

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0402617

Insp Area: 4

Thos Bros: 277H3

Site Address: 524 KESNER AV SAC

Parcel No: 250-0102-004

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

OWNER

NATIONAL REAL ESTATE INV LLC
P.O. BOX 7610
OXNARD, CA 95823

ARCHITECT

Nature of Work: NEW SINGLE FAMILY W/ ATTACHED GARAGE

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);

TM 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.)

PAID
CITY OF SACRAMENTO
MAR 23 2004

TM 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 03-25-04 Owner Signature Lina Mysin (Nikolay Mysin)

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 above-mentioned property for inspection purposes.
Date 03-25-04 Applicant/Agent Signature Lina Mysin (Nikolay Mysin)

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 03-25-04 Applicant Signature Lina Mysin (Nikolay Mysin)

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.

0402617

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 524 Kesner Avenue	APN: 250-0102-004
DRPB AREA / PUD / SPD: Del Paso Heights	ZONING: R-1
EXISTING LAND USE: Vacant	
PROPOSED USE: RSF	
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 submitted <i>before</i> project can be submitted for plan check.
<input type="checkbox"/>	Application(s) IN PROGRESS: 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.
<input checked="" type="checkbox"/>	Application(s) COMPLETED: DR04-029 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.
<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 checked="" type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input checked="" 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"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
COMMENTS: Lot area = 7150 (Metroscan). Lot coverage = 1920 + 105 (porch) = 2025 / 7150 = 28% Meets all setback and lot coverage requirements. Design review approval granted 3-10-04. Applicant must comply with Design Review Conditions of Approval attached to plans.	
DATE: 01/29/04 (3-24-04)	BY: Bonnie Surgeon (SShore)

Certification of Compliance

School District Development Fees

PART I To be completed by APPLICANT

Owner's Name & Address Nikolay Mys'in 733 Water St. W. Sac to, CA 95605
 Project Address 524 Kesner Ave
 Parcel Number 250-0102-004 Lot No. _____
 Subdivision Name _____ Number of Units 1 (one)
 Applicant's Signature & Title Lina Mys'in / Nikolay Mys'in
 Date 03-24-04 Phone No. (916) 997-7373

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 II To be completed by BUILDING DEPARTMENT

Plan Identification Number 0402617 Building Type (CHECK ONE)
 Square Feet of Chargeable Building Area 1508 Residential
 Signature J. C. Hudson () Apartment / Condominium
 Title BI III () Commercial / Industrial
 Date 3-3-04

PART III To be completed by SCHOOL DISTRICTS

Grant Joint Union High School District	
District Certification No. _____	
EXEMPT _____	
Comments <u>Del. Fee</u>	
RESIDENTIAL / APARTMENT / CONDOMINIUM	
<u>600</u> Sq. Ft. X \$ <u>2.44</u> = \$ <u>1,455.20</u>	
COMMERCIAL / INDUSTRIAL	
_____ Sq. Ft. X \$ _____ = \$ _____	
OTHER FEE TYPE _____	
_____ Sq. Ft. X \$ _____ = \$ _____	
TOTAL FEES COLLECTED = \$ <u>1,455.20</u>	

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	ROBLA
Signature <u>[Signature]</u> Title <u>Secretary</u> Date <u>3/24/04</u>	Signature _____ Title _____ Date _____

Original: Grant Joint Union High School District
 1st Copy: Robla Elementary School District
 2nd Building Department
 3rd Copy: Applicant

GJUHSD: Facilities Planning and Construction Department
 Certificate of Compliance Form (rev. 4/97) bep

Department of Planning and Development
Building Inspection Division

Grading and Erosion Control Questionnaire

To be completed for all residential new construction and additions

PART I (To be completed by applicant)

Site Address 524 Kesner ave

A.P.N. 250-0102-004

Applicant Information

Name Nikolay Mysin
Address 733 Waters +
W. SAC-to CA 95605
Phone (916) 997-7373

Project Information (Check One)

Single Family Dwelling N
Duplex N *
Triplex N *
Deep Lot Development N *

PART II (To be completed by the applicant when the project is not a part of a larger subdivision)

Are there existing structures on site? Y N
Does the site front on a paved road? Y N *
Is the site higher than the crown of adjacent road? Y N *
Is the proposed building site higher than the back of the sidewalk or curb? Y N *
Describe existing frontage improvements along road.
 Ditch * Curb and Gutter Curb, Gutter, and Sidewalk
The direction of drainage on this site is:
 Front to Rear * Rear to Front Side to Side *
Does an adjacent site drain across this parcel? Y * N
Does this site have an existing low area or drainage swale? Y * N
Will construction require cut or fill on site? (* >50FT3 or >2FT)
- How much cut? _____ Yards _____ Depth Y N
- How much fill? _____ Yards _____ Depth Y * N
Has building site been previously been filled? Y * N
Will existing drainage be re-routed? Y * N
Do you plan to construct or modify culverts or drainage ditches? Y * N

Print Name Nikolay Mysin

Title Owner

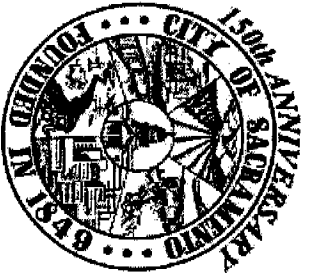
Signature [Signature]
Owner or Contractor

Date 3-8-04

PART III (To be completed by staff)

What is the acreage of the parcel to be built on? .17 Acres.
If greater than 1/2 acre has an approved erosion and sediment control plan been provided? Y N
If greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N
Is the parcel to be built on part of a larger subdivision? Y N
Subdivision Name: _____
If yes has an approved erosion and sediment control plan been provided? Y N
If the original subdivision is greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N
Is grading and drainage approval required prior to permit issuance? Y N
Approved by: [Signature] Date: 3-22-04
Building permit #: 0402617

White Copy - Permit Jacket
Yellow - Utilities
Pink - Bldg. Div.



National Real Estate Inv Llc
 P.O. Box 7610 Exeter CA 93531

DATE: 2-20-04

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 FAXED PERMIT APPLICATION (certain restrictions apply)
 Fax # 916-264-1901

0402617

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.
 Note: Contractors must have a current certificate of Worker's Compensation Insurance.

Note: Work started before a Building Permit is issued will be subject to quad fee

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

JOB ADDRESS: 522 Kesner ave UNIT # _____ CONTRACT PRICE \$ _____

CONTACT PERSON: Nikolay Mysin CONTACT PHONE: 997.7373

Property Owner: Nikolay Mysin Contractor: _____ License # _____
 Address: 733 Water st Address: _____
 City/State/Zip: W. Sacramento CA 95605 City/State/Zip: _____
 Phone: 997.7373 Phone: _____ FAX: _____

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE #SQUARES _____ Material: _____	<input type="checkbox"/> HVAC INSTALLATIONS (residential ONLY) <input type="checkbox"/> CHANGE-OUT <input type="checkbox"/> NEW <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below)	<input type="checkbox"/> WATER HEATER (residential ONLY) <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New	<input type="checkbox"/> MINOR ELECTRIC and/or MINOR PLUMBING (residential ONLY) <input type="checkbox"/> Electric Service Change # amps <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-write <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> PUBLIC UTILITIES SAFETY INSPECTION* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PGE *NOTE: Correction Notice items will require an additional building permit	
<input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> vinyl <input type="checkbox"/> stucco	Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> DRY ROT OR TERMITE DAMAGE REPAIR (Describe locations below)			
Note: Design Review approval may be required in certain areas.		Note: Design Review approval may be required for rooftop units.		Note: Design Review approval may be required in certain areas.	

DESCRIPTION OF WORK: Construction of new single family dwelling.

1500 Liv 406 Gar 105 porch

0402617

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 524 Kesner Avenue		APN: 250-0102-004	
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COMMENTS: Lot area = 7150 (Metroscan). Lot coverage = 1920 + 105 (porch) = 2025 / 7150 = 28% Meets all setback and lot coverage requirements. STILL NEEDS DR REVIEW AND APPROVAL WITH CONDITIONS OF APPROVAL TO BE ATTACHED. Customer wanted to being bldg permit process. Approved setbacks and lot coverage while still in DR process.			
DATE: 01/29/04 (2-20-04)		BY: Bonnie Surgeon (Sshore)	

0402617



CITY OF SACRAMENTO
CALIFORNIA

PLANNING AND
BUILDING DEPARTMENT
PLANNING DIVISION

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

WATER DEVELOPMENT FEE WAIVER

Applicant: IRINA MysIN Phone: (916) 997-4330 cell
(916) 372-7019

Property Address: 524 Kesner Ave

APN: 250-0102-004 Zoning: R-1 No. of Units: 1

This project qualifies for the fee waiver because it is in a:

- REDEVELOPMENT AREA; or
- DESIGNATED INFILL AREA; or
- QUALIFIED INFILL AREA, meeting all of the following requirements:

- 1. The site is located in a neighborhood where the median year of housing construction is 1965 or earlier as shown on the Neighborhood Statistics Boundary Map, or the applicant has proof to the satisfaction of the Planning Director that the median age of housing within 500 feet of the site was developed prior to 1965; and
 - 2. The lot is surrounded on three sides by existing or approved development; and
 - 3. The project is consistent with the General Plan or more specific plan designation; and
- The site is no more than 5 acres in size for single family development, or 2 acres in size for multiple family development; and
- 5. The site has City sewer, water, and drainage services, or is within proposed or assessment district for these services; and the services provided are meeting the proposed development to the satisfaction of the Public

Fee Waiver Denied by: _____ Date: _____

Fee Waiver Approved by: W Williams Date: 3/18/84

WD No: _____

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 524 KESNER AVENUE SACRAMENTO CA
NUMBER CITY STATE

CEILING:

BLOW: MANUFACTURER GREENFIBER THICKNESS 10.3" RVALUE 38
SQUARE FEET 1357 #BAGS/LBS PER BAGS 58

BATTS: MANUFACTURER JOHNS MANVILLE THICKNESS 13" R-VALUE 38

EXTERIOR WALLS:

MANUFACTURER JOHNS MANVILLE THICKNESS 3.5" RVALUE 13
JOHNS MANVILLE

FLOOR INSULATION:

MANUFACTURER JOHNS MANVILLE THICKNESS N/A RVALUE N/A

AIR INFILTRATION: (TITLE 24)
YES XX NO

OTHER: _____

GENERAL CONTRACTOR: NIKOLAY MYSIN LICENSE # _____

BY: _____ TITLE _____ DATE _____

INSULATION CONTRACTOR: WESTERN INSULATION LP LICENSE # 784484

BY: Jamie Blair TITLE AUTH. AGENT DATE 6/3/2004
JAMIE BLAIR

Sacramento Stucco Co., Inc.

WESTERN ONE KOTE STUCCO SYSTEM

This Certifies That

QUAIL RIDGE CONSTRUCTION

Rafael Garcia

**HAS MET AND COMPLIED WITH ALL REQUIREMENTS TO BE AN
APPROVED APPLICATOR OF THE WESTERN ONE KOTE STUCCO
SYSTEM**

Applicator #742

August 19, 2003

Date Issued

Ugurbian

Approved By

62221 Claremont Road
Carmichael, CA 95608
Tel. (916) 488-7654
Fax (916) 483-0171

Structural Systems

May 7, 2004

Nikolay Mysin
733 Water Street
West Sacramento, CA 95605

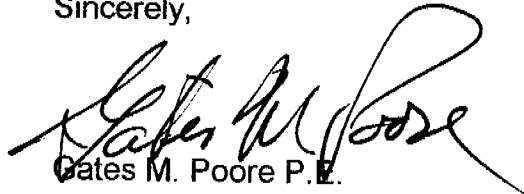
Re: 524 Kessner Ave.
Sacramento, CA 95838
Building Inspection Correction Notice

Dear Mr. Mysin:

This is in response to your building inspector's Correction Notice dated 5/7/04. The question from the building inspector (Item #3 is about what must be done to account for electric panel installation in the east side front corner shear wall. Simpson coil straps #CS16 must be installed above and below the panel on 2x4 blocking and extend 16" each side. The shear stress will increase will be 155 lbs to be transferred to the adjacent areas. Maximum increase in the adjacent panel's shear will be 10.5 plf.

Since the capacity of the A Type shear walls is 260 plf, the structural capacity is still in an acceptable range. Therefore this minimal change does not create an overloading condition and may be utilized for this project..

Sincerely,


Gates M. Poore P.E.



Engineered designs yield the best structures.