

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0511293

Insp Area: 4

Thos Bros: 256J3

Site Address: 351 PELICAN BAY CR SAC

Parcel No: 201-0730-086

Sub-Type: ASFR

Housing (Y/N): N

CONTRACTOR

YANCEY BROTHERS
8250 ALPINE AV STE A
SAC CA 95826

OWNER

HUDDLESTON REVOCABLE TRUST
351 PELICAN BAY CIR
SACRAMENTO, CA 95835

ARCHITECT

Nature of Work: 148SF SOLID PATIO COVER ALUMINUM

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 B License Number 731709 Date 7/29/05 Contractor Signature Yancey Bros

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.)

PAID
CITY OF SACRAMENTO
JUL 29 2005
CENTER

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. _____ B & PC for this reason: _____

Date _____ Owner Signature _____

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 7/29/05 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:

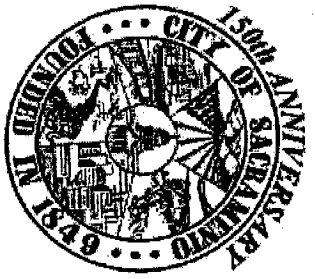
Carrier STATE FUND Policy Number 1604244 Exp Date 11/01/2005

(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 7/29/05 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.



**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)**

Fax # 916-264-1901

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

DATE: 7/29/05

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

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

CONTRACT PRICE \$ 1951

JOB ADDRESS: 351 Pelican Bay Circle UNIT # _____

CONTACT PHONE: 541-1308

CONTACT PERSON: Phoe Saelen

Property Owner: Agatha Huddleston
Address: 351 Pelican Bay Circle
City/State/Zip: Sac 95833
Phone: 515-4911

Contractor: Yancey Bros. License # 731709
Address: 8250 Alpine Ave Ste A
City/State/Zip: Sac 95826
Phone: 457-5113 FAX: 457-5427

| 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"/> RESHEED <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE # SQUARES: _____ Material: _____ <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> vinyl <input type="checkbox"/> shecco Note: Design Review approval may be required in certain areas. | <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: \$ _____ Note: Design Review approval may be required for rooftop units. | <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"/> DRY ROT OR TERMITE DAMAGE REPAIR (Describe locations below) Note: Design Review approval may be required in certain areas. | <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* (Residential and single apartment units ONLY) <input type="checkbox"/> SMUD <input type="checkbox"/> PGE *NOTE: Correction Notice items will require an additional building permit |

DESCRIPTION OF WORK: Install 11x13 patio cover (solid) aluminum

OS 11293

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

| | |
|--|--|
| ADDRESS: 351 PELICAN BAY CIRCLE | APN: 201-0730-086 |
| DRPB AREA / PUD / SPD: EXPANDED NORTH / NORTHBOROUGH PUD | ZONING: R-1A-PUD |
| EXISTING LAND USE: SINGLE STORY RSF WITH ATTACHED GARAGE | |
| PROPOSED USE: 149 SQ FT PATIO COVER ADDITION TO REAR OF EXISTING 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 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 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"/> | Route to SITE for inspection only, plan check not required. |
| <input type="checkbox"/> | Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal. |
| CONDITIONS AND COMMENTS: LOT AREA = 4995 (METROSCAN). EXISTING FOOTPRINT = 1942 + 149 PROPOSED = 2091 / 4995 = 42% TOTAL LOT COVERAGE. MEETS ALL SETBACK AND LOT COVERAGE REQUIREMENTS. NO ADDITIONAL PLANNING ENTITLEMENTS APPRAENT. NO ADDITIONAL DESIGN REVIEW APPROVAL REQUIRED, NOT VISISBLE FROM STREET VIEW. | |
| DATE: 07/29/05 | BY: BONNIE SURGEON |