

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 9812588

Insp Area: 3

Site Address: 2910 26TH AV SAC
Parcel No: 019-0191-053

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

CONTRACTOR

OWNER

SACRAMENTO CALIF SPANISH UNIT CONGREGATI
4220 21ST STREET
SACRAMENTO CA 95822

ARCHITECT

Nature of Work: NEW CARETAKER RESIDENCE

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 _____ 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 3/8/99 Owner Signature *Wallace Turner*

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant has 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 3/8/99 Applicant/Agent Signature *Wallace Turner*

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 3/8/99 Applicant Signature *Wallace Turner*

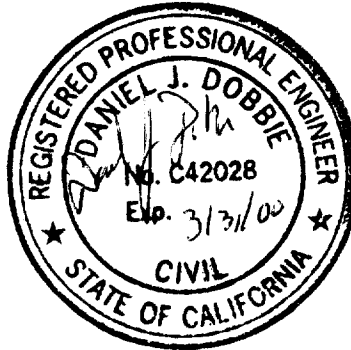
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.



DANIEL J. DOBBIE
Professional Engineer
20 Mayfair Drive
Chico, CA 95973-0707
Phone/Fax (530) 345-4743

Page: 1
Job No: 9902
Date: March 1999
816 Sq. Ft. Dwelling Unit
Located at 2910 26th Avenue



PROJECT SCOPE:

PROVIDE LATERAL FORCE ANALYSIS FOR A SINGLE STORY WOOD FRAMED RESIDENCE. COMPARE SEISMIC AND WIND FORCES. DESIGN STRUCTURAL WOOD PANEL SHEAR WALLS FOR ALLOWABLE SHEAR AND OVERTURNING AT THE FOUR SIDES. CHECK ROOF DIAPHRAGM, CHORDS, AND SHEAR TRANSFER. CHECK THE TYPICAL STEM WALL FOOTING AT THE HIGHEST STRESSED SHEAR PANEL WITH OVERTURNING.

DESIGN DATA:

UNIFORM BUILDING CODE	1997 EDITION
SEISMIC ZONE	ZONE 3
WIND SPEED	80 MPH
WIND EXPOSURE	EXPOSURE B
WOOD FRAMING SPECIES	DOUGLAS FIR LARCH
GRADING AGENCY	WWPA
ALLOWABLE SOIL BEARING PRESSURE	1200 PSF

ROOF LOADING (SLOPE 5:12)

ROOF DEAD LOAD	10.0 PSF
ROOF LIVE LOAD	16.0 PSF

Job Copy
MP 3/12/99

9812588R

MICROFILM AT FINAL

FLOOD ZONE DETERMINATION

FLOOD ZONE: AL (24)

Date: _____

1. Name of Owner(s): _____
2. Address: _____
3. City: _____ State: _____ -Zip Code: _____
4. FIRM: Community , Panel Number: _____
5. APN Number: 011-011-050
6. Location of Property: _____

CITY OF SACRAMENTO
APPLICATION FOR [REDACTED] BUILDING PERMIT

9812588

3R

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # _____ Insp. Area _____

Applicant MUST complete ALL Unshaded areas this page only

ADDRESS 2910 26th Av Suite _____

PARCEL # A.P.N. 019-0191-053

<p>CONTACT</p> <p>Name <u>George Macias/Walley Carruth</u></p> <p>Address <u>1557-36th St / 1224 Green Lea Av.</u></p> <p><u>Sacramento</u> Zip <u>95816</u> <u>95833</u></p> <p>Phone <u>452-0575/922-2453</u> 816-0398</p>		<p>LICENSED CONTRACTOR Lic No. # _____</p> <p>Name <u>Owner/Builder</u></p> <p>Address _____</p> <p>Zip _____</p> <p>Phone _____ FAX _____</p>	
<p>ARCHITECT/ENGINEER</p> <p>Name _____</p> <p>Address _____</p> <p>Zip _____</p> <p>Phone _____ FAX _____</p>		<p>OWNER [REDACTED]</p> <p>Name <u>Sacto Spanish Unit, Jeh. W. +</u></p> <p>Address <u>2910-26th Ave</u></p> <p><u>Sacto</u> <u>CA</u> Zip _____</p> <p>Phone <u>916 452-0575</u> FAX _____</p>	

→ 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: Construct a new 816 sq. ft. Care
Takers cottage for church property + building

PROVIDE KNOX BOX BEFORE FINAL

DBA: Buy.com Hall Res. VALUATION: 49,745.04

FLOOD STATUS: <u>AR(24)</u>		S.C.A.T. <u>X 701 (Knox Box) Condition</u>								
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE		FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
	<u>816</u>			<u>K3</u>	<u>VN</u>	Spr <input checked="" type="checkbox"/>	Alarm	<u>IA</u>	<u>OK</u>	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	<u>R</u>	

COMMENTS: 26' Parking (m) Fire Regional seen paid

20' Clear on end isle

20' WIDTH ENTRANCE GATE Knox Box

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

1,752⁰⁰

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

Project Address: 2910 26TH ~~AVE~~ ~~ST~~ AVE

Assessor's Parcel Number: 019-0191-053

Current Land Use: CHURCH

Description of Request/Proposed Use: NEW CARE TAKERS
RESIDENCE

Zoning Designation: R-1

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

Comments: NO ISSUES. NO CHURCH
RELATED ISSUES TO OCCUR IN
PROPOSED RESIDENCE. PARKING (PAVED
AREA) AS SHOWN ON PANS - O.K.

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: [Signature] 10.20.98

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

INVESTIGATION AND REPORT

Applicant Wally Date 10-20-98

Mailing Address 1224 GREENWAF Phone 922-2453

Owner _____ Phone _____

Assessor's Parcel Number 019-0191-053

Property Address 2910 26TH ~~AVE~~ AVE

Existing Zoning R-1

Lot Size _____

Land Use _____

Information Desired CAN A CARP TAKERS RESIDENCE
BE CONSTRUCTED?

Findings and Comments THE RESIDENTIAL UNIT AS
SHOWN ON THE ATTACHED PLANS IS
ALLOWED. IT COMPLIES WITH THE SETBACK
+ LOT COVERAGE ALLOWANCES OF THE
R-1 ZONE.

Investigated By Hilary Perry

Date _____

Reviewed By Hilary Perry

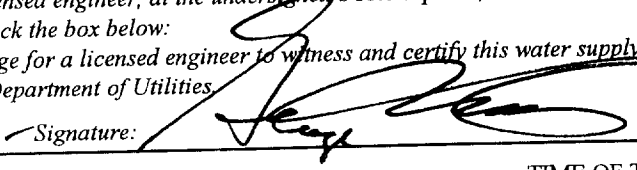
Date 10-20-98

WATER SUPPLY TEST - DEPT. OF UTILITIES 1395 35TH AVENUE SACRAMENTO, CA. 95822 PHONE: 916 / 264-1430 FAX: 916 / 264-8897	TEST NO:	FILE NO:
	REQUEST DATE:	
	COMPLETE DATE:	
	ANALYSIS FEE: \$90.00	DATE PAID: 11-18-98
	FIELD TEST FEE: \$360.00	DATE PAID: 11-18-98
CONTACT PERSON: George Macías	PHONE NO: 916-452-0875	FAX NO: -
COMPANY: Comité de Construcción	CELL PHONE NO: Pager 816-0398	
COMPANY ADDRESS: c/o 1557-36th St.	STREET ADDRESS OF TEST: 2916-26th Ave	
PURPOSE OF TEST: City requested	ASSESSOR'S PARCEL NUMBER: APN 019-0191-053	

The undersigned agrees to the following items and conditions:

- (1) The street address shown above is correct.
- (2) Water supply data is developed from several sources of information which may include water supply test data, pipe network computer models, and continuous pressure recording stations. The design water supply data given below is to be used for design purposes.
- (3) Although the water supply data reported herein is believed to be accurate, the City makes no warranty, guaranty, certification or other representation of any kind that such data is accurate or correct, or that the pressures and/or flow rates reported herein can or will be maintained. The undersigned agrees that the City, its officers and employees shall not be liable for any damages of any kind resulting from the use of or reliance upon the water supply data reported herein by the undersigned or by any third party.
- (4) If the undersigned desires to witness the water supply test performed by the City, please check the box below:
 I want to witness this water supply test, which will be scheduled at the convenience of the Department of Utilities.
- (5) If the undersigned elects to hire a licensed engineer, at the undersigned's sole expense, to witness and certify the water supply test performed by the City, please check the box below:
 At my expense, I will arrange for a licensed engineer to witness and certify this water supply test, which will be scheduled at the convenience of the Department of Utilities.

Print Name: George Macías

Signature: 

Date: 11-18-98

ENGINEERING REQUEST DATE:	DATE OF TEST:	TIME OF TEST:							
WATER MAIN SIZE:	TEST CONDUCTED BY:								
HYDRANT NO.	MAP PAGE	STATIC PRES. (PSI)	RESIDUAL PRES. (PSI)	PITOT PRES. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT		CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (G.P.M.)
						C ₁	C ₂		
RESIDUAL									
FLOWED			11-18-98						
FLOWED			\$4500						
FLOWED			1024						
FLOWED									

- THE WATER SUPPLY TEST DATA IS NOT TO BE USED FOR THE DESIGN OF DOMESTIC WATER SYSTEMS.
- (STATIC PRES. - RESIDUAL PRES.) / (STATIC PRES. - 20 PSI) IS LESS THAN 25%. THEREFORE, THESE RESULTS ARE ONLY VALID FOR FLOWS NOT EXCEEDING _____ G.P.M.

$$Q = 29.83 C_1 C_2 D^2 \sqrt{P_{pitot}}$$

$$Q_{20} = Q_F \left(\frac{P_s - 20}{P_s - P_r} \right)^{0.54}$$

	ACTUAL	DESIGN (1)
STATIC PRES.	PSI	PSI
RESIDUAL PRES.	PSI	PSI
TOTAL FLOW @ RESIDUAL PRES.	G.P.M.	G.P.M.
TOTAL FLOW @ 20 PSI	G.P.M.	G.P.M.

(1) The Design Water Supply Data reflects fluctuations and future demands on the water distribution system. It is to be used for design purposes. 7/18/98

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:

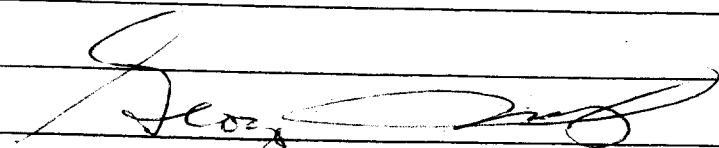
Name Richard Bisbee Address _____
City Grass Valley Telephone (530) 273-0141
Contractors License No. _____

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 (Same As "3.") 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
<u>George Macias</u>	<u>1557 3rd St</u>	<u>4152-0825</u>	

Signed 
Job Address 2910 26th Ave Date 1-7-19-98
Permit No.: _____

COUNTY SANITATION DISTRICT NO. 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE
 PERMIT AND CALCULATION SHEET

APPLICATION NO:		BLDG PERMIT NO: City	
GENERAL INFORMATION		THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER 248100	
		DEPT 26 SEWERWATER \$1,752.00	
		TRAN 377948 11/16/98	
		RECEIPT 473295 021 \$1,752.00	
		THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE	
FEE CALCULATION		BUILDING USE	
INSPECTION	8	RESIDENTIAL SF <input checked="" type="checkbox"/>	MF <input type="checkbox"/>
CSD-1	1752	COMMERCIAL USE	UNITS
SRCSD			
CONSTRUCTION			
IN-LIEU			
TOTAL FEE	1,752		
APN: 019-0191-053			
DESCRIPTION/ SUBDIVISION		LOT:	
PROPERTY ADDRESS 2910 26TH AVE			
OWNER SACTO SPANISH CONGREGATION			
MAILING ADDRESS 9060 MACIAS 1557-36TH ST			
CITY-STATE-ZIP SACTO 95816		PHONE 916-4520875	
ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.			
APPLICANT SIGNATURE 			
*CONSOLIDATED UTILITY BILLING USE ONLY			
ACCT _____	INPUT _____	START _____	
RECEIPT			

11-16-98

\$ 1,752.00

1023