

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0507346

Insp Area: 3

Thos Bros: 317J2

Site Address: 3664 55TH ST SAC

Parcel No: 015-0202-015

Sub-Type: ASFR

Housing (Y/N): N

CONTRACTOR
LUKENLIL COMPANY
951 WASHINGTON BL
ROSEVILLE, CA 95678

OWNER
TINA D AASEN/COURTNEY J B
3664 55TH ST
SACRAMENTO, CA 95820

ARCHITECT

Nature of Work: REAR 1 STORY ADDITION TO SFR, 411 SQ FT, LIVING & 119 SQ FT COVERED 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.

License Class B License Number 824113 Date 6/9/05 Contractor Signature Betty Rondalch

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 _____

PAID
CITY OF SACRAMENTO
JUN 09 2005
PERMIT SUBMIT

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 6/9/05 Applicant/Agent Signature Betty Rondalch

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 COMP INSURANCE Policy Number 713-0012807 Exp Date 10/01/2005

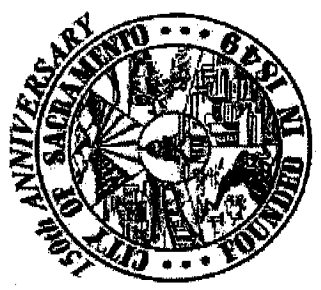
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 6/9/05 Applicant Signature Betty Rondalch

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.

0507344



DATE: 5/18/05

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
FAXED PERMIT APPLICATION (certain restrictions apply)
Fax # 916-264-1901

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 quad fee

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

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)

JOB ADDRESS: 3664 55th St, Sacramento, CA UNIT # _____ CONTRACT PRICE \$ _____

CONTACT PERSON: LICK RANDOLPH CONTACT PHONE: 899-0123 916-871-3688

Property Owner: LISA RASCO + COURTNEY BULLEN Contractor: Liken Ltd License # 824113
Address: 3664 55th St Address: 951 Washington Blvd
City/State/Zip: Sacramento, CA City/State/Zip: Roseville, CA 95678
Phone: _____ Phone: 999-0123 FAX: 788-0125

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

<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE # SQUARES: _____ Material: _____ <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> vinyl <input type="checkbox"/> stucco Note: Design Review approval may be required in certain areas.	<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 gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Cut-in: \$ _____ Note: Design Review approval may be required for rooftop units.	<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"/> Relocate <input type="checkbox"/> New <input type="checkbox"/> DRY ROT OR TERMITES DAMAGE REPAIR (Describe locations below) Note: Design Review approval may be required in certain areas.	<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"/> PGE *NOTE: Correction Notice items will require an additional building permit
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DESCRIPTION OF WORK:

City of Sacramento
Development Services Department
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 3664 55 TH STREET	APN: 015-0202-015
DRPB AREA / PUD / SPD: CITYWIDE	ZONING: R-1
EXISTING LAND USE: SINGLE FAMILY RSF WITH ATTACHED GARAGE	
PROPOSED USE: 411 SQ FT ADDITION TO REAR OF EXISTING RSF	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER DR PB Required Planning application must be approved <i>before</i> project can be submitted for plan check
<input type="checkbox"/>	Application(s) IN PROGRESS: File Number: Application must be approved before project can be submitted for plan check.
<input type="checkbox"/>	Application(s) COMPLETED: File Number & approval date: Building permit must conform to approved plans and comply with all conditions of approval. Do NOT accept applications for a building permit prior to the end of the 10-day appeal period.
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input checked="" type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input checked="" type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Route to SITE for inspection only, plan check not required.
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
CONDITIONS AND COMMENTS: LOT AREA = 5227 (METROSCAN). EXISTING FOOTPRINT = 1396 + PROPOSED 411 = 1887 / 5227 = 35% TOTAL LOT COVERAGE. MEETS ALL SETBACK AND LOT COVERAGE REQUIREMENTS. NO ADDITIONAL PLANNING ENTITLEMENTS APPARENT AT THIS TIME. NO DESIGN REVIEW APPROVAL REQUIRED.	
BUILDING PERMITS MAY BE ISSUED.	
DATE: 05/18/05	BY: BONNIE SURGEON

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 3664 - 95th St A.P.N. 015-0202-015

Applicant Information

Name Lukowick Co
Address 951 Washington #505
Roseville, Ca
Phone 916-889-0123

Project Information (Check One)

Single Family Dwelling N
Duplex N
Triplex N
Deep Lot Development N

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 0
- How much fill? _____ Yards 0

Depth
Depth

Has building site been previously been filled?

N.A.

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 Betty Randolph Title Office Manager

Signature Betty Randolph Date 6/9/05
Owner or Contractor

PART III (To be completed by staff)

What is the acreage of the parcel to be built on? _____ 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: _____ Date: _____

Building permit #: _____

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

Department of Planning and Development
Building Inspection Division
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- How much cut? _____ Yards 0 Depth
- How much fill? _____ Yards 0 Depth
Has building site been previously been filled? N.A. 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 Betty Randolph Title Office Manager
Signature Betty Randolph Date 6/9/05
Owner or Contractor

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