

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

**Permit No: 0004968**  
**Insp Area: 1**

**Site Address: 1040 39TH ST SAC**  
Parcel No: 008-0133-029

Sub-Type: ACOM  
Housing (Y/N): N

**CONTRACTOR**  
\*DYER NEED CONSTRUCTION  
1540 38TH ST  
SACRAMENTO CA 95816

**OWNER**  
ROMAN CATHOLIC BISHOP OF SACRAMENTO  
1108 39TH ST  
SACRAMENTO CA 95816

**ARCHITECT**

**Nature of Work:** ADD TWO ADA RESTROOMS:196 SQ FT

**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 NA 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 B License Number 645755 Date 7/3/00 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: 7/1/03 2000

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

**IN ISSUING THIS BUILDING PERMIT,** the applicant represents, and the city relies on the representation of 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 7/3/00 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:

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 7/3/00 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.**

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
**DEVELOPMENT SERVICES DIVISION**  
**PERMIT SERVICES SECTION**  
 1231 I Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # <span style="font-size: 1.5em;">0004968</span>	Insp. Area <span style="font-size: 1.5em;">1C</span>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1040 39th St Suite \_\_\_\_\_  
 PARCEL # 008 0133 029

<p style="text-align: center;"><b>CONTACT</b></p> Name <u>Ken Dyer</u> Street Address <u>4104 A St</u> City/State/Zip <u>Sacramento, CA 95819</u> Phone <u>(916) 730-6333</u> FAX <u>(916) 456-6333</u> E-mail: <u>dyerken@Hotmail.com</u>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> Name <u>Dyer Need Constr.</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;"><b>OWNER</b></p> Name <u>Sacred Heart School</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
 → WORKER'S COMPENSATION POLICY # \_\_\_\_\_

NATURE OF WORK IN DETAIL: add 2 ADA restrooms: 196 sq ft

OCCUPANT/TENANT: Sacred Heart School VALUATION: \$ 40,000

FLOOD STATUS: <u>NR</u>		S.C.A.T. <u>X1.31</u>		REM( )		SW		FIRE <u>ADD</u>		OTH	
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	ELEC <u>(ELEC)</u>		SITE		FIRE	
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	Fire Req. Y <u>(N)</u>		Fed Code		Vio. File	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	SPR	ALARM	17		[H]	[Quad]
<u>(B)</u>	<u>(L)</u>	<u>196</u>	<u>(M)</u>	<u>(E)</u>	<u>1 hr</u>			<u>(S)</u>		D	PW
				<u>13 T.M.</u>	F			<u>75/2</u>			UTIL

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

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No  
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

Date of Request: \_\_\_\_\_

By: \_\_\_\_\_

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 1040 3rd St (~~3951 J St~~)

Assessor's Parcel Number: 008 - 0133 - 029

Previous Use: \_\_\_\_\_

Description of Request/Proposed Use: ADD TWO BATHROOMS COSTO CHURCH

Is This a Change of Use? NO

Zoning Designation: C1

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

Comments: Needs a ZA Minia Mod

Are There Any Planning Issues?: (circle one) YES  NO

- \* Staff Site Plan Check Required? (Circle one) YES  NO
- \* Field Inspection Required? (Circle one) YES  NO
- \* Design Review/Preservation Required?: (Circle one) YES  NO

Planning Review by/Date: [Signature] 5-9-00

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

MICROFILM AFTER FINAL

# WATER SUPPLY TEST - DEPARTMENT OF UTILITIES

1395 35TH AVENUE SACRAMENTO, CA. 95822 PHONE: 916 / 264-1430 FAX: 916 / 264-1497	TEST NO:	FILE NO:
	COMPLETE DATE:	PC#
	ANALYSIS FEE: \$90.00	DATE PAID: 5/9/00
	FIELD TEST FEE: \$360.00	DATE PAID:
CONTACT PERSON: ✓ Ken Dyer	PHONE NO: ✓ 730 6333	FAX NO: ✓
COMPANY: ✓ Dyer Need Constr	CELL PHONE NO: ✓	
COMPANY ADDRESS: ✓ 4104 A St Sac Ca	STREET ADDRESS OF TEST: ✓ 1040 39 <sup>th</sup> St	
PURPOSE OF TEST: ✓ New 3q footage	ASSESSOR'S PARCEL NUMBER: ✓ 008 0133 029	

The undersigned agrees to the following items and conditions:

- (1) The street address shown above is correct.
- (2) Water supply data is developed from several sources of information which may include water supply test data, pipe network computer models, and continuous pressure recording stations. The design water supply data given below is to be used for design purposes.
- (3) Although the water supply data reported herein is believed to be accurate, the City makes no warranty, guaranty, certification or other representation of any kind that such data is accurate or correct, or that the pressures and/or flow rates reported herein can or will be maintained. The undersigned agrees that the City, its officers and employees shall not be liable for any damages of any kind resulting from the use of or reliance upon the water supply data reported herein by the undersigned or by any third party.
- (4) If the undersigned desires to witness the water supply test performed by the City, please check the box below:  
 I want to witness this water supply test, which will be scheduled at the convenience of the Department of Utilities.
- (5) If the undersigned elects to hire a licensed engineer, at the undersigned's sole expense, to witness and certify the water supply test performed by the City, please check the box below:  
 At my expense, I will arrange for a licensed engineer to witness and certify this water supply test, which will be scheduled at the convenience of the Department of Utilities.

Print Name: ✓ Signature: ✓ Date: ✓

ENGINEERING REQUEST DATE:		DATE OF TEST:		TIME OF TEST:						
WATER MAIN SIZE:		TEST CONDUCTED BY:								
	HYDRANT NO.	MAP PAGE	STATIC PRES. (PSI)	RESIDUAL PRES. (PSI)	PITOT PRES. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT		CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (G.P.M.)
							C <sub>1</sub>	C <sub>2</sub>		
RESIDUAL										
FLOWED										
FLOWED										
FLOWED										
FLOWED										

- THE WATER SUPPLY TEST DATA IS NOT TO BE USED FOR THE DESIGN OF DOMESTIC WATER SYSTEMS.
- (STATIC PRES. - RESIDUAL PRES.) / (STATIC PRES. - 20 PSI) IS LESS THAN 25%. THEREFORE, THESE RESULTS ARE ONLY VALID FOR FLOWS NOT EXCEEDING \_\_\_\_\_ G.P.M.

WATER SUPPLY DATA SUMMARY		
	ACTUAL	DESIGN (1)
STATIC PRESSURE	PSI	PSI
RESIDUAL PRESSURE	PSI	PSI
TOTAL FLOW @ RESIDUAL	G.P.M.	G.P.M.
TOTAL FLOW @ 20PSI	G.P.M.	G.P.M.

(1) The Design Water Supply Data reflects fluctuations and future demands on the water distribution system. It is to be used for design purposes. 10/12/99





REQUEST FOR SEWER FEE QUOTE

PCT#

DATE	5/9/00	NUMBER OF PAGES	1	FAX	264-7046
FROM	City of SACRAMENTO	REQUESTOR	Brian Krinke	PHONE	264 5547
TO	SRCSD Customer Service	RESPONDER	DUKORIS ROSS	FAX	875-6253

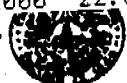
URGENT -- Applicant is in office or ready to pay permit.  
 If urgent, call 875-6820 to notify an Engineering employee that you faxed a request.  
 Press zero to speak to the operator.  
 1 WEEK WOULD BE FINE  
 NOT URGENT -- Applicant has requested informal quote

Applicant	NAME			PHONE
Property	ASSESSOR'S PARCEL NUMBER(S)		PROPERTY ADDRESS	
	008 0133 029		1040 - 39th St	
Project	PLAN CHECK # BUILDING PERMIT NO	<input type="checkbox"/> New construction <input checked="" type="checkbox"/> Remodel <input type="checkbox"/> Change in use		
	USE	CURRENT # PREVIOUS	PLANNED	2 restrooms
	SQUARE FOOTAGE	CURRENT # PREVIOUS	PLANNED	+196 sq ft

MAY 09 2000

FAXED 3:10 PM Bz

**RECEIVED**  
 9660 E. COLBY LANE, SACRAMENTO, CALIFORNIA • 95827-3881  
 ENGINEERING (916) 875-6820 • FAX (916) 875-6253



**DEVELOPMENT SERVICES DIVISION**  
1231 STREET, ROOM 200, SACRAMENTO, CA 95814

Prior to issuance of a permit, the applicant shall complete Part I of this form. Part II and Part III shall be completed by the project Architect/Engineer and the Development Services Department as a part of the plan review process. Before permit issuance all parties must sign this agreement. Please note that failure to comply with special inspection requirements could be expensive in terms of retrofit design and construction as well as delays in the project.

**PART I - SPECIAL INSPECTION AND TESTING AGREEMENT**

PROJECT NAME \_\_\_\_\_  
 PROJECT ADDRESS \_\_\_\_\_  
 PLAN REVIEW NUMBER 000 4968  
 PERMIT NUMBER \_\_\_\_\_  
 OWNER'S NAME \_\_\_\_\_  
 OWNER'S ADDRESS \_\_\_\_\_  
 OWNER'S REPRESENTATIVE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

TESTING/INSPECTION FIRM(S)	ITEMS
1 _____	_____
2 _____	_____

CONTACT PERSON: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

**PART II - SPECIAL INSPECTION AND TESTING AGREEMENT - INSPECTION REQUIRED**

In accordance with Chapter 17 Section 1701 of the UBC, as adopted by this jurisdiction, SPECIAL INSPECTION is required as noted below:  
**PRECONSTRUCTION MEETING ( ) REQUIRED ( ) WAIVED**

CODE SECTION	TYPE OF WORK	CONTINUOUS	PERIODIC
1701.5.1	CONCRETE		
1701.5.2	BOLTS INSTALLED IN CONCRETE		
1701.5.3	SPECIAL MOMENT - RESISTING CONCRETE FRAME		
1701.5.4	REINFORCING STEEL AND PRESTRESSING STEEL TENDONS		
1701.5	STRUCTURE WELDING		
1701.5.1	GENERAL		
	FIELD STRUCTURAL WELDING		
	SHOP STRUCTURAL WELDING (REQUIRING SPECIAL INSPECTION)		
1701.5.2	SPECIAL MOMENT - RESISTING STEEL FRAMES		
1701.5.3	WELDING OF REINFORCING STEEL		
1701.5.6	HIGH STRENGTH BOLTING		
1701.5.7	STRUCTURAL MASONRY		
1701.5.8	REINFORCED GYPSUM CONCRETE		
1701.5.9	INSULATING CONCRETE FILL		
1701.5.10	SPRAY APPLIED FIRE PROOFING		
1701.5.11	PILING, DRILLED PIERS AND CAISSONS		
1701.5.12	SHOTCRETE		
1701.5.13	SPECIAL GRADING, EXCAVATION & FILLING		
1701.5.14	SMOKE CONTROL SYSTEM		
1701.5.15	SPECIAL CASES		
1702	STRUCTURAL OBSERVATION PER SECTION 307 REQUIRED: ( ) YES ( ) NO		
SCC 9.28.1004	FLOOD PROOFING INSPECTION & CERTIFICATION		

OTHER: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

*Epoxy Grout the anchor bolts to masonry wall and rebar to existing footing*



**CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION  
1231 I STREET, ROOM 200, SACRAMENTO, CA 95814**

**SPECIAL INSPECTION AND TESTING AGREEMENT**

When special inspection is required by Section 1701, the architect or engineer of record shall prepare an inspection program which shall be submitted to the Building Official for approval prior to issuance of the building permit. The special inspector shall be employed by the owner (other than owner-builder/developer), the engineer or architect of record, or an agent of the owner, BUT NOT the contractor, or any other person responsible for the work (such as an owner-builder/developer).

The special inspection firm(s) named in Part I have been authorized to perform the special inspection and testing services designated in this agreement, and in accordance with the Uniform Building Code (UBC) requirements, and to report all activities to the Building Official, and other parties as stated. It is understood that special inspections are required in addition to the normal inspections performed by the Building Inspector.

The undersigned hereby affirm, under penalty of law, that the special inspection program is in accordance with the requirements of the UBC and the City of Sacramento.

The undersigned has used all reasonable diligence in completing this form and to the best of his/her knowledge the information contained herein is true and complete. The undersigned hereby certifies under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

	SIGNATURES	PHONE NUMBER
OWNER		
ARCHITECT	<i>[Signature]</i>	452-5823
ENGINEER		
CONTRACTOR		
DEVELOPER		
SPECIAL INSPECTOR		

**WARNING:** Any person, who certifies under penalty of perjury in any case where certification is permitted by law and willfully states as true any material matter which he or she knows to be false, may be found guilty of perjury and subject to penalties which may include fines or imprisonment under the California Penal Code.

**PART III GEOTECHNICAL INSPECTION REQUIREMENTS**

GEOTECHNICAL FIRM		PHONE NUMBER
GEOTECHNICAL FIRM ADDRESS		
GEOTECHNICAL ENGINEER		
REPORT NUMBER		
REPORT DATE	RECEIPT NUMBER	REVISION DATES
	TYPE OF WORK	REQUIRED
SITE PREPARATION/FILL COMPACTION		
FOUNDATION OBSERVATION		
DRILLED PIERS AND CAISSONS		

IF THE EARTHWORK INSPECTION IS NOT BEING DONE BY THE ABOVE GEOTECHNICAL ENGINEERING FIRM THEN A REVISED REPORT MUST BE SUBMITTED TO AND APPROVED BY THE CITY'S DEVELOPMENT SERVICES DIVISION.

**ACCEPTED FOR THE BUILDING DEPARTMENT**

PLAN CHECK ENGINEER (Please Print)	<i>YANG LIM</i>	
PLAN CHECK ENGINEER SIGNATURE	<i>[Signature]</i>	DATE 6/23/00

**INSTRUCTIONS TO THE SPECIAL INSPECTOR**

- 1 - PROVIDE DAILY FIELD REPORTS TO THE BUILDING INSPECTOR ON SITE AS CONSTRUCTION PROGRESSES.
- 2 - A COPY OF ALL SPECIAL INSPECTIONS LABORATORY REPORTS SHALL BE SENT TO THE PLAN CHECK ENGINEER IDENTIFIED ABOVE AND THE ARCHITECT OR ENGINEER OF RECORD.
- 3 - UPON COMPLETION OF SPECIAL INSPECTIONS AND TESTING WORK, PROVIDE THE CITY'S PLAN CHECK ENGINEER WITH A FINAL SPECIAL INSPECTIONS TEST REPORT, WET STAMPED AND SIGNED BY THE RESPONSIBLE PROFESSIONAL ENGINEER