

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0513614

Insp Area: 1  
Thos Bros: 297J5

Site Address: 441 46TH ST SAC  
Parcel No: 004-0253-021

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

CONTRACTOR

OWNER  
O'NEAL JAMIE J  
441 46TH ST  
SACRAMENTO, CA 95819

ARCHITECT

Nature of Work: RE-ROOF, T/O, RESHEET, INSTALL 22 SQ'S LIFETIME COMP. INSTALL ONE FRONT DORMER AND THREE SKYLIGHTS IN REAR.

CONSTRUCTION LENDING AGENCY : I hereby affirm under penalty of perjury that there is a construction lending agency in the performance of the work for which this permit is issued (Sec. 3097, Civ. C).

**ISSUED**  
**CITY OF SACRAMENTO**

Lender's Name \_\_\_\_\_ Lender's Address \_\_\_\_\_ **SEP 07 2005**

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.

**DOWNTOWN PERMIT CENTER**

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 9/7/2005 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 9/7/2005 Applicant/Agent 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.

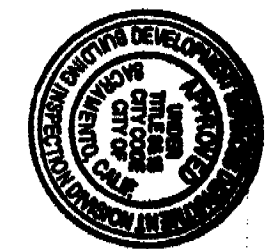
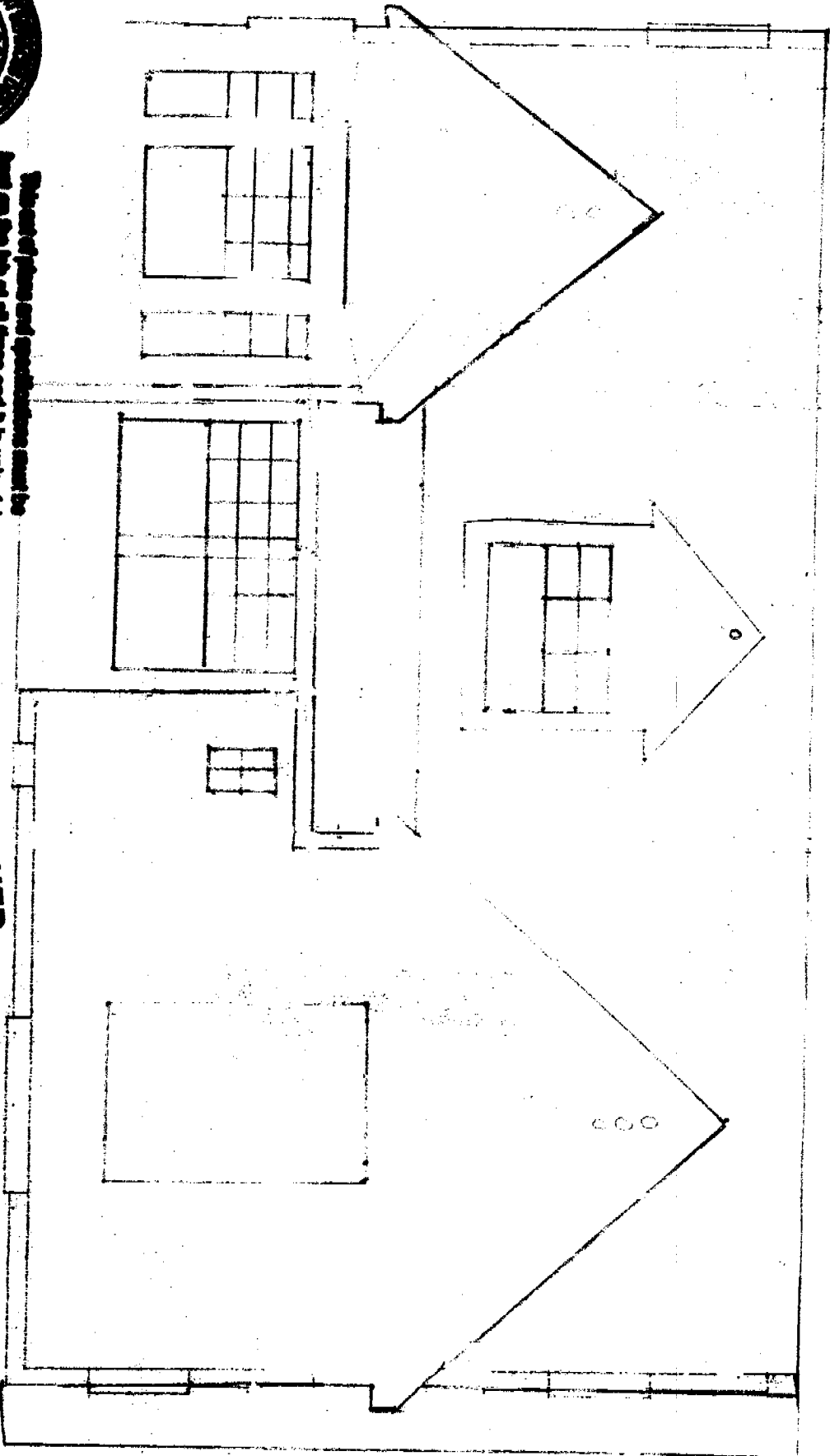
Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

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.

**IN PROGRESS  
INSPECTION REQUESTED**

**CITY COPY**



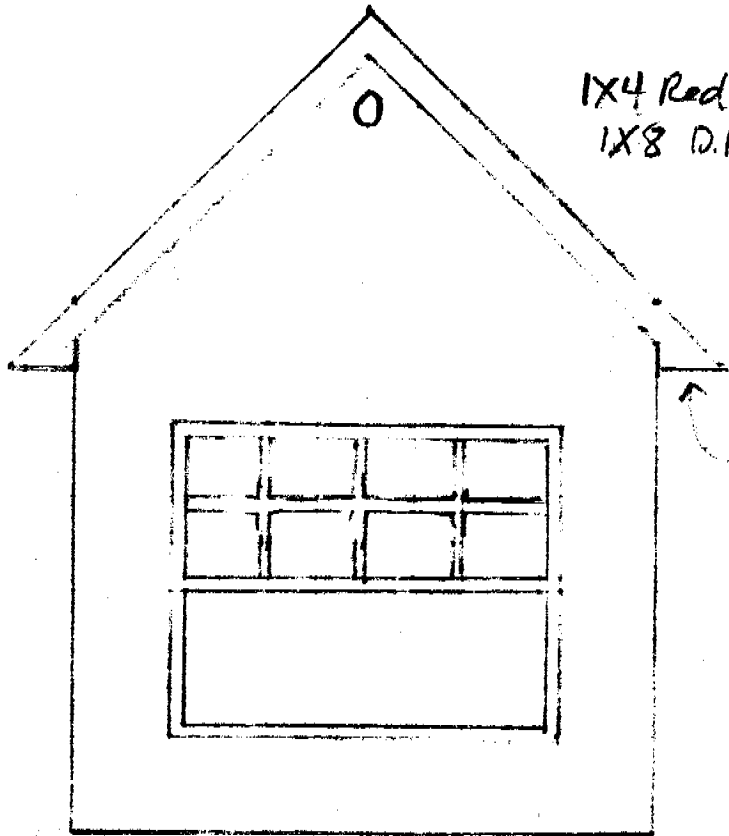
**Drawings of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.**  
**The approval of the plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.**

**ISSUED  
CITY OF SACRAMENTO**  
SEP 07 2005  
DOWNTOWN PERMIT  
CENTER

12:15 (P.14h Approx)  
existing

# Framing Plan & Details

12:12 (Pitch)

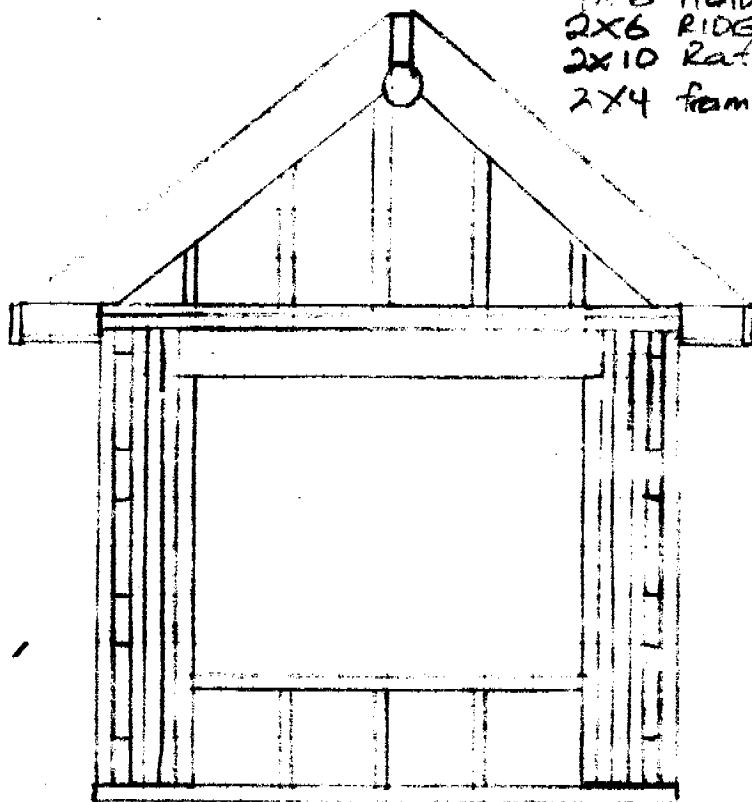


1X4 Redwood fascia  
1X8 D.F. Soffit

4'X3'0" DOUBLE  
HUNG  
WOOD  
D/L  
ON TOP

CITY COPY

4X6 HEADER  
2X6 RIDGE  
2X10 Rafter -  
2X4 framing

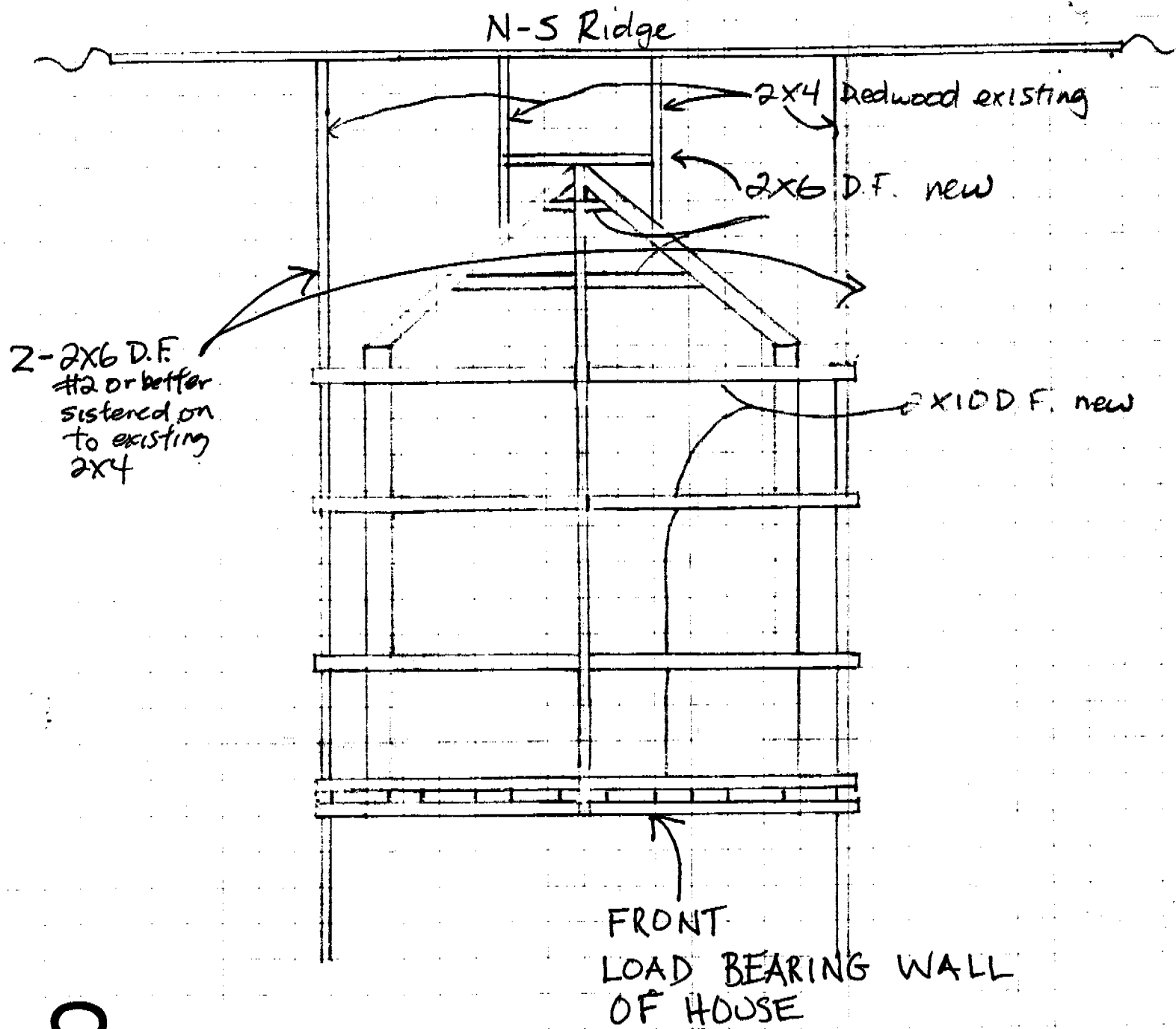


← 1X4 redwood

15/32 OSB SHEAR

STUCCO FINISH

1/2" = 1'



2x6 blocking around all dormer and between rafters

1" = 1'

CITY COPY



**CITY OF SACRAMENTO**

www.cityofsacramento.org  
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT  
 Inspection Request: 1-916-808-7622

Downtown Permit Center  
 1231 I Street, Suite 200  
 Sacramento, CA 95814  
 North Permit Center  
 2101 Arena Blvd., Suite 200  
 Sacramento, CA 95834

Fax # 916-264-1901

004 0253 021

**MINOR PERMIT APPLICATION**

Date: 9/7/2005

Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. 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.

**Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM**

*Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)*

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

Job Address: 441 46<sup>th</sup> St. Bid Type:  RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited) 10,000.00  
 CONTACT INFO Name: Joe O'Neal Unit # Contract Price

Property Owner: Jamie O'Neal Phone #: 736-0283 Email: joss@joss.com  
 Address: 441 46<sup>th</sup> St. City/State/Zip: Sac, CA 95819 Contractor: CITY OF SACRAMENTO  
 City/State/Zip: SEP 07 2005

Phone: 916-736-0283 Nature of Work: Provide description of work & indicate type of work in selections below.  
 Pre-Registered? YES NO Registration #

Description of Work: re-roof home & build dormer in front & install skylights in back

<input checked="" type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input checked="" type="checkbox"/> House <input type="checkbox"/> Garage # Stories: 1 # Squares: 22 Material: <i>composition</i> <input checked="" type="checkbox"/> Siding <i>Presidential</i> <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<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) Value of duct work: Equipment: \$ Cut-in: \$	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> Dry Rot or Termite Damage Repair <input type="checkbox"/> Flooring/Joists <input type="checkbox"/> Mudsill/Studs <input type="checkbox"/> Roof Structure <input type="checkbox"/> Exterior	<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-wire <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 <input type="checkbox"/> (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Correction Notice items will require an additional building permit.
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Office Use Only: Parcel #: 004 0253 021 Date Received: 9/7/05 Date Issued: Processor's Initials: Permit #: 0513614  
 Minor\_permit\_appj\_form - 04/2005



**CITY OF SACRAMENTO**

[www.cityofsacramento.org](http://www.cityofsacramento.org)

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

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

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

**SPAN TABLES**

USING DOUGLAS FIR LARCH NO. 2 OR BETTER (E=1,600,000 PSI)

**FLOOR JOISTS:** Live Load = 40 PSF Live Load Deflection Limit = L/360

SIZE	SPACING	SPAN W/FINISH Ceiling D.L. = 20 PSF	SPAN W/NO Ceiling D.L. = 10 PSF
2x6	12" OC	10' - 5"	10' - 9"
	16" OC	9' - 0"	9' - 9"
	24" OC	7' - 4"	8' - 1"
2x8	12" OC	13' - 2"	14' - 2"
	16" OC	11' - 5"	12' - 6"
	24" OC	9' - 4"	10' - 2"
2x10	12" OC	16' - 0"	17' - 8"
	16" OC	13' - 11"	15' - 4"
	24" OC	11' - 4"	12' - 6"
2x12	12" OC	18' - 8"	20' - 5"
	16" OC	16' - 2"	17' - 9"
	24" OC	13' - 2"	14' - 5"

**CEILING JOISTS:** Dead Load = 5 PSF Live Load = 10 PSF Live Load Deflection Limit = L/240

SPACING	2x4	2x6	2x8	2x10
16" OC	11' - 3"	17' - 6"	22' - 8"	26' - 0"
24" OC	9' - 10"	14' - 9"	18' - 6"	22' - 8"

**RAFTERS:** Live Load = 20 PSF (Provide Manufacturer's Specs for Tile Roofs) Live Load Deflection Limit = L/240

SIZE	SPACING	10 PSF Dead Load - 20 PSF Live Load	15 PSF Dead Load - 20 PSF Live Load	20 PSF Dead Load - 20 PSF Live Load
2x4	16" OC	8' - 9"	8' - 1"	7' - 6"
	24" OC	7' - 1"	6' - 7"	6' - 1"
2x6	16" OC	12' - 9"	11' - 10"	11' - 1"
	24" OC	10' - 5"	9' - 8"	9' - 0"
2x8	16" OC	16' - 2"	15' - 0"	13' - 11"
	24" OC	13' - 2"	12' - 2"	11' - 5"
2x10	16" OC	19' - 9"	18' - 3"	17' - 1"
	24" OC	16' - 1"	14' - 11"	13' - 11"

**PURLINS:** In Accordance with Section 2320.12.7 of the 2001 CBC

PURLIN SIZE (NOT SMALLER THAN SUPPORTED RAFTERS)	MAXIMUM PURLIN SPAN
2x4	4' - 0"
2x6	6' - 0"



CITY OF SACRAMENTO

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Sacramento, CA 95814

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2101 Arena Blvd., Suite 200
Sacramento, CA 95834

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 - [X] a portion of the work.
C - [ ] none of the work.

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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. [X] 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 [Signature]

Date 9/7/2005 Case No. \_\_\_\_\_ Permit No. \_\_\_\_\_

Job Address 441 46th St., Sacramento, CA 95819

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

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 09/07/2005
PRODUCER (916)443-0200 FAX (916)443-0251 Owen-Dunn Insurance Services License Number: 0670167 2831 G Street Sacramento, CA 95816-3721	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Capital Development Company 441 46th Street Sacramento, CA 95819	INSURERS AFFORDING COVERAGE INSURER A: State Compensation Ins. Fund INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGRFGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	182019605	02/05/2005	02/01/2006	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL PROVISIONS / EXCLUSIONS / COINSURED BY ENDORSEMENT / SPECIAL PROVISIONS  
 EVIDENCE OF INSURANCE

<b>CERTIFICATE HOLDER</b>  EVIDENCE OF INSURANCE	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL *** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Karen Robinson/KIA
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### IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

### DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**OWEN-DUNN INSURANCE SERVICES**

**License #0670167**

**www.owendunn.com**

**2831 G Street**

**Sacramento, CA 95816**

**Phone: 916.443.0200 Fax: 916.443.0251**

To: Ed

From: Cindy Vang

Fax Number: 808-1901

Subject:

Company:

Pages: 3

Date: September 07, 2005

Time: 9:05:18 AM

Note:

*This communication, together with any attachments hereto, is for the sole use of the intended recipient(s) and may contain information that is confidential or legally protected. If you are not the intended recipient, you are hereby notified that any review, disclosure, copying, dissemination, distribution or use of this communication is strictly prohibited. If you have received this communication in error, please notify the sender immediately by return fax and destroy the original and all copies of the communication, along with any attachments hereto.*

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

ADDRESS: 441 46 <sup>th</sup> St.	APN: 004-0253-021
DRPB AREA / PUD / SPD: None	ZONING: R-1
EXISTING LAND USE: SFR	
PROPOSED USE: Add dormer window to front of house	
<b>PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:</b>	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC      ZA      IR      ER      DR      PB
	Required Planning application must be approved <i>before</i> project can be submitted for plan check
<input type="checkbox"/>	Application(s) IN PROGRESS:    File Number:
	Application must be approved before project can be submitted for plan check.
<input type="checkbox"/>	Application(s) COMPLETED:    File Number & approval date:
	Building permit must conform to approved plans and comply with all conditions of approval. Do NOT accept applications for a building permit prior to the end of the 10-day appeal period.
<input 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.
<input checked="" type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Route to SITE for inspection only, plan check not required.
<input type="checkbox"/>	Preliminary review <b>ONLY</b> ; the information on this form <b>must be reviewed again and confirmed</b> at the time of building permit submittal.
CONDITIONS AND COMMENTS:    Addition will not expand footprint or encroach on setbacks. Property is not in Design Review. No other planning issues.	
DATE: 08/24/05	BY: Erin Haley 