

CITY OF SACRAMENTO

Permit No: 9801303

1231 I Street, Sacramento, CA 95814

Insp Area: 3

Site Address: 6511 ELDER CREEK RD SAC

Sub-Type: ACOM

Parcel No: 0380210062

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

CYNTHIA EASTON ARCHITECT

HOUSINT AUTHORITY CITY OF SACRAMENTO

SACRAMENTO CA 95814-1834

4532 FREEPORT BL SACRAMENTO CA 95822

Nature of Work: INT & EXT REMODEL 6 UNIT APT BLDG ADD SHOWER ENCL

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 616737 Date 4/2/98 Contractor Signature Michael Kaulatas (Sunrise Const)

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 11/2/98 Applicant/Agent Signature Michael Kaulatas (Sunrise Const)

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 T16 Insurance Policy Number 80366581 Exp Date 6/1/99

(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 11/2/98 Applicant Signature Michael Kaulatas (Sunrise Const)

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.

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 6501 ELDER CREEK RD. BLDG. J Permit No. 98-01303

Building Use: Apt. Remodel DBA: Kennedy Estates Occupancy: R1

Building Owner: Housing Authority City of Sacramento Construction Type: VN

Owner Address: _____ Sprinkled? [] Yes [✓] No

Portion of Building Occupied: 6 units Area: 7092 Sq. Ft.

11/04/99

Date

By:Print



Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[Finaled By: Yasui/Riordan/Leiker/Demello/Dumford]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 9 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE

CITY OF SACRAMENTO
 APPLICATION FOR BUILDING PERMIT
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 BUILDING INSPECTION DIVISION

9801303

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

ADDRESS 6511 Elder Creek Blvd, Rd P.C. # 5744
 PARCEL # 038.0210.062 & 063 SUITE # _____
 AREA # 3C

CONTACT LICENSED CONTRACTOR Lic# _____

NAME Cynthia Easton Architect
 ADDRESS 4532 Freeport Blvd
Sacramento CA 95822
 PHONE 953.1505 FAX: () 1 453.0843

NAME _____
 ADDRESS _____
 ZIP _____
 PHONE () - _____ FAX: () - _____

ARCH./ENG. OWNER

NAME _____
 ADDRESS _____
 ZIP _____
 PHONE _____

NAME Rural Calif Housing Corp
 ADDRESS 2125 14th St. 102
Sacramento CA 95816
 PHONE () 442-4731 FAX () 442-1701

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE? YES NO

NATURE OF WORK IN DETAIL: Exterior modifications to 100 units, new sloped roofs, exterior materials, exterior windows & doors; minor modifications for accessibility; minor interior modif. for add'l shower & addition & revisions to Community Bldg.
Renovate (6 unit Bldg. type 6B)

D.B.A. Kennedy Test VALUATION 195,000
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS Zone X S.C.A.T. _____

JOB DESCR. BLDG SHEL APT TI () REM(X) SW FIRE ADD OTH

INSP. DISCIPLINES BLDG MECH PLUMB ELEC SITE FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FIRE ALARM	FED. CODE	VIO. FILE
2	3527	7092	R1	V.N.	Y/N	Y/N	04	
B	L	P	M	E	F	S	D	R

COMMENTS: _____

Worker's Comp Policy # _____
 Company _____
 Exp. Date _____