

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: **0506715**

Insp Area: 3

Thos Bros: 318A4

Site Address: **5313 57TH ST SAC**

Parcel No: 023-0214-007

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

K DESIGNERS
2440 GOLD RIVER RD
GOLD RIVER CA 95823

OWNER

PATTERSON COLLEEN
5313 57TH ST
SACRAMENTO, CA 95820

ARCHITECT

Nature of Work: APPLY VINYL SIDING, 15 SQS.

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 BC17 License Number 498806 Date 5-16-05 Contractor Signature Julia Vaux

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 _____ 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 5-16-05 Applicant/Agent Signature Julia Vaux

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 713-0009151 Exp Date 04/01/2006

(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 5-16-05 Applicant Signature Julia Vaux

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.



Sacramento Regional County Sanitation District
10545 Armstrong Ave Suite 101
Mather, California
95655

May 3, 2005
RECEIVING FAX: 916-387-4012
SENDING FAX: 916-854-8863

TO: **WHOM IT MAY CONCERN**

FROM: **DOLORES ROSS**
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

RE: **SEWER IMPACT FEES**
3940 / 3944 Mahogany St.

APN: 252-0022-015

There are no Sewer Impact Fees due for 3940 Mahogany Street, a single family dwelling that will be on its own separate parcel.

There are Sewer Impact Fees due for 3944 Mahogany Street, a single family dwelling which will be on its own separate parcel and they are calculated as follows:

Impact:		
2 single family dwellings	2.0 ESDs	
Credit:		
1.5 ESDs (from billing)	- 1.5	
		0.5 ESDs x \$ 2500 / ESD = \$ 1,250

These fees may be paid at the City of Sacramento in connection with your plumbing permit application

If I may be of further assistance, please do not hesitate to call me at 876-6063.

This fee is also subject to adjustment if the data supplied is changed.

www.srcsd.com
e-mail: RossD@SacCounty.NET



CITY OF SACRAMENTO
CALIFORNIA

PLANNING AND
BUILDING DEPARTMENT
PLANNING DIVISION

1231 I STREET, ROOM 200
SACRAMENTO, CA
95814-2998

WATER DEVELOPMENT FEE WAIVER

Applicant: L & J CARROLL LLC Phone: 442-1251

Property Address: 3941 MANOGANY ST.

APN: 252-0021-001 Zoning: R-1 No. of Units: 2

This project qualifies for the fee waiver because it is in a:

REDEVELOPMENT AREA; or

DESIGNATED INFILL AREA; or

QUALIFIED INFILL AREA, meeting all of the following requirements:

- 1. The site is located in a neighborhood where the median year of housing construction is 1965 or earlier as shown on the Neighborhood Statistics Boundary Map, or the applicant has proof to the satisfaction of the Planning Director that the median age of housing within 500 feet of the site was developed prior to 1965; and
- 2. The lot is surrounded on three sides by existing or approved development; and
- 3. The project is consistent with the General Plan or more specific plan designation; and
- 4. The site is no more than 5 acres in size for single family development, or 2 acres in size for multiple family development; and
- 5. The site has City sewer, water, and drainage services, or is within proposed or existing assessment district for these services; and the services provided are capable of serving the proposed development to the satisfaction of the Public Works Director.

Fee Waiver Denied by: _____

Date: _____

Fee Waiver Approved by: Robert W. Williams

Date: 5/9/05

WD No: _____



TO: City of Sacramento

SUBJECT: Permit/PATLITSON

JOB SITE ADDRESS: 5313 57th Street SACRAMENTO, CA 95820

PLEASE ACCEPT THIS AS YOUR AUTHORIZATION TO ACCEPT THIS APPLICATION AND ISSUE A BUILDING PERMIT FOR THE ABOVE DESCRIBED JOB SITE SUBMITTED BY A REPRESENTATIVE OF K-DESIGNERS. SEE LIST BELOW OF AUTHORIZED PERSONNEL.

ALSO PLEASE NOTE THIS AUTHORIZATION IS RESTRICTED TO THE ABOVE DESCRIBED JOB SITE ONLY AND NO OTHER PERMITS ARE AUTHORIZED HEREIN.

BIALZIK, JOHN
BOWEN, JEFF
BROM, TIM
ESPINOZA, ADAM
HARTSOCK, REX
JOHANNSEN, JEFF
KRASNODEMSKIY, PAUL
KRASNODEMSKIY, TONY
LANGE, SHANNON
LASCHEK, PAUL
MEREIROS, DAN
MYALIK, ANDREY
NELSEN, DON

NOVOTNY, DAVE
READING, JOEL
RINNARD, RAY
ROSS, JAMISON
RUDEYCHUK, VICTOR
SUSHINSKIY, ILYA
SUSHINSKIY, IVAN
TERZI, ALEX
THALMAN, LARRY
VARGAS, JULIO
WHITFIELD, JOHN

RESPECTFULLY,

JOHN FRENCH

SENIOR PRODUCTION MANAGER

PRODUCER

John C. Eronson Co.
3636 American River Dr #200
Sacramento CA 95864

916-974-7800

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.

COMPANIES AFFORDING COVERAGE

COMPANY A	Landmark American Ins Co/Crouse
COMPANY B	
COMPANY C	
COMPANY D	

INSURED

Judson Enterprises Inc
dba K-Designers
2440 Gold River Road #100
Gold River CA 95670-4415

COVERAGES

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CD LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROCT	LHA126781	9/01/04	9/01/05	GENERAL AGGREGATE \$ 2000000 PRODUCTS - COMPAN AGG \$ 2000000 PERSONAL & ADV INJURY \$ 1000000 EACH OCCURRENCE \$ 1000000 FIRE DAMAGE (Any one fire) \$ 500000 MED EXP (Any one person) \$ 100000
	AUTOMOBILE LIABILITY <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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO UNIT - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				<input type="checkbox"/> WC STAT <input type="checkbox"/> OTHER <input type="checkbox"/> EL EACH ACCIDENT \$ <input type="checkbox"/> EL DISEASE - POLICY UNIT \$ <input type="checkbox"/> EL DISEASE - PA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, SPECIAL ITEMS
RE: EVIDENCE OF INSURANCE

10-DAY NOTICE OF CANCELLATION APPLIES FOR NON-PAYMENT OF PREMIUM

CERTIFICATE HOLDER
FOR INFORMATION ONLY

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Christopher G. Hedges

ACORD 25-S (1/95)

ACORD CORPORATION 1980

State of CA - w/c

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
1/25/05

PRODUCER
John O. Bronson Co.
3636 American River Dr #200
Sacramento CA 95864

916-974-7800

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INSURED
Judson Enterprises, Inc.
DBA: K-Designers
2440 Gold River Road
Gold River, CA 95670

COMPANIES AFFORDING COVERAGE

COMPANY A	Contractors Access Program
COMPANY B	of California
COMPANY C	DIR Certificate to Self
COMPANY D	Insure #4505

COVERAGES

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY <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 \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL	DIR Group #4505	01/01/05	01/01/06	X WC STATUTORY LIMITS OTHER EL EACH ACCIDENT \$ 1000000 EL DISEASE - POLICY LIMIT \$ 1000000 EL DISEASE - EA EMPLOYEE \$ 1000000
A	OTHER Workers Comp/ E.L. Reinsurance	NewYorkMAGIC 34950PR105 AIG 3757292			New York Marine & Genl Ins Co \$500K Excess \$500K AIG Statutory - Excess \$1 Mil

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS
"FOR INFORMATIONAL PURPOSES ONLY"
EVIDENCE OF COVERAGE

10 DAY NOTICE OF CANCELLATION APPLIES TO NON-PAYMENT OF PREMIUM

CERTIFICATE HOLDER

JUDSON ENTERPRISES, INC.
K-DESIGNERS, ALL WEST FINANCIAL
2440 GOLD RIVER ROAD, STE. 100
GOLD RIVER, CA 95670

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 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 COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Christopher J. Angelo



State of California
CONTRACTORS STATE LICENSE BOARD
ACTIVE LICENSE



498806

CORP

JUDSON ENTERPRISES INC DBA
K-DESIGNERS

B C17 C61:D24 C61:D41 C61:D12



09/30/2008



Any change of business address/name must be reported to the Registrar within 90 days

This license is not transferable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason
This pocket card is valid through the expiration date only

If found, drop in any mailbox -
Postage guaranteed by
Contractors State License Board
P O Box 25000
Sacramento CA 95825

Licensee Signature

13110001



CITY OF SACRAMENTO
 PLANNING & BUILDING DEPARTMENT
 BUILDING DIVISION
 www.cityofsacramento.org
 Help Line: 1-916-264-5856 OR 1-866-EZ-PERMIT
 Inspection: 1-916-208-4677



0506715

Downtown Permit Center 1-916-264-5907
 1231 I Street, Suite 200, Sacramento, CA 95804

North Permit Center 1-916-806-2354
 2101 Arena Blvd., Suite 200, Sacramento, CA 95834

Fax # 916-264-1901

FAXED PERMIT APPLICATION

(certain restrictions apply)

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 grand fee.

8537400

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

RESIDENTIAL APARTMENTS (4+ units per building)

COMMERCIAL (limited)

Job Address: 5313 57th Street

Unit #

Contract Price \$

15,948.12

Contact Person: COLLEEN PATTERSON

Contract Phone: 916.739.1359

License # 498806

Property Owner: COLLEEN PATTERSON

Address: 2440 GOLD RIVER ROAD

Address: 5313 57th Street

City/State/Zip: GOLD RIVER 104/95870

Phone: 916.739.1359

Phone: 1877 944 9283 FAX: 916.681.0593

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.

<input type="checkbox"/> Kerool (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Reshovel <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: 15 Material: VINYL <input checked="" type="checkbox"/> Sliding <input type="checkbox"/> Wood <input type="checkbox"/> T-111 <input type="checkbox"/> Alotz <input checked="" 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	<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"/> Reboiler <input type="checkbox"/> New <input type="checkbox"/> Dry Kit or Termitic <input type="checkbox"/> Damage Repair (Describe Location Below)	<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"/> PG&E ◆ NOTE: Correction Notice items will require an additional building permit.
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DESCRIPTION OF WORK:

* Design Review approval may be required.

* Design Review approval may be required.

* Design Review approval may be required.