

CITY OF SACRAMENTO
APPLICATION FOR [REDACTED] BUILDING PERMIT

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

PLAN CHECK # 9903385 Insp. Area

Applicant MUST complete ALL Unshaded areas
this page only

ADDRESS 130 MANITOU STREET Suite
PARCEL # 237-0364-001

CONTACT Name PAUL TERESITA LOMENDEHE Address 130 MANITOU STREET SACRAMENTO, CA Zip 95838 Phone 916-567-0759 FAX 916-567-0759		LICENSED CONTRACTOR Lic No. # Name Address Zip Phone FAX	
ARCHITECT/ENGINEER Name Address Zip Phone FAX		OWNER Name PAUL & TERESITA LOMENDEHE Address 8278 NEWFIELD CIRCLE SACRAMENTO CA Zip 95828 Phone 916-672-5461 FAX 916-672-2442	

Will the permittee have any employees on the jobsite? Yes No

If yes, WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: CONVERT SFD TO CARE FACILITY
6 clients Nonambulatory

DBA: _____ VALUATION: 3000.00

FLOOD STATUS:		S.C.A.T.:							
JOB DESCRIPTION	BLDG	SHEL	APT	II()	REM(X)	SW	FIRE	ADD	OTH
INSPE. DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE		
# Stories	1st Br Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> N	Fed Code	Vio. File	
				R 2.1.1	V-N	Sp <input checked="" type="checkbox"/> Alarm <input checked="" type="checkbox"/>			
(B)	(1)	P	M	(E)	(P)	(S)	D	R	

COMMENTS:

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

BLDGFRM. (REV 05/98) WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS Yes No

**City of Sacramento Development Services Division
Planning and Zoning Information Request**

Project Address: 130 Manitou St.

Assessor's Parcel Number: 237-0364-001

Current Land Use: SFR

Description of Request/Proposed Use: SFR

convert to Res Care
Facility - care for 6
non-ambulatory

Zoning Designation: R-1

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

Comments: Six or fewer
no planning requests

Are There Any Planning Issues?: (Circle One) YES NO

Site Plan Check Required? (Circle One) YES NO

Design Review/ Preservation Required?: (Circle One) YES NO

Planning Review by/Date: W. J. Bour 4/6/99

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

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 8-25-99

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

130 MANITOU ST.

has been conducted by Inspector COOKE


on 8-23-99

99-03385
Permit Number

Square Footage

Fire alarm
Type of Inspection

The system is acceptable by this department.


By: Ross L. Woodman,
Fire Prevention Officer II

99-228
F. D. Reference Number

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNER

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed improvement (yes or no) yes

2. I (have/have not) have signed an application for a building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise, and provide the major work.

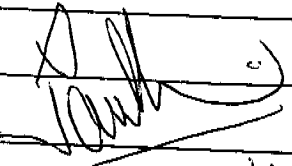
Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the work indicated:

Name	Address	Phone	Type of Work
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X Signed 

X Job Address 130 MAINTON ST

Date 6-8-99

Permit No.: _____