

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9904634
Insp Area: 1

Site Address: 3118 S ST SAC
Parcel No: 010-0064-003

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

CONTRACTOR
DH CONSTRUCTION
4324 ORANGE GROVE AV
SACRAMENTO CA 95841

OWNER
DOWDIN JR ARTHUR L.
3124 T ST
SACRAMENTO CA 95816

ARCHITECT

Nature of Work: 1141 SQ FT RES./ 300 SQ FT GARAGE/ 80 SQ FT PORCH

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.

X License Class 3 License Number 362161 Date 6-23-99 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 3 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 _____ 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.

X Date 6-23-99 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 STATE FUND Policy Number 048-99 UNIT 0004903 Exp Date 01/01/2000

____ (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.

X Date 6-23-99 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.

ABC INSULATION & SUPPLY CO.
11386 AMALGAM WAY
RANCHO CORDOVA, CA 95670
Phone (916) 635-7171
Fax (916) 635-7717
State License No. 369263

THIS IS TO CERTIFY THAT INSULATION HAS BEEN INSTALLED IN CONFORMANCE WITH CURRENT ENERGY REGULATIONS, CALIFORNIA ADMINISTRATIVE CODE, TITLE 24, STATE OF CALIFORNIA, IN THE BUILDING LOCATED AT:

LOT# _____ TRACT _____

STREET 3118 S Street CITY Summers

EXTERIOR WALLS:

Manufacturer Cellulitex Thickness 3 1/2" Value 13

CEILING: HUNG PLATEFORM

Batts
Manufacturer Cellulitex Thickness 10" Value 30

Blown In
Manufacturer Wenstone Thickness 8.1" Value 30
Square footage covered 1115 sq

FLOORS:

Manufacturer Cellulitex Thickness 6 1/4" Value 19

POLYSEALCAULK PER TITLE 24: yes

GENERAL CONTRACTOR _____ DATE _____
CALIFORNIA CONTRACTORS LICENSE # _____

SIGNATURE _____ TITLE _____
INSULATION CONTRACTOR ABC INSULATION & SUPPLY CO. DATE 11/19/99
Samuel Spector Secretary
SIGNATURE _____ TITLE _____

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

CERTIFICATION OF COMPLIANCE

SCHOOL DISTRICT DEVELOPMENT FEES

PART I - To be completed by APPLICANT			
PROPERTY OWNER'S NAME	RALPH A. DUNWIDDIE		
OWNER'S ADDRESS	5316 ENGLE ROAD SACTO. 95608		
PROJECT ADDRESS	3118 - S ST 3118 - S ST 95816		
PARCEL NUMBER	010 0064 003	LOT NUMBER	3
SUBDIVISION NAME			
NUMBER OF UNITS	5 SINGLE FAMILY RESIDENCE		
APPLICANT'S SIGNATURE	<i>Ralph Dunwiddie</i>		
TITLE OF APPLICANT	OWNER		
DATE	5/26/99	TELEPHONE NUMBER	916 451 3297
PART II - To be completed by BUILDING DEPARTMENT			
PLAN IDENTIFICATION NUMBER	9904634		
BUILDING TYPE (CHECK ONE)	<input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> APARTMENT/CONDOMINIUM <input type="checkbox"/> COMMERCIAL/INDUSTRIAL		
SQUARE FEET OF CHARGEABLE BUILDING AREA	1141		
SIGNATURE	<i>Alan Lunde</i>		
TITLE	BUILDING TECH	DATE	5-25-99
PART III - To be completed by SACRAMENTO CITY UNIFIED SCHOOL DISTRICT			
DISTRICT CERTIFICATION NUMBER	10578		
EXEMPT	< 500 sq ft	COMMENTS	1141 sq ft - 841 sq ft DENIED 3/22/96 = 300 sq ft
RESIDENTIAL / APARTMENT / ETC.	300	SQ. FT. X \$	0 = \$ 0 NET ADDITION
COMMERCIAL / INDUSTRIAL		SQ. FT. X \$	= \$
OTHER FEE EXEMPT	TYPE < 500 sq ft	SQ. FT. X \$	= \$
TOTAL FEES COLLECTED.....			\$ 0
<p><i>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.</i></p> <p><i>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.</i></p>			
PART IV - To be completed by SACRAMENTO CITY UNIFIED SCHOOL DISTRICT			
SIGNATURE	<i>[Signature]</i>		
TITLE	CUC CENTER PERMITS	DATE	5/26/99

91a:certcomp

Distribution: Original--School District; 1st Copy--School District; 2nd Copy--Building Department; 3rd Copy--Applicant

City of Sacramento Development Services Division Planning and Zoning Information Request

Project Address: 3118 S ST.

Assessor's Parcel Number: 010-0064-003

PREVIOUS USE
Current Land Use: Vacant

Description of Request/Proposed Use: STR

IS THIS A CHANGE OF USE?

Zoning Designation: R-1 SPD

Prior Applications for Project Site(P#,Z#,DRPB#): DR 99-031

Comments: Side/Front^{Row} Setbacks OK
Max. covg. = 40%

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: W J Bour 5/11/99

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

M... ..

CITY OF SACRAMENTO

Neighborhoods, Planning
and Development Services
(916)264-7619

REVISION SUBMITTAL

PLAN CHECK #: 9904634R

PROJECT ADDRESS: 3118 "S" Street

NAME: DH Const. (WAYNE)

PHONE #: 481 3297 FAX #: 481.3299

2ND

I am requesting a re-Submittal of plans to be re-checked.

Please indicate which discipline is to be rechecked:

BUILDING

MECHANICAL

FIRE

LIFE/SAFETY

ELECTRICAL

UTILITIES

PLUMBING

SITE

PUBLIC WORKS

***Please note, if the plans you are submitting do not have all the disciplines and are not full and complete, it may postpone and/or delay the plancheck process. We will notify you of any changes.*

Signature Wayne Douch

CITY OF SACRAMENTO

COMMERCIAL PLAN CHECKING/PERMIT SERVICES SECTION

PC 9904634R ADDRESS 3118 " S " ST.

I am in receipt of the above plans and I will return the plans upon my review and completion with the appropriate corrections. I am aware of the fact that my delay or failure in returning the plans to the Building Department may delay the issuance of a permit and may constitute a complete recheck of the plans.

NOTE: RETURN CHECK SET OF PLANS WITH NEXT SUBMITTAL! Please cloud, delta, and date all revisions with next submittal of plans, indicate detail and sheet number in last column where correction was made on plans.

Way D... ..
REPRESENTATIVE

DH CONST.
COMPANY REPRESENTING

5/26/99
DATE

CITY USE ONLY

NOTE ON COMPUTER: plans v'd out 5/26/99 mg

DATE OUT: 5/26/99

DATE RETURNED: _____

OF BLDG SETS: 2

OF BLDG SETS RET: _____

OF SITE SETS: _____

OF SITE SETS RET: _____

OF CYCLES: _____

OF CYCLES RET: _____

CHECKED OUT BY: _____

RETURNED TO: _____

DATA ENTRY (OUT) BY: mg

DATA ENTRY (RET) BY: _____

ELEVATION CERTIFICATE
FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
 Expires July 31, 1999

ATTENTION: Use of this certificate does not provide a waiver of the flood insurance purchase requirement. This form is used only to provide elevation information necessary to ensure compliance with applicable community floodplain management ordinances, to determine the proper insurance premium rate, and/or to support a request for a Letter of Map Amendment or Revision (LOMA or LOMR). You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Instructions for completing this form can be found on the following pages.

SECTION A PROPERTY INFORMATION		FOR INSURANCE COMPANY USE	
BUILDING OWNER'S NAME <u>J. H. Const.</u>		POLICY NUMBER	
STREET ADDRESS (Including Apt., Unit, Suite and/or Bldg. Number) OR P.O. ROUTE AND BOX NUMBER <u>3118 S Street</u>		COMPANY NAIC NUMBER	
OTHER DESCRIPTION (Lot and Block Numbers, etc.) <u>APN 010-0064-003</u>			
CITY <u>SACRAMENTO</u>		STATE <u>CA</u>	ZIP CODE <u>95816</u>

SECTION B FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

Provide the following from the proper FIRM (See Instructions):

1. COMMUNITY NUMBER <u>060266</u>	2. PANEL NUMBER <u>0025</u>	3. SUFFIX <u>F</u>	4. DATE OF FIRM INDEX <u>July 6, 1998</u>	5. FIRM ZONE <u>AR</u>	6. BASE FLOOD ELEVATION (in AO Zones, use depth) <u>26</u>
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7. Indicate the elevation datum system used on the FIRM for Base Flood Elevations (BFE): NGVD '29 Other (describe on back)
8. For Zones A or V, where no BFE is provided on the FIRM, and the community has established a BFE for this building site, indicate the community's BFE: feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION C BUILDING ELEVATION INFORMATION

1. Using the Elevation Certificate Instructions, indicate the diagram number from the diagrams found on Pages 5 and 6 that best describes the subject building's reference level 8.
- 2(a). FIRM Zones A1-A30, AE, AH, and A (with BFE). The top of the reference level floor from the selected diagram is at an elevation of feet NGVD (or other FIRM datum—see Section B, Item 7).
- (b). FIRM Zones V1-V30, VE, and V (with BFE). The bottom of the lowest horizontal structural member of the reference level from the selected diagram, is at an elevation of feet NGVD (or other FIRM datum—see Section B, Item 7).
- (c). FIRM Zone A (without BFE). The floor used as the reference level from the selected diagram is feet above or below (check one) the highest grade adjacent to the building.
- (d). FIRM Zone AO. The floor used as the reference level from the selected diagram is feet above or below (check one) the highest grade adjacent to the building. If no flood depth number is available, is the building's lowest floor (reference level) elevated in accordance with the community's floodplain management ordinance? Yes No Unknown
3. Indicate the elevation datum system used in determining the above reference level elevations: NGVD '29 Other (describe under Comments on Page 2). (NOTE: If the elevation datum used in measuring the elevations is different than that used on the FIRM [see Section B, Item 7], then convert the elevations to the datum system used on the FIRM and show the conversion equation under Comments on Page 2.)
4. Elevation reference mark used appears on FIRM: Yes No (See Instructions on Page 4)
5. The reference level elevation is based on: actual construction construction drawings
 (NOTE: Use of construction drawings is only valid if the building does not yet have the reference level floor in place, in which case this certificate will only be valid for the building during the course of construction. A post-construction Elevation Certificate will be required once construction is complete.)
6. The elevation of the lowest grade immediately adjacent to the building is: feet NGVD (or other FIRM datum—see Section B, Item 7).

SECTION D COMMUNITY INFORMATION

1. If the community official responsible for verifying building elevations specifies that the reference level indicated in Section C, Item 1 is not the "lowest floor" as defined in the community's floodplain management ordinance, the elevation of the building's "lowest floor" as defined by the ordinance is: feet NGVD (or other FIRM datum—see Section B, Item 7).
2. Date of the start of construction or substantial improvement _____

SECTION E CERTIFICATION

This certification is to be signed by a land surveyor, engineer, or architect who is authorized by state or local law to certify elevation information when the elevation information for Zones A1-A30, AE, AH, A (with BFE), V1-V30, VE, and V (with BFE) is required. Community officials who are authorized by local law or ordinance to provide floodplain management information, may also sign the certification. In the case of Zones AO and A (without a FEMA or community issued BFE), a building official, a property owner, or an owner's representative may also sign the certification.

Reference level diagrams 6, 7 and 8 - Distinguishing Features-If the certifier is unable to certify to breakaway/non-breakaway wall, enclosure size, location of servicing equipment, area use, wall openings, or unfinished area Feature(s), then list the Feature(s) not included in the certification under Comments below. The diagram number, Section C, Item 1, must still be entered.

I certify that the information in Sections B and C on this certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

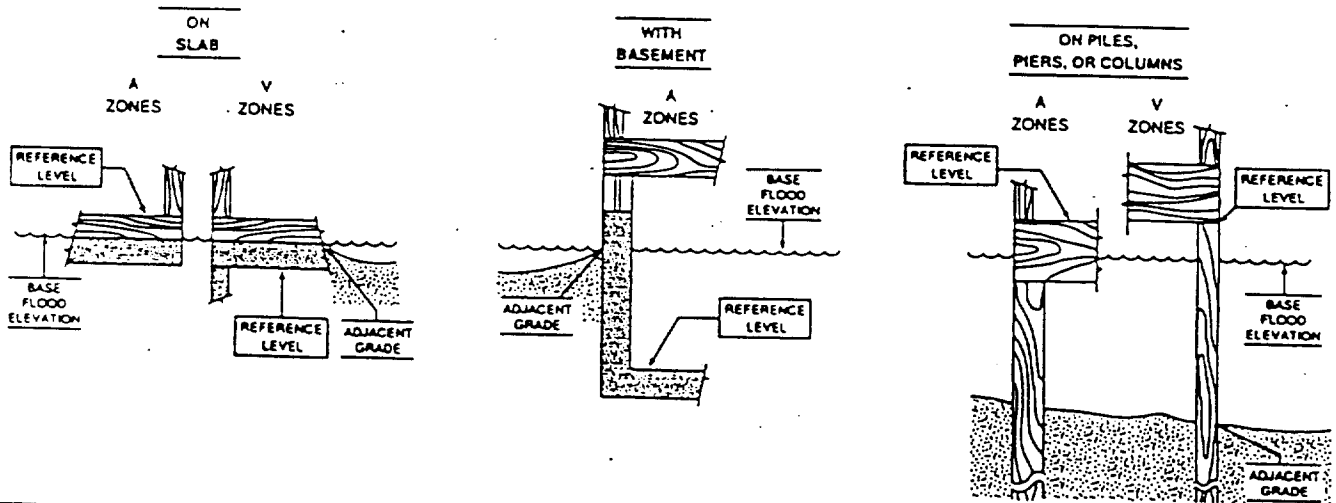
CERTIFIER'S NAME	LICENSE NUMBER (or Affix Seal)		
TITLE	COMPANY NAME		
ADDRESS	CITY	STATE	ZIP
SIGNATURE	DATE	PHONE	

Copies should be made of this Certificate for: 1) community official, 2) insurance agent/company, and 3) building owner.

COMMENTS:

FIRM ZONE AR

1. The floor used as the reference level from the selected diagram is _____ ft. above the highest grade adjacent to the building.
2. Structure elevated on fill? Yes (attach grading plan and complete items 3,4, and 5 below) No
3. Highest natural elevation of the ground surface adjacent to the structure is EL. _____ ft.
4. Elevation of the top of the reference level floor from the selected diagram is EL. _____ ft. At or above BFE?
 Yes No
5. The floor used as the reference level from the selected diagram with fill is elevated _____ ft. above the highest natural elevation of the ground surface adjacent to the building (Item 4 EL. - Item 3 EL.).
6. Elevation datum used for above elevations. NGVD '29 City of Sacramento Datum (NGVD '29 = City of Sacramento Datum) Other (description attached)



The diagrams above illustrate the points at which the elevations should be measured in A Zones and V Zones. Elevations for all A Zones should be measured at the top of the reference level floor. Elevations for all V Zones should be measured at the bottom of the lowest horizontal structural member.