

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 9810361

Insp Area: 1

Site Address: 5318 N ST SAC

Parcel No 008-0351-032

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

TICON CONSTRUCTION
2020 HURLEY WAY
SACRAMENTO 95825

OWNER

TICON CONSTRUCTION INC
5318 N ST
SACRAMENTO CA 95819

ARCHITECT

Nature of Work: NEW SINGLE FAMILY RESIDENCE, 6 ROOMS

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.

X License Class B1 License Number 352276 Date 4-2-99 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.

X Date 4-2-99 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:

X Carrier MARLAND Insurance Group Policy Number 33400566 Exp Date 7-21-99
GOLDEN EAGLE INSUR. COOP NWC-26944504

____ (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 these provisions.

X Date 4-2-99 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.

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT



SCHOOL DISTRICT DEVELOPMENT FEES

PROPERTY OWNER'S NAME <i>THOMAS A. COOK</i>	
OWNER'S ADDRESS <i>1444 14th St</i>	
PROJECT ADDRESS <i>5318 N Street</i>	
PARCEL NUMBER <i>1444 14th St</i>	LOT NUMBER
SUBDIVISION NAME	
NUMBER OF UNITS <i>1</i>	
APPLICANT'S SIGNATURE <i>Jack McDonald</i>	
TITLE OF APPLICANT <i>Inspector</i>	
DATE <i>10-16-98</i>	TELEPHONE NUMBER <i>916-491-1090</i>

PLAN IDENTIFICATION NUMBER <i>9810361</i>	
BUILDING TYPE (CHECK ONE)	
<input checked="" type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> APARTMENT/CONDOMINIUM
<input type="checkbox"/> COMMERCIAL/INDUSTRIAL	
SQUARE FEET OF CHARGEABLE BUILDING AREA <i>1729</i> ϕ	
SIGNATURE <i>Jack McDonald</i>	
TITLE <i>BUILDING INSPECTOR</i>	DATE <i>10-16-98</i>

DISTRICT CERTIFICATION NUMBER <i>6554</i>	
EXEMPT	COMMENTS
RESIDENTIAL / APARTMENT / ETC.	<i>1729</i> SQ. FT. X \$ <i>1.72</i> = \$ <i>2973.88</i>
COMMERCIAL / INDUSTRIAL	_____ SQ. FT. X \$ _____ = \$ _____
OTHER FEE _____ TYPE _____	_____ SQ. FT. X \$ _____ = \$ _____
TOTAL FEES COLLECTED..... \$ <i>2973.88</i>	

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 district 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 <i>Jack McDonald</i>	
TITLE <i>Inspector</i>	DATE <i>4/1/99</i>

F = 21 17' FOR 2 NEAREST

**City of Sacramento Development Services Division
Planning and Zoning Information Request**

Project Address: 5318 N ST

Assessor's Parcel Number: 008 0351 032

Current Land Use: VACANT

Description of Request/Proposed Use: NEW SINGLE FAMILY RES.

Zoning Designation: R-1

Prior Applications for Project Site(P#,Z#,DRPB#): _____

Comments: FRONT SETBACK = O.K.

REAR SETBACK GARAGE (AMENDED TO 7

= O.K. LOT COVERAGE O.K.

Are There Any Planning Issues?: (Circle One) YES NO

Site Plan Check Required? (Circle One) YES NO

Design Review/ Preservation Required?: (Circle One) YES NO

Planning Review by/Date: H. Payne 10.16.98

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

2020 HURLEY WAY - SUITE 155 -
SACRAMENTO, CA 95825 PHONE: 916-641-
2020 - FAX: 916-567-6300



fax

To: JIM REARDON	From: TOM COOK
Fax: 916-264-8370	Pages: 5
Phone: 916-264-7172	Date: 05/24/99
Re: 5318 N STREET SHEAR NAILING	CC:

Urgent For Review Please Comment Please Reply Please Recycle

• **Comments:**

JIM

UPON MY RETURN TO THE OFFICE I LEARNED THAT MY ENGINEER IS ON VACATION AND I'M NOT SURE WHEN HE WILL RETURN?

I DID HOWEVER FIND HIS CALCULATIONS ON THE SHEAR. ATTACHED PLEASE FIND COPIES OF THESE CALCULATIONS.

HOPEFULLY THIS WILL RESOLVE OUR PROBLEM AND ALLOW US TO CONTINUE WITH THE SIDING

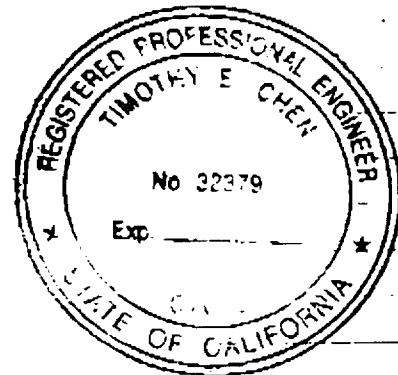
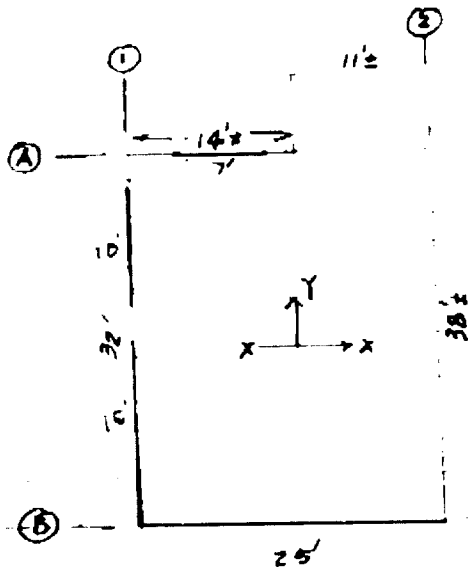
PLEASE CALL ME AFTER YOU HAVE HAD A CHANCE TO REVIEW.

THANKS FOR YOUR HELP

TOM COOK.

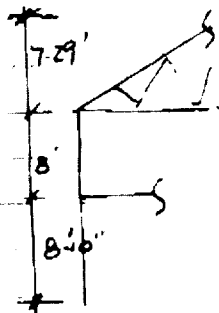
T. Chen

8-18-98



x-x direction Wind 75mph Exp B $0.7 \times 1.3 \times 15 \times 1.0 = 13.65$ within city limit.

Seismic Zone 3 $V = 0.108W$



Wind $R_f = 13.65 \times (7.29 + 8/2) = 154\%$ \leftarrow wind controls

Seismic $0.108 \times 16' \times (25 + 2) = 47\%$

$V_{rf} = 154\% \times 32 / (2 \times 25) = 99\%$ $\frac{1}{2}$ COX B d @ 6

$V_{wall(A)} = [164 \times (32/2 + 6.3)] / 7'$

$= 490\%$ $\frac{3}{8}$ COX B d @ 3" c

$V_{wall(B)} = 154 \times 32 / (2 \times (3.5 + 4 + 5 + 3.5))$

$= 154\%$ $\frac{3}{8}$ COX B d @ 6" c

$F_{chord} = 154 \times 32 / 8 \times 25 = 789\%$ ST 22 strap @ top & splice

cont.

Floor Wind: $13.65 \times \left(\frac{8}{12} + \frac{8}{2}\right) = 115 \text{ psi}$

$V_{rf} = 115 \times 32 / (2 \times 25) = 74 \text{ psi}$ $\frac{3}{4}" \text{ CDX } 10 @ 6" \text{ o.c.}$

$V_{wall} = 115 \times 32 / (2 \times 7) = 490 \text{ psi}$ Roof

$= 263 + 490 = 753 \text{ psi}$

Drag $= 263 \times 9.5 = 2498 \text{ lb}$
nail U1 bottom chord to top @ 16" o.c.

$\frac{3}{8}" \text{ CDX } \text{ both side}$
Bd @ 4" o.c. $380 \times 2 = 760 \text{ psi}$
 $\frac{5}{8}" \phi \text{ sill bolt @ } 16" \text{ o.c.}$

$V_{wind} = 115 \times 32 / (2 \times (3 + 5 + 3.5))$

$+ 154 \text{ psi} \times 3.245 + 35 / (3 + 5 + 3.5)$

$= 160 + 214 = 374 \text{ psi}$

$\frac{3}{8}" \text{ CDX } \text{ Bd @ } 4" \text{ o.c.}$
 $\frac{5}{8}" \phi \text{ sill bolt @ } 32" \text{ o.c.}$

$F_{ch} = 115 \times 32 / (8 \times 25) = 588 \text{ lb}$

ST 22 strap @ top @ spline

y-y direction

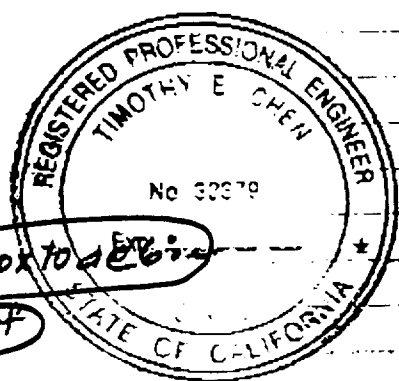
Roof: Wind: $13.65 \times \left(\frac{7.29}{2} + \frac{8}{2}\right) = 104 \text{ psi}$ ← wind controls

seismic $0.108 \times 16 \text{ psi} \times 32 = 55 \text{ psi}$

$V_{rf} = 104 \times 25 / (2 \times 32) = 40 \text{ psi}$

$V_{wall} = 104 \times 25 / (2 \times (10 + 15)) = 52 \text{ psi}$ $\frac{3}{8}" \text{ CDX } 8 @ 6"$

$V_{wind} = 104 \times 25 / (2 \times (9 + 7 + 17)) = 39 \text{ psi}$ $\frac{3}{8}" \text{ CDX } 8 @ 6"$



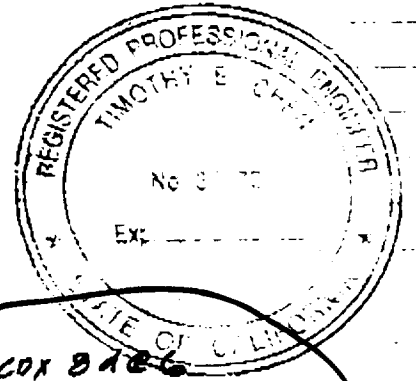
Floor: $13.65 \times (8 + 8.0) / 2 = 115' /$

$V_{FL} = 115 \times 25 / 2 \times 32 = 45' /$

$V_{Wall} = 115 \times 25 / 2 \times (10 + 15) = 58' / + 52' /$
 $= 110' /$

$V_{Wall} = (104 + 115) \times 25 / 2 \times (6.5 + 6.5)$

$= 210' /$



3/8 CDX 8d @ 6"
5/8" sill bolt @ 40"

3/8 CDX 8d @ 6"
5/8" sill bolt @ 40"

6/2/99

City of Sacramento
Building Inspection Division
1231 F Street Suite 200
Sacramento, CA 95814

Attention: Building Inspector

Permit #: 9810361R Address: 5318 N Street
Sacramento

Subject: Alternative Solution to Sill Plate Anchor Bolt

I was informed that the Contractor has placed wall sill plate anchor bolts too close to the edge of plate. Per UBC requirement, it should maintain no less than 1.5 times the anchor bolt diameter distance to the edge of plate.

It is recommended to add 5/8" diameter Redhead Wedge anchor with 2-3/4" minimum embedment (ICBO#ER1372) in addition to those improperly installed bolts. Bolts installation shall strictly follow Manufacturer's instructions.

Thank you for your service of inspection, which brought to my attention to the above construction detail.

If you have any questions, please call me at 421-4800.

Call call # 999 1582
about corner
for shear

<input type="checkbox"/> M39 FINAL	<input type="checkbox"/> P59 FINAL	<input type="checkbox"/> E79 FINAL
<input type="checkbox"/> M30 UNDR FLR/SLAB	<input type="checkbox"/> P40 UNDR FLR/SLAB	<input type="checkbox"/> E60 UFER (COMM.)
<input type="checkbox"/> M31 TOP/ROUGH	<input type="checkbox"/> P41 TOP/ROUGH	<input type="checkbox"/> E61 CONDUIT/UNDERGRD.
<input type="checkbox"/> M32 CONDENSATE	<input type="checkbox"/> P42 WATER SERVICE	<input type="checkbox"/> E62 CONDUIT/SLAB
<input type="checkbox"/> M33 GAS TEST	<input type="checkbox"/> P43 SEWER SERVICE	<input type="checkbox"/> E63 ROUGH ELECT
<input type="checkbox"/> M34	<input type="checkbox"/> P44 STORM DRAIN	<input type="checkbox"/> E64 ROUGH (WALLS ONLY)
<input type="checkbox"/> M35	<input type="checkbox"/> P45 IRR. SVC. PIPING	<input type="checkbox"/> E65 ROUGH (CELL. ONLY)
<input type="checkbox"/> M36	<input type="checkbox"/> P46 FIRE SPR. SYS.	<input type="checkbox"/> E66 SERVICE UNDER. CONDUIT
<input type="checkbox"/> M37	<input type="checkbox"/> P47 GAS TEST	<input type="checkbox"/> E67 TEMP POWER
<input type="checkbox"/> M38	<input type="checkbox"/> P48 TEMP GAS	<input type="checkbox"/> E68
<input type="checkbox"/> M39	<input type="checkbox"/> P49	<input type="checkbox"/> E69
<input type="checkbox"/> M40	<input type="checkbox"/> P50	<input type="checkbox"/> E70
<input type="checkbox"/> M41	<input type="checkbox"/> P51	<input type="checkbox"/> E71
<input type="checkbox"/> M42	<input type="checkbox"/> P52	<input type="checkbox"/> E72
<input type="checkbox"/> M43	<input type="checkbox"/> P53	<input type="checkbox"/> E73
<input type="checkbox"/> M44	<input type="checkbox"/> P54	<input type="checkbox"/> E74
<input type="checkbox"/> M45	<input type="checkbox"/> P55	<input type="checkbox"/> E75
<input type="checkbox"/> M46	<input type="checkbox"/> P56	<input type="checkbox"/> E76
<input type="checkbox"/> M47	<input type="checkbox"/> P57	<input type="checkbox"/> E77
<input type="checkbox"/> M48	<input type="checkbox"/> P58	<input type="checkbox"/> E78
<input type="checkbox"/> M49	<input type="checkbox"/> P59	<input type="checkbox"/> E79
<input type="checkbox"/> M50	<input type="checkbox"/> P60	<input type="checkbox"/> E80

Form on wall
rough on wall
rough on wall

INSPECTION REQUEST

Address: *5318 N St*

INSPECTION DATE: *5-24*

REQUEST DATE: *5-21*

REQUEST TIME: *3:49 PM*

MON. TUES. WED. THURS. FRI.

OWNER OR CONTRACTOR: *Lawrence*

PERMIT NO.: *98 10361*

AREA: *1 R*

ELEVATION CERTIFICATE

FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O M B. No 3067-0077
Expires May 31, 1993

ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR). Instructions for completing this form can be found on the following pages.

SECTION A PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
BUILDING OWNER'S NAME Thomas A. Cook	POLICY NUMBER 9810361R
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER 5318 "N" Street	COMPANY NAIC NUMBER
OTHER DESCRIPTION (Lot and Block Numbers, etc.) APN 008-0351-032	
CITY	STATE ZIP CODE

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM (See Instructions):

1. COMMUNITY NUMBER	2. PANEL NUMBER	3. SUFFIX	4. DATE OF FIRM INDEX	5. FIRM ZONE	6. BASE FLOOD ELEVATION <small>(in AO Zones, use depth)</small>
060266	0010	F	July 6, 1998	AR	32.0

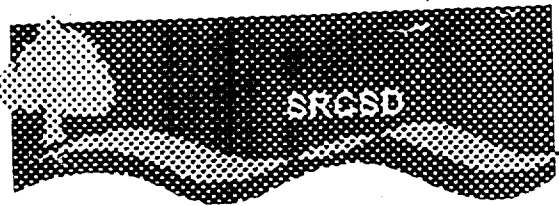
7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): NGVD '29 Other (describe on back)
8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE: _____ feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION C BUILDING ELEVATION INFORMATION

1. Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 5 and 6 that best describes the subject building's reference level: **#3**
- 2(a) FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference level floor from the selected diagram is at an elevation of **32.45** feet NGVD (or other FIRM datum—see Section B, Item 7).
- (b) FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of _____ feet NGVD (or other FIRM datum—see Section B, Item 7).
- (c) FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is _____ feet above _____ or below _____ (check one) the highest grade adjacent to the building.
- (d) FIRM Zone AO. The floor used as the reference level from the selected diagram is _____ feet above _____ or below _____ (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance? Yes No Unknown
3. Indicate the elevation datum system used in determining the above reference level elevations: NGVD '29 Other (describe under Comments on Page 2). (NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)
4. Elevation reference mark used appears on FIRM: Yes No (See Instructions on Page 4)
5. The reference level elevation is based on: actual construction construction drawings
(NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)
6. The elevation of the lowest grade immediately adjacent to the building is: **31.2** feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION D COMMUNITY INFORMATION

1. If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest floor" as defined by the ordinance is: _____ feet NGVD (or other FIRM datum—see Section B, Item 7).
2. Date of the start of construction or substantial improvement _____



Customer Service Group
 PWA Water Quality Engineering for
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

REQUEST FOR SEWER FEE QUOTE

DATE	10-16-98		NUMBER OF PAGES	1
FROM	CITY OF	REQUESTOR	FAX	PHONE
		JACK	264-7046	
TO	SRCSB Customer Service	RESPONDER	FAX	PHONE
			875-6253	

URGENT -- Applicant is in office or ready to pay permit
 If urgent, call 875-6820 to notify an Engineering employee that you faxed a request.
 Press zero to speak to the operator.

NOT URGENT -- Applicant has requested informal quote

Applicant	NAME	PHONE
	TICON CONST.	641-2020
Property	ASSESSOR'S PARCEL NUMBER(S)	PROPERTY ADDRESS
	008 0351 032	5318 N ST
Project	PLAN CHECK # BUILDING PERMIT NO	(Mark all that apply)
	9810361	New construction <input checked="" type="checkbox"/> Remodel <input type="checkbox"/> Change in use <input type="checkbox"/>
	USE	CURRENT // PREVIOUS PLANNED
	VACANT	RESIDENCE
	SQUARE FOOTAGE	CURRENT // PREVIOUS PLANNED
	0	1729 #

9660 ECOLOGY LANE • SACRAMENTO, CALIFORNIA • 95827-3881
 ENGINEERING (916) 875-6820 • FAX (916) 875-6253

1. 10 - 5 = 5

10 - 5 = 5

5 - 5 = 0

City of Sacramento
Building Inspection Division
1231 I Street Suite 200
Sacramento, CA 95814

5/27/99

Attention: Mr. Jim Reardon, Building Inspector

Permit #: 9810361R Address: 5318 N Street
Sacramento

Subject: Alternative Solution to Field Construction.

I was informed that the Contractor used 8d cooler nail instead of common nail. After reviewing the ICBO Report #3540P for cooler and common nail shear capacity, I would like to propose the amendment to shear wall nailing schedule for the above project, which are as follows:

Upper Floor Shear Wall:

West Wall: 8d cooler @ 4" o.c at edges and 12" o.c at field.

South Wall (Master Suite): 3/8" OSB both side w/ 8d @ 4" o.c edges
and 12" o.c field w/ panel joints offset to fall on different stud.

Lower Floor Shear Wall:

North Wall: Same as South Wall Upper Floor called out.

For other walls 8d cooler with spacing called on the permit plans appeared to be adequate.

Provide Simpson HD2A w/ 5/8" dia. threaded rod anchor embedded in concrete 5 inches min. w/Simpson ET epoxy where post base connector was missing. Application shall strictly follow Manufacturer's instruction.

Provide Simpson L50 angle at the inside face of the porch beams above corner post.

Provide Simpson ST18 placed vertically to tie beam to post where post cap was missing.

It is acceptable to have one piece of 2x10 rim joist on the South wall Floor Lever to connect TJI joist top and bottom chord w/ 8d common nail at 12" o.c for continuity.

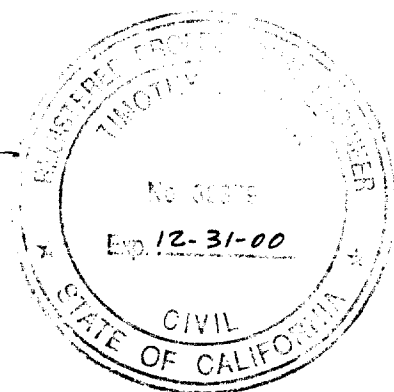
Thank you for your service of inspection, which brought to my attention to the above construction details.

If you have any questions, please call me at 421-4800.

Sincerely,

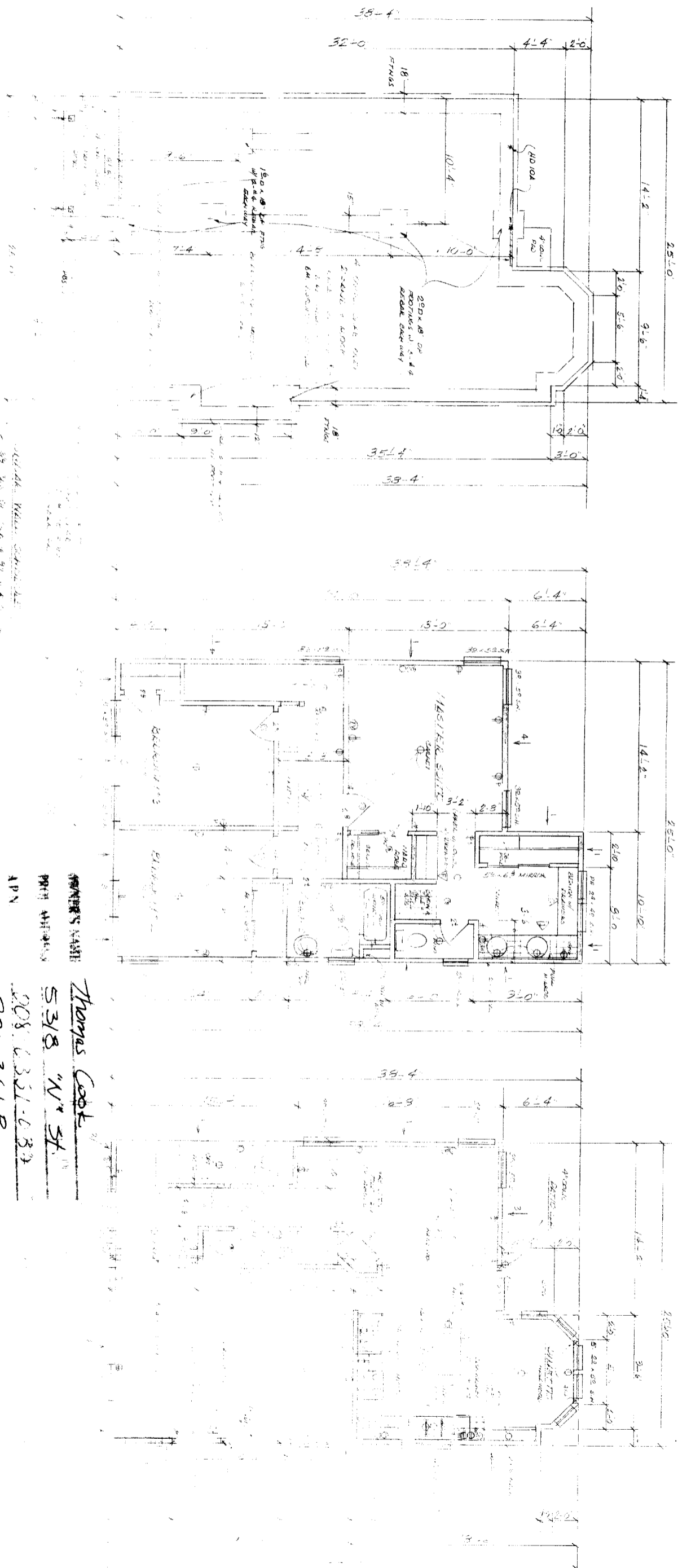
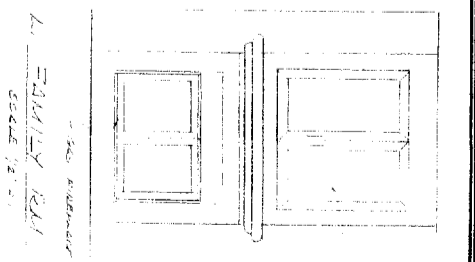
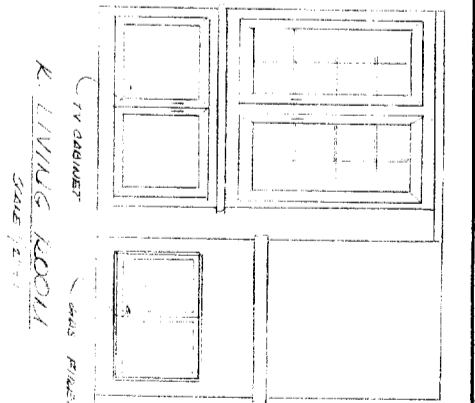
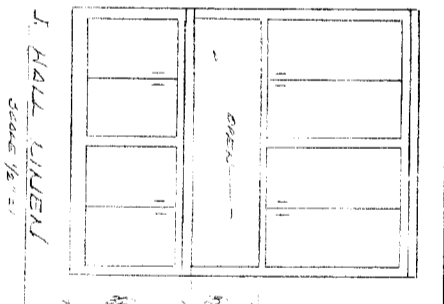
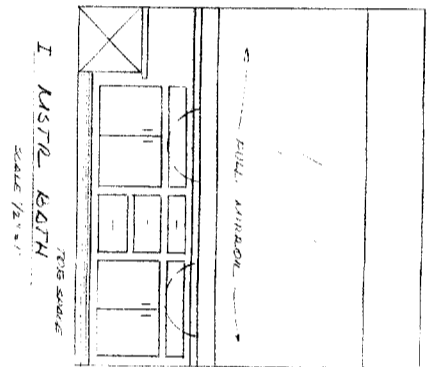
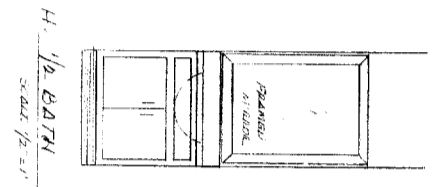


Timothy E. Chen



cc: Thomas Cook
Owner

RECEIVED
 DEC 7 1998
 Building Inspection Division



NOTES:
 1. ALL DIMENSIONS ARE IN FEET AND INCHES.
 2. FINISHES TO BE DETERMINED BY OWNER.
 3. SEE ALL OTHER SHEETS FOR DETAILS.
 4. ALL WORK TO BE IN ACCORDANCE WITH LOCAL CODES.
 5. CONTRACTOR TO OBTAIN ALL NECESSARY PERMITS.

OWNER'S NAME
 Thomas Cook
 PROJECT ADDRESS
 208 E 33rd St
 APN
 9810361R
 BUILDING PERMIT NO.
 1st Flr. 861 SF
 2nd Flr. 868 SF
 TOTAL 1729 SF

Albioni Drafting Service

Custom Home Plan for:

Home Planning & Drafting - by Vince Albioni
 Sacramento, California 916-498-5987

PLAN NUMBER
 SCALE
 SHEET OF