

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0505541
Insp Area: 4
Thos Bros: 277H3

Site Address: 619 HAYES AV SAC
Parcel No: 250-0150-042
N

Sub-Type: NSFR
Housing (Y/N):
DEL PASO HEIGHTS DESIGN REVIEW

CONTRACTOR

OWNER

ARCHITECT

BUGRIYEV VITALIJ & NIKOLAY & ALEX
613 HAYES AV
SACRAMENTO, CA 95838

Nature of Work: NEW SFR, 1667 SF DWELLING, 536 SF GARAGE, 96 SF PATIO

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 06/22/05 Owner Signature Vitaliy Bugriyev

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 06/22/05 Applicant/Agent Signature Vitaliy Bugriyev

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 06/22/05 Applicant Signature Vitaliy Bugriyev

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
 Help Line: 1-916-264-5656

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DEPARTMENT
 BUILDING DIVISION
www.cityofsacramento.org

North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834
 Inspection: 1-916-808-4677

SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

PARCEL # 250 - 0150 - 042 PERMIT # 0505541
 SITE ADDRESS 619 Hayes Ave ACREAGE _____

The City of Sacramento requires a building site to be graded to drain correctly and site drainage routed to an approved location. To help us understand the site drainage for your project and determine if a driveway permit or an encroachment permit is required please answer the following questions. All questions must be answered.

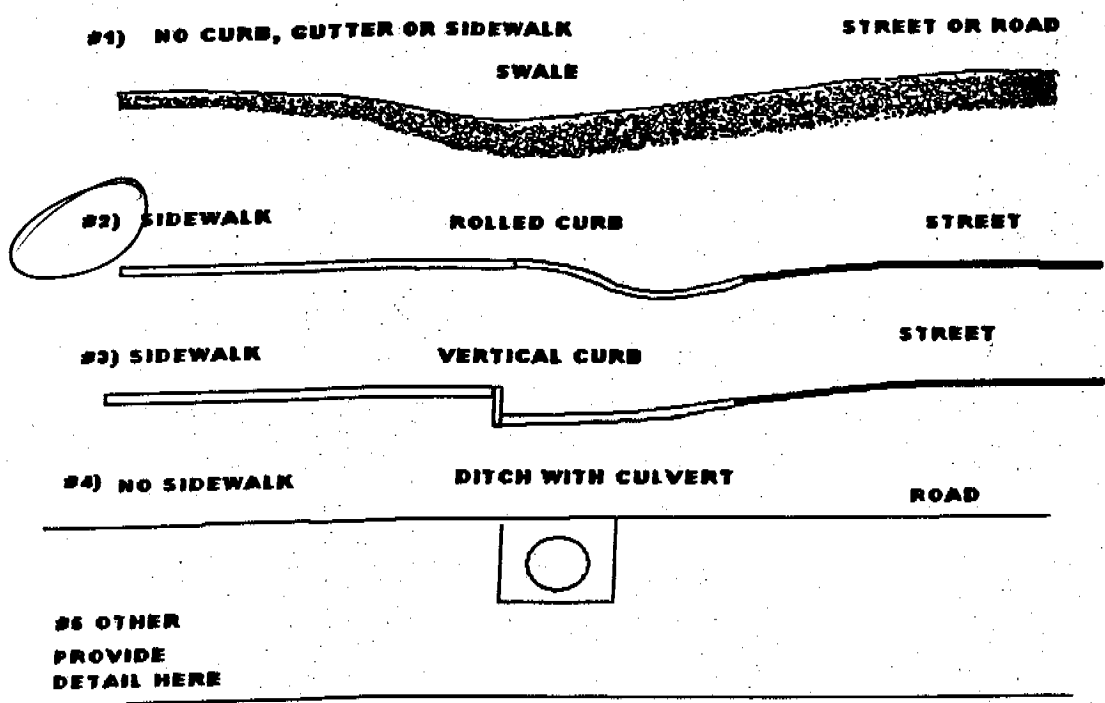
1. Are there existing structures on the site? Y N
2. Is there an existing concrete or paved driveway to this parcel from the street? Y *N
3. Will the existing access to this parcel be changed in any way for this project? *Y N
4. Are all portions of the lot higher than the crown of the street? Y *N
5. Are all portions of the lot higher than the back of the sidewalk? Y *N
6. Is there a curb and gutter at the street level? Y N
7. Is there a sidewalk with a curb and gutter at the street? *Y N
8. Is the curb at the street square? *Y N N/A
9. Is there a rolled curb at the street? Y N N/A
10. Is there a drainage ditch or culvert at the street? Y *N N/A
11. Does the lot drain from back to front? Y *N
12. Does the lot drain from front to rear? Y *N
13. Does another lot drain across this parcel? *Y N
14. Does the lot drain from side to side? *Y N
15. Does the site have an existing low area or drainage swale? *Y N
16. Does the drainage swale drain to an adjacent parcel? *Y N N/A
17. Does the drainage swale drain to the street? Y *N N/A
18. Will existing drainage be re-routed? *Y N
19. Will drainage ditches or culverts be constructed or modified? *Y N N/A
20. Did this project require approval from the Zoning Administrator? *Y N
21. Did the project require approval from the Planning Administrator? *Y N

CITY OF SACRAMENTO
 NORTH PERMIT
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SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

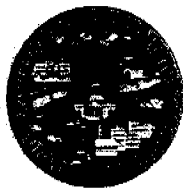
- 22. Is there any tree, telephone pole, guy wire or similar obstruction located at the front of the property adjacent to the street or road? *Y N
- 23. Is this a corner lot? *Y N
- 24. Is the posted speed limit on this street greater than 25 MPH? *Y N
- 25. Is this parcel located on a four-lane street? *Y N
- 26. If site is greater than 1/2 acre has an erosion and sediment control plan been submitted? Y N N/A
- 27. If site disturbs 1 acre or more has a copy of the State General Permit NOI and SWPPP been submitted? Y N N/A
- 28. If site is part of a larger subdivision greater than 1 acre has a copy of the State General Permit NOI and SWPPP been submitted? Y N N/A

CIRCLE THE DRAWING NUMBER BELOW THAT BEST ILLUSTRATES THE EXISTING CONDITION AT THE LOCATION OF THE PROPOSED DRIVEWAY OR SITE ACCESS.



The information provided on this document is accurate. I understand that if this form is incomplete, contains inaccurate or misleading information, the project located at this address may be delayed until any drainage or encroachment issues are resolved to the satisfaction of the City of Sacramento.

SIGNED Valerie Buehler DATE 06/07/05
 TITLE CEO
 PHONE NO. (916) 416-3502



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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 _____ 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 Vitaldy Bugnif
 Date 06/22/05 Case No. _____ Permit No. 0505541
 Job Address 619 Hayes See to CA

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



CITY OF SACRAMENTO
 PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION
www.cityofsacramento.org
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
 Inspection: 1-916-808-5191



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

613 Hayes ave
 BUILDING SITE ADDRESS SUITE INSP. AREA

250-0150-042
 ASSESSOR'S PARCEL NO. COMMUNITY PLAN NO. PLAN CHECK NO.

NAME OF APPLICANT	ADDRESS	ZIP CODE	PHONE #	FAX #
<u>Vitaly</u>	<u>3070 Jimmy way</u>	<u>95747</u>	<u>916 416-3502</u>	
PROPERTY OWNER				
<u>Vitaly</u>				
LICENSED CONTRACTOR		LICENSE #:		
ARCHITECT/ENGINEER				

<u>1</u> No. of Stories	<u>3</u> No. of Rooms	Roof Covering	Area 1 st Floor	Total Area	Garage Area	Patio Area
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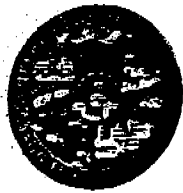
THIS PERMIT IS FOR:
 BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

NATURE OF WORK IN DETAIL

\$ _____
 VALUATION

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 613 HAYES AVE	APN: 250-0150-042
DRPB AREA / PUD / SPD: DEL PASO NUEVO SPD	ZONING: R-1-SPD
EXISTING LAND USE: VACANT	
PROPOSED USE: NEW SFR WITH ATTACHED GARAGE on lot 2	
<p>PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:</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>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>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 checked="" type="checkbox"/> Application(s) COMPLETED: Z04-015 Approved Mar. 31, 2004 & DR05-026 Approved 04-18-2005</p> <p>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 checked="" type="checkbox"/> Meets setback & lot coverage requirements as shown on site plan provided.</p> <p><input checked="" 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>	
<p>COMMENTS: Lot is 6090 SF per the site plan provided. Proposed setbacks meets the Del Paso Nuevo Design Guidelines. Proposed lot coverage is approx. $2325 / 6090 =$ under 38%, which meets the max. 40% lot coverage requirement. Proposed setbacks and lot coverage are okay as shown on site plan provided. Applicant had a tentative map to divided from one parcel into four parcels that approved with ZA, filed Z04-015 on Mar. 31, 2004. However, the final map has not been done by Dept. of PW. A duplex is existed on the corner parcel, thus, NO permits shall be issued for any structures until the certificate of compliance for final map has been issued. The setbacks as approved on the stamped site plan have to comply with zoning requirements. Building permit must conform to approved plans and comply with all conditions of approval for DR05-023 and Z04-015.</p>	
DATE: January 27, 2005 / 04-19-2005	BY: Elise Gumm



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 SITE ADDRESS 619 Hayes Ave ACREAGE _____

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- | | | | |
|--|-------------------------------------|-------------------------------------|-----|
| 1. Are there existing structures on the site? | Y | <input checked="" type="radio"/> N | |
| 2. Is there an existing concrete or paved driveway to this parcel from the street? | <input checked="" type="radio"/> Y | *N | |
| 3. Will the existing access to this parcel be changed in any way for this project? | *Y | <input checked="" type="radio"/> N | |
| 4. Are all portions of the lot higher than the crown of the street? | <input checked="" type="radio"/> Y | *N | |
| 5. Are all portions of the lot higher than the back of the sidewalk? | <input checked="" type="radio"/> Y | *N | |
| 6. Is there a curb and gutter at the street level? | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | |
| 7. Is there a sidewalk with a curb and gutter at the street? | *Y | N | |
| 8. Is the curb at the street square? | *Y | <input checked="" type="radio"/> N | N/A |
| 9. Is there a rolled curb at the street? | <input checked="" type="radio"/> Y | N | N/A |
| 10. Is there a drainage ditch or culvert at the street? | Y | <input checked="" type="radio"/> *N | N/A |
| 11. Does the lot drain from back to front? | <input checked="" type="radio"/> Y | *N | |
| 12. Does the lot drain from front to rear? | Y | <input checked="" type="radio"/> *N | |
| 13. Does another lot drain across this parcel? | *Y | <input checked="" type="radio"/> N | |
| 14. Does the lot drain from side to side? | *Y | <input checked="" type="radio"/> N | |
| 15. Does the site have an existing low area or drainage swale? | *Y | <input checked="" type="radio"/> N | |
| 16. Does the drainage swale drain to an adjacent parcel? | *Y | <input checked="" type="radio"/> N | N/A |
| 17. Does the drainage swale drain to the street? | Y | <input checked="" type="radio"/> *N | N/A |
| 18. Will existing drainage be re-routed? | *Y | <input checked="" type="radio"/> N | |
| 19. Will drainage ditches or culverts be constructed or modified? | *Y | <input checked="" type="radio"/> N | N/A |
| 20. Did this project require approval from the Zoning Administrator? | <input checked="" type="radio"/> *Y | N | |
| 21. Did the project require approval from the Planning Administrator? | <input checked="" type="radio"/> *Y | N | |

CITY OF SACRAMENTO
 NORTH PERMIT
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D.P

Certification of Compliance School District Development Fees

PART 1 To be completed by APPLICANT

Owner's Name & Address 3070 Jimmy way Roseville CA 95747
 Project Address 619 Hayes Ave
 Parcel Number 250-0150-042 Lot No. _____
 Subdivision Name _____ Number of Units _____
 Applicant's Signature & Title Vally Cruz
 Date _____ Phone No. _____

NOTICE TO APPLICANT: Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

PART 2 To be completed by BUILDING DEPARTMENT

Plan Identification Number 0505541 Building Type (CHECK ONE)
 Residential
 Apartment/Condominium
 Commercial/Industrial
 Square Feet of Chargeable Building Area 1667
 Signature Guillelmo J. Gomez Date 6/22/05
 Title Building Tech

PART 3 To be completed by SCHOOL DISTRICTS

Grant Joint Union High School District
 District Certification No. 05-1374
 EXEMPT _____
 Comments
 RESIDENTIAL / APARTMENT / CONDOMINIUM
1667 Sq.Ft. x \$ 2.24 = \$ 3734.08
 COMMERCIAL / INDUSTRIAL
 _____ Sq.Ft. x \$ _____ = \$ _____
 OTHER FEE TYPE
 _____ Sq.Ft. x \$ _____ = \$ _____
 TOTAL FEES COLLECTED = \$ 3734.08

Robla Elementary School District
 District Certification No. _____
 EXEMPT _____
 Comments
 RESIDENTIAL / APARTMENT / CONDOMINIUM
 _____ Sq.Ft. x \$ _____ = \$ _____
 COMMERCIAL / INDUSTRIAL
 _____ Sq.Ft. x \$ _____ = \$ _____
 OTHER FEE TYPE
 _____ Sq.Ft. x \$ _____ = \$ _____
 TOTAL FEES COLLECTED = \$ _____

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.

GRANT	Authorized School District Official	ROBLA
Signature <u>[Signature]</u>	Signature _____	Signature _____
Title _____	Title _____	Title _____
Date <u>6/22/05</u>	Date _____	Date _____

Original: Grant Joint Union High School District/
 Robla Elementary School District
 1st Copy: Building Department
 2nd Copy: Applicant

GJUHSD: Facilities Planning and Construction Department
 Certificate of Compliance Form (rev. 10/02) bep

Job Name: HAYES AV.

TRUSS ID: A2

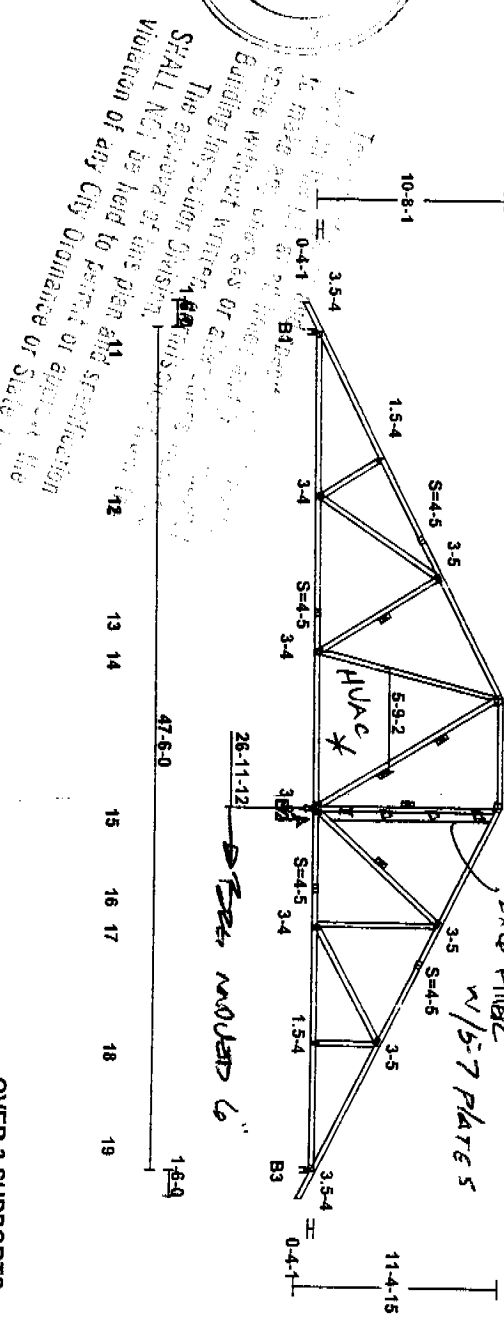
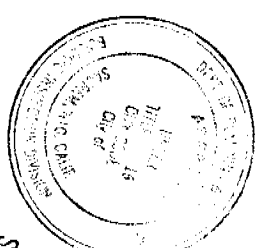
DRWG: A2

MEMBER	TYPE	SIZE	REQ'D
1-2	RCORER	AXL	BND CSI
2-3	RCORER	AXL	BND CSI
3-4	RCORER	AXL	BND CSI
4-5	RCORER	AXL	BND CSI
5-6	RCORER	AXL	BND CSI
6-7	RCORER	AXL	BND CSI
7-8	RCORER	AXL	BND CSI
8-9	RCORER	AXL	BND CSI
9-10	RCORER	AXL	BND CSI
10-11	RCORER	AXL	BND CSI
11-12	RCORER	AXL	BND CSI
12-13	RCORER	AXL	BND CSI
13-14	RCORER	AXL	BND CSI
14-15	RCORER	AXL	BND CSI
15-16	RCORER	AXL	BND CSI
16-17	RCORER	AXL	BND CSI
17-18	RCORER	AXL	BND CSI
18-19	RCORER	AXL	BND CSI
19-20	RCORER	AXL	BND CSI
20-21	RCORER	AXL	BND CSI
21-22	RCORER	AXL	BND CSI
22-23	RCORER	AXL	BND CSI
23-24	RCORER	AXL	BND CSI
24-25	RCORER	AXL	BND CSI
25-26	RCORER	AXL	BND CSI
26-27	RCORER	AXL	BND CSI
27-28	RCORER	AXL	BND CSI
28-29	RCORER	AXL	BND CSI
29-30	RCORER	AXL	BND CSI
30-31	RCORER	AXL	BND CSI
31-32	RCORER	AXL	BND CSI
32-33	RCORER	AXL	BND CSI
33-34	RCORER	AXL	BND CSI
34-35	RCORER	AXL	BND CSI
35-36	RCORER	AXL	BND CSI
36-37	RCORER	AXL	BND CSI
37-38	RCORER	AXL	BND CSI
38-39	RCORER	AXL	BND CSI
39-40	RCORER	AXL	BND CSI
40-41	RCORER	AXL	BND CSI
41-42	RCORER	AXL	BND CSI
42-43	RCORER	AXL	BND CSI
43-44	RCORER	AXL	BND CSI
44-45	RCORER	AXL	BND CSI
45-46	RCORER	AXL	BND CSI
46-47	RCORER	AXL	BND CSI
47-48	RCORER	AXL	BND CSI
48-49	RCORER	AXL	BND CSI
49-50	RCORER	AXL	BND CSI
50-51	RCORER	AXL	BND CSI
51-52	RCORER	AXL	BND CSI
52-53	RCORER	AXL	BND CSI
53-54	RCORER	AXL	BND CSI
54-55	RCORER	AXL	BND CSI
55-56	RCORER	AXL	BND CSI
56-57	RCORER	AXL	BND CSI
57-58	RCORER	AXL	BND CSI
58-59	RCORER	AXL	BND CSI
59-60	RCORER	AXL	BND CSI
60-61	RCORER	AXL	BND CSI
61-62	RCORER	AXL	BND CSI
62-63	RCORER	AXL	BND CSI
63-64	RCORER	AXL	BND CSI
64-65	RCORER	AXL	BND CSI
65-66	RCORER	AXL	BND CSI
66-67	RCORER	AXL	BND CSI
67-68	RCORER	AXL	BND CSI
68-69	RCORER	AXL	BND CSI
69-70	RCORER	AXL	BND CSI
70-71	RCORER	AXL	BND CSI
71-72	RCORER	AXL	BND CSI
72-73	RCORER	AXL	BND CSI
73-74	RCORER	AXL	BND CSI
74-75	RCORER	AXL	BND CSI
75-76	RCORER	AXL	BND CSI
76-77	RCORER	AXL	BND CSI
77-78	RCORER	AXL	BND CSI
78-79	RCORER	AXL	BND CSI
79-80	RCORER	AXL	BND CSI
80-81	RCORER	AXL	BND CSI
81-82	RCORER	AXL	BND CSI
82-83	RCORER	AXL	BND CSI
83-84	RCORER	AXL	BND CSI
84-85	RCORER	AXL	BND CSI
85-86	RCORER	AXL	BND CSI
86-87	RCORER	AXL	BND CSI
87-88	RCORER	AXL	BND CSI
88-89	RCORER	AXL	BND CSI
89-90	RCORER	AXL	BND CSI
90-91	RCORER	AXL	BND CSI
91-92	RCORER	AXL	BND CSI
92-93	RCORER	AXL	BND CSI
93-94	RCORER	AXL	BND CSI
94-95	RCORER	AXL	BND CSI
95-96	RCORER	AXL	BND CSI
96-97	RCORER	AXL	BND CSI
97-98	RCORER	AXL	BND CSI
98-99	RCORER	AXL	BND CSI
99-100	RCORER	AXL	BND CSI

Web bracing required at each location shown. See standard details (AXL100/201-001 rev1).
 THIS DESIGN IS THE COMPOSITE RESULT OF MULTIPLE LOAD CASES.
 Mark all interior bearing locations. Drainage must be provided to avoid ponding. PLATING BASED ON GREEN LUMBER VALUES.
 THIS TRUSS IS DESIGNED USING THE UBC-97 CODE.
 Bldg Enclosed = Yes, Importance Factor = 1.00
 Truss Location = Not End Zone
 Hurricane/Ocean Line = No, Exp Category = C
 Bldg Length = 40.00 ft, Bldg Width = 47.50 ft
 Mean roof height = 15.33 ft, rph = 70
 UBC Special Occupancy/Dead Load = 21.0 psf
 UBC CASE #1 DESIGN LOADS
 Dir L PR L Loc R PR F Loc L RTL
 TC Vert 74.00 1.0 74.00 0.0 0.15
 TC Vert 60.00 0.0 60.00 47.5 0.53
 TC Vert 74.00 47.5 74.00 49.0 0.15
 BC Vert 14.00 0.0 14.00 19.0 0.00
 BC Vert 34.00 19.0 34.00 26.0 0.25
 BC Vert 14.00 26.0 14.00 47.5 0.00

TRUSS ALTERATION
 PROBLEM: BEAMS #2 MOVED 6"
 NEW BEAMS
 FIX: COLUMN 2X6 OF MIN OVER
 (SEE BELOW)

MEMBER	FORCE	CS1	MEMBER	FORCE	CS1
1-2	-399	0.13	6-15	-702	0.52
2-3	560	0.23	7-15	-724	0.47
3-4	-645	0.31	7-17	424	0.17
4-5	762	0.31	9-17	-618	0.62
5-15	-1191	0.98	9-18	218	0.09

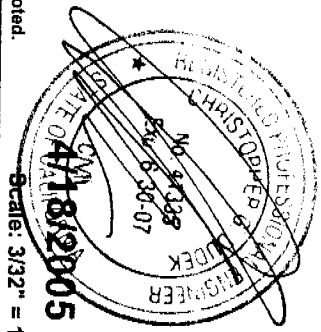


All plates are 20 gauge Truswal Connectors unless preceded by "MX" for HS 20 Gauge or "H" for 16 gauge, positioned per Joint Detail Reports available from Truswal software, unless noted.

WARNING Read all notes on this sheet and give a copy of it to the Erecting Contractor.

This design is for an individual building component and truss system. It has been based on specifications provided by the component manufacturer and does not constitute a design for the entire building. The designer is not responsible for the design of the building structure. The building designer must ascertain that the loads indicated on this design meet or exceed the loading required by the local building code and the particular application. The design assumes that the top chord is laterally braced by the roof or floor structure and the bottom chord is laterally braced by a rigid sheathing material directly attached, unless otherwise noted. Drawing shows is for lateral support of components members only to reduce buckling length. This component shall not be placed in any environment that will cause the moisture content of the wood to exceed 19% and/or cause connector plate corrosion. Fabricate, handle, install and brace this truss in accordance with the following standards: JOINT DETAILS by Truswal, ANSIRTP1.1, "WTC1" - Wood Truss Council of America Standard Design Responsibilities, "HANDLING, INSTALLING AND BRACING METAL PLATE CONNECTED WOOD TRUSSES" (HDS-91) and "HIB 91 STANDARD SHEET" by TPI. The Truss Plate Institute (TPI) is located at 1111 19th Street, NW, Ste 800, Washington, DC 20036. The American Forest and Paper Association (AFPA) is located at 1111 19th Street, NW, Ste 800, Washington, DC 20036.

Eng. Job: EU	JOB#: FV5055
CHK: CM	TRUSS ID: A2
Design: FV	DurFacs L=1.25 P=1.25
TC Live 16.00 psf	Rep Mbr Bnd 1.00
TC Dead 14.00 psf	O.C. Spacing 2.0-0.0
BC Live 0.00 psf	Design Spec UBC-97
BC Dead 7.00 psf	
TOTAL 37.00 psf	Segn T6.4.18 - 0



ISSUED
 AUG 03 2005

Sacramento Building Division

CITY COPY

WESTERN WOOD FABRICATORS
 3700 RIEGO ROAD, ELVERTA, CA 95826
 PC# 0505541
 C19 HAYES AV

Job Name: HAYES AV.

Truss ID: B1

Drwg: B1

MEM	X	Y	MEM	SIZE	REQ'D	PROVIDED
1	0-1-12	1113	3-50"	1-50"		
2	26-11-12	1004	3-50"	1-50"		

TC 2x4 DEL #1
WB 2x4 DEL #1
2x4 DEL #1
Loaded for 10 psf non-concurrent BCLL.

Plating spec: ANSI/AISC 150
THIS DESIGN IS THE COMPOSITE RESULT OF
MULTIPLE LOAD CASES
PLATE VALUES PER RESEARCH REPORT #1607.
PLATING BASED ON GREEN LUMBER VALUES.

This truss is designed using the
UBC-97 Code
Bldg Encloded = Yes, Importance Factor = 1.00
Truss Location = Not End Zone
Hurricane/Ocean Line = No, Exp Category = C
Bldg Length = 40.00 ft, Bldg Width = 27.12 ft
Mean roof height = 13.56 ft, mph = 70
UBC Special Occupancy, Dead Load = 21.8 psf

TC	FORCE	AXL	BMD	CSI
1-2	-1752	0.02	0.45	0.47
2-3	-1537	0.02	0.45	0.47
3-4	-1537	0.02	0.45	0.47
4-5	-1752	0.02	0.45	0.47

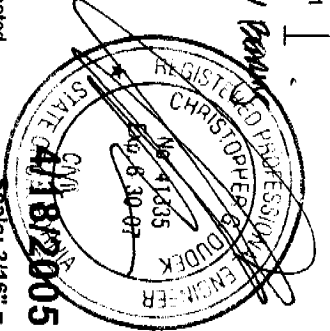
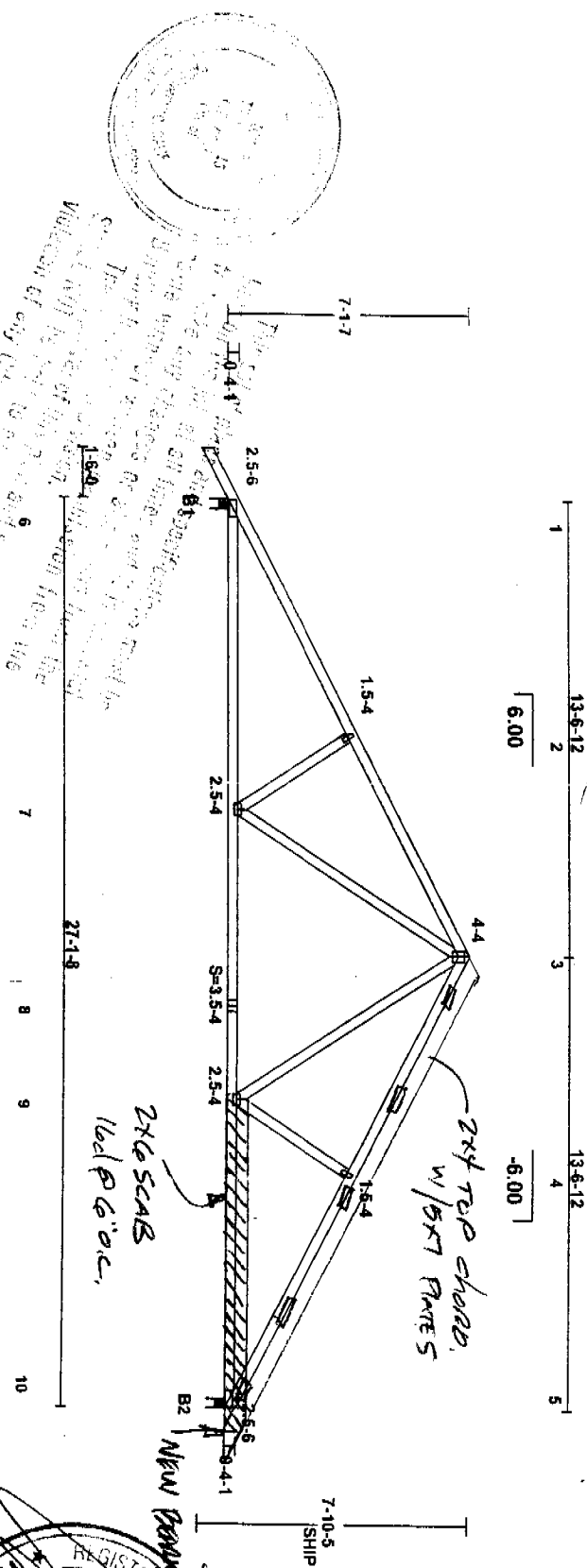
BC	FORCE	AXL	BMD	CSI
6-7	1500	0.17	0.36	0.54
7-8	987	0.11	0.36	0.48
8-9	987	0.11	0.36	0.48
9-10	1500	0.17	0.36	0.54

WB	FORCE	CSI	WB	FORCE	CSI
2-7	-390	0.12	3-9	553	0.22
3-7	553	0.22	4-9	-390	0.12

TRUSS ALTERNATE
PROBLEM: TRUSS SHEET
FIX PLATE EXT OF TO MAKE
NEW TOP CHORD,
SCAB 1-2x4x8 TO ONE SIDE
w/ 1x4 @ 6" O.C.
(SEE BELOW)

MAX DEFLECTION (span):
L/899 IN MEM 7-8 (LIVE)
L = 0.09" D = 0.12" T = 0.21"

- 1 0-0-0 6-0-0-0
- 2 7-0-12 7-9-2-12
- 3 13-6-12 8-15-1-8
- 4 20-0-12 9-17-10-12
- 5 27-1-8 10-27-1-8



ISSUED
AUG 03 2005

Sacramento Building Division

CITY COPY

All plates are 20 gauge Trussweb Connectors unless preceded by CMX for H's 20 gauge or "H" for 16 gauge, positioned per Joint Detail Reports available from Trussweb software, unless noted.

WARNING Read all notes on this sheet and give a copy of it to the Erecting Contractor.

This design is for an individual building component and not a complete system. It has been based on specifications provided by the component manufacturer and does not constitute a design for the entire building. The designer assumes that the loads indicated on this design meet or exceed the loads imposed by the local building code and the particular application. The design assumes that the top chord is properly braced by the roof or floor sheathing and the bottom chord is laterally braced by a rigid sheathing material directly attached, unless otherwise noted. Bracing should be for lateral support of components members only to reduce buckling length. This component shall not be placed in any environment that will cause the moisture content of the wood to exceed 19% under normal use conditions. Fabricate, handle, install and store this truss in accordance with the following standards: JOINT DETAILS by Trussweb, ANS/AISC 150, WCTA 11 - Wood Truss Council of America Standard Design Requirements, HANDLING INSTALLING AND BRACING METAL PLATE CONNECTED WOOD TRUSSES (TRB 91) and WBA 91 SINK-A-FIX SHEET by WBA. The Truss Plate Institute (TPI) is located at D'Ongio Drive, Madison, Wisconsin 53719. The American Forest and Paper Association (AF&PA) is located at 1111 19th Street, NW, Ste 600, Washington, DC 20036.

Eng. Job: E.J.	Eng. No: 41830	Scale: 3/16" = 1'
Chk: CM	DATE: 8/30/07	
Dsgnr: FV	41830	
TC Live	16.00 psf	Durfaces L=1.25 P=1.25
TC Dead	14.00 psf	Rep Mbr End 1.15
BC Live	0.00 psf	O.C. Spacing 2-0-0
BC Dead	7.00 psf	Design Spec UBC-97
TOTAL	37.00 psf	Segn T6.4.18 - 0



3700 RIEGO ROAD, ELVERTA, CA 95626

PC # 0505541

617 Hayes Ave



CITY OF SACRAMENTO
CALIFORNIA

PLANNING AND
BUILDING DEPARTMENT

PHONE 916-264-5381

1231 I STREET, ROOM 200
SACRAMENTO, CA 95814-2998

FAX 916-264-5543

STAFF LEVEL PROJECT REVIEW

DR Number: DR05-026
Address: 613 Hayes Avenue
Description: New Single Family Residence
Staff Contact: Kalin Pacheco (916) 808-8048

Applicant/Owner: Vitaly Bugriev
Date Filed: January 27, 2005
Date Approved: April 18, 2005
APN: 250-0150-042

STAFF ACTION AND CONDITIONS OF APPROVAL:

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

1. Windows at front elevation lower level shall be single hung with decorative trim, sills, and shutters as indicated on approved drawings. All other windows shall be horizontal slider windows and shall have decorative trim at minimum.
2. Front entry door and garage door shall have decorative raised panel design with windows as indicated on approved drawings.
3. Stone wainscot shall be provided on front elevation wrapping around side elevations 2 feet as indicated on approved drawings.
4. Round vents with decorative trim with a square box and corbelling finish shall be provided at west elevation as indicated on approved drawings.
5. Decorative fiber cement horizontal lap siding shall be provided in upper gables at west elevation as indicated on approved drawings.
6. All woodwork shall be smooth finish, no rough sawn.
7. All stucco shall be smooth finish.
8. Provide decorative columns with built out stone base and decorative wood railing on porch element at west elevation as indicated on approved drawings.
9. Six (6) foot high wood fences at sides and rear shall be provided.
10. Front yard landscaping (including lawn, shrubs, and a minimum of one tree) and automatic irrigation shall be provided.
11. Roof pitch shall be a 6/12 as indicated on approved drawings.
12. Roofing shall be a minimum 30-year laminated dimensional composition shingle.
13. Gutters and downspouts shall be provided.
14. Decorative light fixtures shall be provided at front entry and garage as indicated on approved drawings.
15. No roof-mounted mechanical equipment is allowed.
16. All other notes and drawings on the final plans as submitted by the applicant are deemed conditions of approval. Any changes to the final set of plans stamped by Design Review staff shall be subject to review and approval prior to any changes.
17. No building permit shall be issued until the expiration of the 10-day appeal period. If an appeal is filed, no permit shall be issued until final approval is received.
18. The applicant and the owners of all properties adjoining the subject property have the right to appeal this decision to the Design Review and Preservation Board. Appeals must be filed within 10 days of the staff action.

Kalin Pacheco
Design Review

This form is to be filled out completely & signed by applicant/owner/contractor responsible for Title 24 Energy Compliance & returned to the field inspector at final.

INSTALLATION CERTIFICATE

(Page 1 of 13)

CF-6R

Site Address 619 Hayes ave

Permit Number 0505541

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b).

HVAC SYSTEMS:

Heating Equipment

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ [\geq CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
Split System	ARMSTRONG AIR CONDITONING SYSTEM	NONE	80% AFUE	ATTIC	R-4.2	13,500 Btu/h	75,000 Btu/h

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ [\geq CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
Split System	ARMSTRONG AIR CONDITONING SYSTEM	NONE	10.20 SEER	ATTIC	R-4.2	40,500 Btu/h	42,000 Btu/h

1. \geq reads greater than or equal to.
I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable:

[Signature]
Signature, Date

Clear Air Design
Installing Subcontractor (Co. Name)
OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation, Control Type	# of Identical Systems	Rated ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ² Loss (%)	External Insulation R-value ²
GAS	GE H.6650706AV00	PIPE INSULATION		1	40000	50gal		N/A	N/A

2. For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor.
For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input.
For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.
3. R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

[Signature]
Signature, Date

Cal Pro Plumbing
Installing Subcontractor (Co. Name) OR
General Contractor (Co. Name) OR Owner

COPY TO: Building Department
HERS Provider (if applicable)
Building Owner at Occupancy

INSULATION CERTIFICATE

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH THE CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATION CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

SITE ADDRESS 619 HAYES AVE SACRAMENTO CA
NUMBER CITY STATE

CEILING:

BLOW: MANUFACTURER GREEN FIBER THICKNESS 10.3" R/VALUE 38

BATTS: MANUFACTURER KNAUF THICKNESS 13" R/VALUE 38

KNAUF 6.5" 19

EXTERIOR WALLS:

MANUFACTURER KNAUF THICKNESS 3.5" R/VALUE 13

KNAUF

FLOOR INSULATION:

MANUFACTURER KNAUF THICKNESS N/A R/VALUE N/A

KNAUF

AIR INFILTRATION: (TITLE 24)

YES XXX NO

OTHER: _____

GENERAL CONTRACTOR: VITALY BUGRIYEV LICENSE # _____

BY: _____ TITLE _____ DATE _____

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 794484

BY: Becky Gutierrez TITLE AUTH. AGENT DATE 9/21/2005

BECKY GUTHERZ

INSTALLATION CARD

WESTERN I-KOTE
Sacramento Stucco Company, Inc.

Job Address

619 Hayes ave
Sac - to CA

ICBO Evaluation Service, Inc.
Evaluation Report ER-3899

Date of Job Completion 9/20/05

Plastering Contractor

Name: Cal Pac Construction

Address: 308 6th St W Sac CA 95605

Telephone Number: (916) 826-8458

Approved contractor number as issued by coating manufacturer: 4713

This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

[Signature]
Signature of authorized representative or plastering contractor

10/17/05
Date

This installation card must be presented to the building inspector after completion of work and before final inspection.