

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0103257
Insp Area: 4

Site Address: 13 DEJA CT SAC
Parcel No: 237-0620-023

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

CONTRACTOR
DOUBLE M CONSTRUCTION
PO BOX 661614
SAC CA 95866

OWNER
DOUBLE M
P O BOX 661614
SAC CA 95866

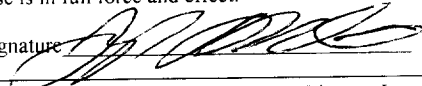
ARCHITECT

Nature of Work: NEW 2 STORY HOUSE WITH ATTACHED GARAGE

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 749262 Date 6-28-01 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.)

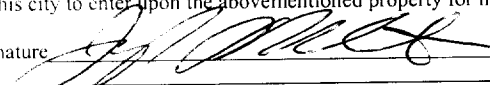
_____, I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code). The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s)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

_____, I am exempt under Sec. _____ B & P 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 6-28-01 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 _____ 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 6-28-01 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.

CERTIFICATION OF INSULATION

PART I GENERAL
PART II AREAS INSULATED

ADDRESS OR TRACT DOUBLE M 13 DEJA CT. SACRAMENTO	LOT #	SACRAMENTO INSULATION CONTRACTORS <input checked="" type="checkbox"/> P.O. BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026 <input type="checkbox"/> 1309 MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026 <input type="checkbox"/> P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026 <input type="checkbox"/> P.O. BOX 1631, RENO, NV 89505 LIC. #10675 <input type="checkbox"/> 3328 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675 DATE INSULATION COMPLETED
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WALLS		CEILINGS			FLOORS	
(SQUARE FEET)		(SQUARE FEET)			(SQUARE FEET)	
TYPE OF INSULATION		TYPE OF INSULATION			TYPE OF INSULATION	
MATERIAL	FIBERGLASS	MATERIAL	FIBERGLASS		MATERIAL	FIBERGLASS
FORM	BATTS	FORM	BATTS & BLOW		FORM	BATTS
MANUFACTURER'S PRODUCT I.D.		MANUFACTURER'S PRODUCT I.D.			MANUFACTURER'S PRODUCT I.D.	
MANUFACTURER		MANUFACTURER			MANUFACTURER	
OCF		OCF			OCF	
BAGS						
R-VALUE INSTALLED	APPLIED THICKNESS	R-VALUE INSTALLED	APPLIED THICKNESS	MIN. INSTALLED WEIGHT PER SQUARE FOOT	R-VALUE INSTALLED	APPLIED THICKNESS
13	3 1/8"	30 30	9" 12"			

KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE

MATERIAL	FORM	R VALUE	MANUFACTURER
FIBERGLASS	BATTS		OCF

AIR INFILTRATION SEALANT

MATERIAL	MANUFACTURER
FOAM	W R GRACE

THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.

SIGNATURE—INSULATION CONTRACTOR	TITLE	DATE
<i>Jeff Cable</i>	MANAGER	11-6-01
SIGNATURE—GENERAL CONTRACTOR	TITLE	DATE

REMARKS

Certification of Compliance

School District Development Fees

PART I To be completed by APPLICANT

Owner's Name & Address _____
 Project Address _____
 Parcel Number 221 012 Lot No. _____
 Subdivision Name _____ Number of Units 1
 Applicant's Signature & Title _____
 Date _____ Phone No. _____

NOTICE TO APPLICANT: Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

PART II To be completed by BUILDING DEPARTMENT

Plan Identification Number 1102 Building Type (CHECK ONE)
 Square Feet of Chargeable Building Area _____
 Signature _____
 Title _____ Date 11/1/01

Residential
 Apartment / Condominium
 Commercial / Industrial

PART III To be completed by SCHOOL DISTRICTS

Grant Joint Union High School District

District Certification No. 247-01

EXEMPT _____

Comments _____

RESIDENTIAL / APARTMENT / CONDOMINIUM
1255 Sq. Ft. X \$ 1.16 = \$ 1455.80

COMMERCIAL / INDUSTRIAL
 _____ Sq. Ft. X \$ _____ = \$ _____

OTHER FEE: TYPE _____
 _____ Sq. Ft. X \$ _____ = \$ _____

TOTAL FEES COLLECTED = \$ 1455.80

Robla Elementary School District

District Certification No. 01-010

EXEMPT _____

Comments _____

RESIDENTIAL / APARTMENT / CONDOMINIUM
1255 Sq. Ft. X \$.96 = \$ 1204.80

COMMERCIAL / INDUSTRIAL
 _____ Sq. Ft. X \$ _____ = \$ _____

OTHER FEE: TYPE _____
 _____ Sq. Ft. X \$ _____ = \$ _____

TOTAL FEES COLLECTED = \$ 1204.80

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.

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.

GRANT	Authorized School District Official	ROBLA
Signature _____	Signature _____	Signature _____
Title _____	Title _____	Title _____
Date _____	Date _____	Date _____

OMEGA PRODUCTS INTERNATIONAL, INC.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICBO Report #4004

13 Dora Ct.
Acramento, Ca

Date of Job Completion 8-15-01

PLASTERING CONTRACTOR:

Name: Stucco Works, Inc.

Address: 5900 Warehouse Way, Acramento, Ca 95826

Telephone No: (916) 383-6699

Contractor Number of Diamond Wall System 2175

This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

Date 11/27/01

[Signature]
Signature of Authorized representative of
Plastering Contractor

This installation card must be presented to the building inspector after completion of work and before final inspection.

fill out + make sure OK Sign By counter staff + FILE IN INSP. FOLDER
 GIVE ONE COPY TO APPLICANT. P.C.# 6103 257

Department of Planning and Development
 Building Inspection Division

Grading and Erosion Control Questionnaire

To be completed for all residential new construction and additions

PART I (To be completed by applicant)

Site Address 13 Deja Ct. A.P.N. 237-0620-023

Applicant Information

Name Joseph M. Montalvo
 Address 2870 Joseph Ave
Spent Monte, CA.
 Phone 916-769-0007

Project Information (Check One)

Single Family Dwelling
 Duplex
 Triplex
 Deep Lot Development

PART II (To be completed by the applicant when the project is not a part of a larger subdivision)

Are there existing structures on site? Y N
 Does the site front on a paved road? Y N *
 Is the site higher than the crown of adjacent road? Y N *
 Is the proposed building site higher than the back of the sidewalk or curb? Y N *

Describe existing frontage improvements along road.

Ditch * Curb and Gutter Curb, Gutter, and Sidewalk

The direction of drainage on this site is:

Front to Rear * Rear to Front Side to Side *

Does an adjacent site drain across this parcel? Y * N

Does this site have an existing low area or drainage swale? Y * N

Will construction require cut or fill on site? (* >50FT3 or >2FT) Y N

- How much cut? _____ Yards Depth
 - How much fill? _____ Yards Depth

Has building site been previously been filled? Y * N

Will existing drainage be re-routed? Y * N

Do you plan to construct or modify culverts or drainage ditches? Y * N

Print Name Joseph M. Montalvo Title owner

Signature [Signature] Date 6/27/01
Owner or Contractor

PART III (To be completed by staff)

What is the acreage of the parcel to be built on? 0.16 Acres.

If greater than 1/2 acre has an approved erosion and sediment control plan been provided? Y N

If greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N

Is the parcel to be built on part of a larger subdivision? Y N

Subdivision Name: _____

If yes has an approved erosion and sediment control plan been provided? Y N

If the original subdivision is greater than 5 acres has the applicant provided a copy of the State General Permit NOI and the SWPPP? Y N

Is grading and drainage approval required prior to permit issuance? Y N

Approved by: [Signature] Date: 6/28/01

Building permit # 0103257

White Copy - Permit Jacket
 Yellow - Utilities
 Pink - Bldg. Div.



CITY OF SACRAMENTO

DEPARTMENT OF PLANNING AND DEVELOPMENT

1231 "I" Street

Sacramento, Ca 95814

Administration
Room 300 449-5571
Building Inspections
Room 200 449-5716
Planning
Room 200 449-5604

WATER DEVELOPMENT FEE WAIVERS

Applicant: Double M Date 5/22/01
 Property Address: 13 DEJA CT
 APN: 287-0620-023 Phone 916-481-2673
 Number of Units: 1 Zoning: _____

This project qualifies because it is in a:

REDEVELOPMENT AREA orange
DESIGNATED INFILL AREA OR yellow } 4/0

INFILL AREA AND MEETS ALL OF THE FOLLOWING:

1. The site is located in a neighborhood where the median year of housing construction 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 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. 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 Authorized By: LUCINDA WILCOX (BL) Date 5/22/01

FEE CALCULATION SHEET 4-27-01

PERMITS: 27001-0376 GENERAL INFORMATION		BLDG. PERMIT NO: City THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER City/270800 DAT 4-27-01 THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE	
FEE CALCULATION		BUILDING USE	
INSPECTION		RESIDENTIAL SF <input checked="" type="checkbox"/>	MF <input type="checkbox"/>
CSD-1	0	COMMERCIAL USE <input checked="" type="checkbox"/>	UNITS
SRCSD	2400		
CONSTRUCTION			
IN-LIEU			
TOTAL FEE	2400		
APN: 237-0620-023			
DESCRIPTION/ SUBDIVISION		LOT: 23	
PROPERTY ADDRESS 13 Deja Court			
OWNER Duane M Carter			
MAILING ADDRESS P.O. Box 66614			
CITY-STATE-ZIP		95866 916-481-267	
ADDITIONAL FEE: (SEE CITY CHARTERS) IN USE INCREASES BENEFIT IMPACT			
APPLICANT SIGNATURE Duane M Carter			

Date of Request: _____
By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 13 DEJA CT.

Assessor's Parcel Number: 237-0620-023

Previous Use: VACANT Lot

Description of Request/Proposed Use: NEW SINGLE FAMILY HOME

Is This a Change of Use? Yes

Prior Applications for Project Site(P#, Z#, DRPB#): NONE Zoning Designation: R-1

Comments: EXPAN NORTH AREA DESIGN REVIEW
SUBJECT TO CHECKLIST REQUIREMENTS

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 SUBJECT TO CHECKLIST REQUIREMENTS ATTACHED

Planning Review by/Date: Michael York 3-15-01

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

MICROFILM AFTER FINAL