to the end of the 10-day appeal period.
<input 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.
<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 ONLY ; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
CONDITIONS AND COMMENTS: The proposed project is for the exterior rehab of an existing structure only. The existing footprint shall not be modified or expanded as part of this project. The existing setbacks and height of the structure will not be impacted as part this project.	
DATE: May 26, 2005	BY: Darryl Wheeler

RECORDING REQUESTED BY
Financial Title Company
AND WHEN RECORDED MAIL TO



Sacramento County Recording
Mark Norris, Clerk/Recorder
BOOK 20050429 PAGE 3905

Friday, APR 29, 2005 4:23:36 PM
Tel Pd \$10.00 Nbr-0003546062

006-Sacramento Cy DTT PAITJH/12/1-2

Name Kelly L. Morrison

Street Address

City, State
Zip

Order No. 42476105-815-TJA

SPACE ABOVE THIS LINE FOR RECORDER'S USE

GRANT DEED

THE UNDERSIGNED GRANTOR(s) DECLARE(s)
City of Sacramento or Unincorporated Area
or
City Conveyance Tax is \$
at
Parcel No. 003-0125-001

Documentary Transfer Tax is \$302.50
 computed on full value of interest or property conveyed,
 full value less value of liens or encumbrances remaining
the time of sale

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,
Arnold Saenz and June M. Saenz, Trustee of The Saenz Revocable Trust, dated October 25, 2002
hereby GRANT(s) to
Kelly L. Morrison and Michael R. Morrison, wife and husband
the following real property:
See Exhibit A attached hereto and made a part hereof.

Dated: April 27, 2005

STATE OF CALIFORNIA
COUNTY OF Sacramento } S.S.

On April 27, 2005 before me,

Tammy Alfaro

a Notary Public in and for said County and State, personally appeared

Arnold Saenz and

June M. Saenz

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s), acted, executed the instrument.

WITNESS my hand and official seal.

Signature Tammy Alfaro

THE SAENZ REVOCABLE TRUST,
DATED OCTOBER 25, 2002

Arnold Saenz TRUSTEE

June M. Saenz TRUSTEE



(This area for official notarial seal)

MAIL TAX STATEMENTS TO PARTY SHOWN ON THE FOLLOWING LINE; IF NO PARTY SHOWN, MAIL AS DIRECTED ABOVE

Name

Street Address City & State



**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DEPARTMENT
BUILDING DIVISION**

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834
Inspection: (916) 808-4677

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 - 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:

- all of the authorized work.
- a portion of the authorized work.

Name TBD - HVAC Phone _____

Address _____

Type of Work _____

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 *Alfred Merini*

Date 5/26/05 Case No. 0507485 Permit No. _____

Job Address 415 20TH STREET

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



CITY OF SACRAMENTO

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection Request: 1-916-808-7622

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

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

HEATING and COOLING EQUIPMENT QUESTIONNAIRE

Applicant's Name: MICHAEL MORRISON Phone: 806.2781
Project Address: 415 20TH STREET Phone: _____

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

1. GROUND-MOUNTED UNIT

- a. There is an existing ground-mounted unit.
 - The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit by more than 25%.
 - The new unit differs in location from the existing unit.
 - The new unit is fully screened behind a solid fenced area and will not be visible from any street views.
- b. There is no unit in the proposed location.
 - The new unit will be fully screened behind a solid fenced area and will not be visible from any street views.
 - Existing shrubs or building will screen the unit from being visible from any street views.

2. ROOF-MOUNTED UNIT

- a. There is an existing roof-mounted unit.
 - The existing unit shall be removed. The new unit shall be placed in the same location as the existing unit and shall not exceed the size of the existing unit by more than 25%.
 - The new unit differs in location from the existing unit. The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views.
- b. There is no existing roof-mounted unit.
 - The new unit shall be screened from street views by the building with no portion of the new unit being visible from any street views.

By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: [Signature] Date: 5/26/05

FOR CITY STAFF USE ONLY Counter Staff: [Signature]

- In a DR District. Meets DR criteria? Yes No (route to DR staff)
- In a P area or listed (route to P staff)
- Not in a DR or P area



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

ROOFING QUESTIONNAIRE

Applicant's Name: MICHAEL MARINSON Phone: 806.2781

Project Address: 415 20TH STREET Phone: _____

Please check the appropriate boxes. Only check a box if it accurately and completely describes your proposed work, otherwise leave boxes blank.

1. ROOFING TYPE

a. The existing roofing material is composition shingle, wood shake or shingle, tile or metal. The new roofing material will be:

- | Existing | Proposed | |
|--------------------------|-------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 30 year laminated dimensional composition |
| <input type="checkbox"/> | <input type="checkbox"/> | Wood shake or shingle |
| <input type="checkbox"/> | <input type="checkbox"/> | Tile |
| <input type="checkbox"/> | <input type="checkbox"/> | Metal that simulates one of the above listed materials |

b. The new roofing material will be:

- | Existing | Proposed | |
|--------------------------|--------------------------|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | Built up |
| <input type="checkbox"/> | <input type="checkbox"/> | Foam |
| <input type="checkbox"/> | <input type="checkbox"/> | Membrane |

2. GUTTERS

- a. The existing gutters are fascia gutters.
 There is no change proposed to existing gutters.
 New fascia gutters shall be provided.
 Gutters shall be repaired and/or replaced to match existing.
- b. The existing gutters are Ogee gutters.
 There is no change proposed to existing gutters.
 New Ogee gutters shall be provided.
 Gutters shall be repaired and/or replaced to match existing.
- c. There are no existing gutters.
 No new gutters are proposed.
 New Ogee gutters shall be provided.

3. RAFTER TAILS

- a. There are no exposed rafter tails.
b. There are no existing gutters.

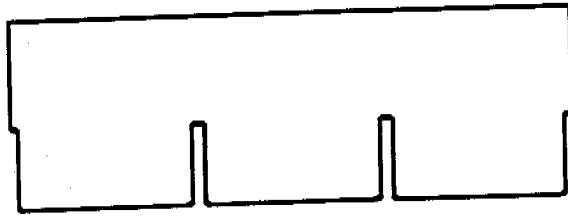
By signing below, the applicant certifies that this form accurately describes the proposed work.

Applicant's signature: [Signature] Date: 5/26/05

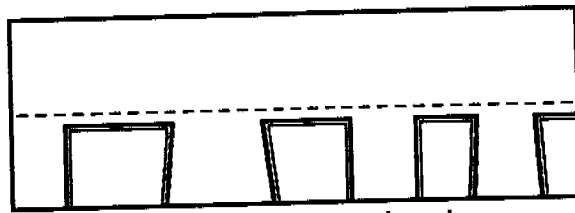
FOR CITY STAFF USE ONLY Counter Staff: [Signature]

- In a DR District. Meets DR criteria? Yes No (route to DR staff)
 In a P area or listed (route to P staff)
 Not in a DR or P area

COMPOSITION ROOFING MATERIALS



Three-tab NOT ALLOWED
in Design Review Areas



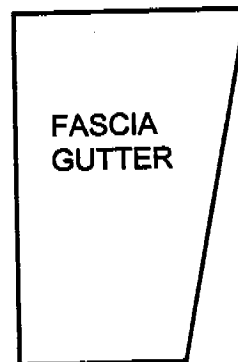
Laminated Dimensional
minimum 30-year required

GUTTER TYPES



OGEE
GUTTER

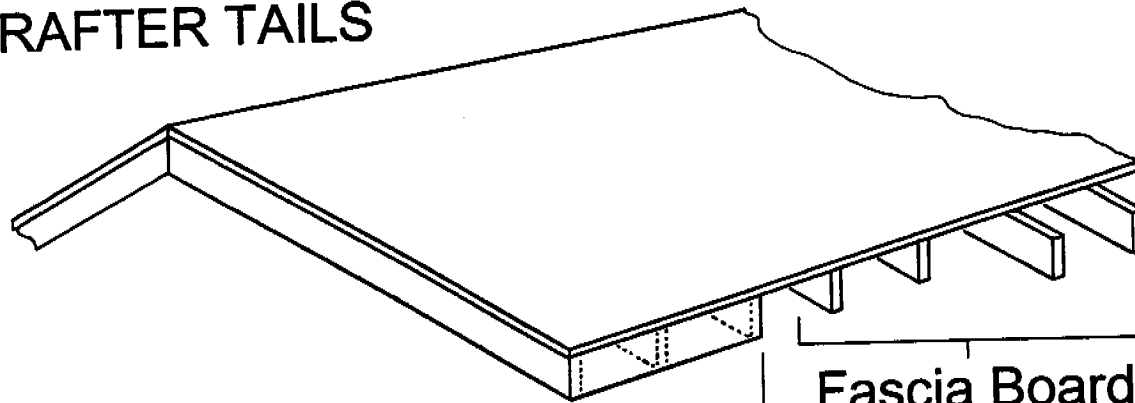
Typical of
older style
architecture



FASCIA
GUTTER

Typical of
newer 'modern'
architecture

RAFTER TAILS



covering ends
of Rafters

Fascia Board Exposed
Rafter Tails