

0411313

City of Sacramento Planning Division  
**PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL**

ADDRESS: O Healdsburg Ct.		APN: 031-0510-045
DRPB AREA / PUD / SPD: None (Citywide design review)		ZONING: R-1
EXISTING LAND USE: Vacant		
PROPOSED USE: 1-story SFR with attached 3-car garage		
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:		
<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 submitted <i>before</i> project can be submitted for plan check.	
<input checked="" type="checkbox"/>	Application(s) IN PROGRESS: ER04-142 bumped up to staff level review as it does not meet checklist.  Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.	
<input type="checkbox"/>	Application(s) COMPLETED:  Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 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"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.	
COMMENTS: Approx. area of all covered structures on the property is 3181'/7957' lot area (metroscan) = 40% maximum lot coverage okay. Side yard setbacks okay (min. 5') as shown on plans. Rear setback okay at 19' (min. 15'). Front setback is okay at 25' from garage.  Masonry courtyard wall complies with zoning ordinance at 3' height. Front yard paving maximum is 732.1. Actual paving in front yard is 731.25' okay. Interior garage meets 20' X 10' requirement as shown on plans.  Applicant may submit for concurrent building permit plan check, at applicant's risk. <b>Building Division must check with Planning staff and/or SITE before issuing building permit. NEEDS STAFF LEVEL DESIGN REVIEW APPROVAL OF ABOVE APPLICATION STILL IN PROGRESS.</b>		
DATE: 7-14-04	BY: Sally Shore	

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 9 HEALD BURG CT. A.P.N. 031-0510-045

Applicant Information

Name FRANK R. SKORVEK  
Address 910 FLORIAN RD. ST.1  
SAL. CA 95831  
Phone 916-422-0552

Project Information (Check One)

Single Family Dwelling  X  
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)  
- 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 FRANK R. SKORVEK Title \_\_\_\_\_  
Signature Frank R. Skorvek Date 8-5-04  
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: GREEN VALLEY  
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: G. P. [Signature] Date: 8-5-04  
Building permit #: 0411313

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

Yamaguchi  
Residence CCO#1

Richard Dills - Structural Engineer  
5080 Adalis Drive  
Elk Grove, CA 95758

TEL: (916) 799-7999  
FAX: (916) 691-3160

July 9, 2004

Albani Drafting Service  
7013 Havenhurst Dr.  
Sacramento, CA 95831  
TEL: 916-428-5287  
FAX: 721-5201

Attn.: Vince Albani

re: Job 04055: Yamaguchi Residence CCO#1 project located at Healdsburg court, Sacramento,  
CA

I have reviewed the truss calculations for this project prepared by Mr./ Robert C. Anderson, C17180 on July 2, 2004. I find that the loads used conformed to the loads required by chapter 16 of the 2001 C.B.C. and myself in the preparation of the foundation and supporting members.

CITY OF SACRAMENTO  
NORTH PERMIT  
CENTER

JUL 14 2004

**RECEIVED**

If you have any questions on the above, do not hesitate to call.

Sincerely,

Richard Dills, S.E.





**CITY OF SACRAMENTO  
BUILDING INSPECTION  
DIVISION**

**PERMIT OFFICES**  
Downtown (916) 264-7619  
1231 I St., Rm. 200, Sacramento 95814  
Natomas Center (916) 808-2534  
2101 ARENA BL., Sacramento 95834  
<http://www.sacto.org>

**RESIDENTIAL PLAN REVIEW  
2001 CBC Adopted Codes  
Effective November 1<sup>st</sup>, 2002**

**PROJECT ADDRESS** \_\_\_\_\_ **PERMIT**  
**& DESCRIPTION** 9 HEALDSBURG CT. NEW SFR W/ ATTACHED GARAGE **No.** 04 11313

These sheets, when attached to a set of plans, become part of those plans and must remain attached thereto. The approval of this plan and the specifications shall not be held to permit or approve the violation of any City ordinance or State or Federal law. (Note: Authorized agent must provide a letter from Owner verifying Authorization.) (The code requirements circled do not limit the code requirements for this project.)

I have read and will comply with the items in this document and as marked on the plans.

Frank R. Spore Date 8-5-04  
Signature of:  Owner  Authorized Agent  Contractor  Architect/Engineer

**BUILDING CODE REQUIREMENTS**

- B-1 Smoke detector location within dwelling units.** In dwelling units, a detector shall be installed in each sleeping room and at a point centrally located in the corridor or area giving access to each separate sleeping area. When the dwelling unit has more than one story and in dwellings with basements, a detector shall be installed on each story and in the basement. In dwelling units where a story or basement is split into two or more levels, the smoke detector shall be installed on the upper level except that, when the lower level contains a sleeping area, a detector shall be installed on each level. When sleeping rooms are on an upper level, the detector shall be placed at the ceiling of the upper level in close proximity to the stairway. In dwelling units where the ceiling height of a room open to the hallway serving the bedrooms exceeds that of the hallway by 24 inches (610 mm) or more, smoke detectors shall be installed in the hallway and in the adjacent room. Detectors shall sound an alarm audible in all sleeping areas of the dwelling unit in which they are located. In new construction, required smoke detectors shall receive their primary power from a commercial source and have a battery back up. 2001 CBC, Section 310.9.1.
- B-2** When alteration, repairs, or additions having a value in excess of \$1,000 are made, provide an approved smoke detector to protect existing sleeping rooms. The detector may be battery operated as per 2001 CBC, Section 310.9.1.2.  
**Exception:** Repairs to the exterior surfaces of a Group R occupancy are exempt from the requirements of this section.
- B-3 Emergency escape and rescue.** Basements in dwelling units and every sleeping room below the fourth story shall have at least one operable window or door approved for emergency escape or rescue that shall open directly into a public street, public way, yard, or exit court. Escape or rescue windows shall have a minimum net clear openable area of 5.7square feet / 821 SQ. inches. The minimum net clear openable height dimension shall be 24 inches. The minimum net clear openable width dimension shall be 20 inches. Emergency escape or rescue windows shall have a finished sill height not more than 44 inches above the floor. 2001 CBC, Section 310.4.
- B-4 All Group U occupancies attached to Group R, Division 3 occupancies shall be separated by** materials approved for one-hour fire-resistive construction. The separation may be limited to the garage side only and requires a self-closing, tight fitting solid wood door 1 3/8 inches in thickness or a self-closing, tight fitting door having a fire protection rating of not less than 20 minutes. CBC, Section 302.4, Exception 3. **Note:** All members supporting such separation shall be equivalent fire-resistive construction as per 2001 UBC, Section 302. All electrical outlet boxes on opposite sides of the wall shall be separated by a 1/2" gap in a distance on not less than 24 inches per 2001 CBC 709.7, Exception 1

BID0001

**OFFICE COPY**

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 9 HEALD BURG CT. A.P.N. 031-0510-045

Applicant Information

Name FRANK R. SKOVER  
Address 910 FLORIN RD, ST101  
SAC CA 95831  
Phone 916-422-0852

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  
- How much fill? \_\_\_\_\_ Yards

Depth  
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 FRANK R. SKOVER Title OWNER

Signature Frank R. Skover Date 8-5-04  
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: GREEN HAVEN

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: C. BOYD Date: 8-5-04

Building permit #: 0411313

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

**Certification of Compliance**  
School District Development

**Part I - To be completed by the APPLICANT**

Owner's Name/Address RON YAMASUWA  
Project Address 9 HEALDSBURG CT.  
Parcel Number 031-0510-045 Lot No. \_\_\_\_\_  
Subdivision Name Goldenwood No. of Units ONE  
Applicant's Signature [Signature] Title Contractor  
Phone No. 714-117-1177 Date 8-5-04

**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 the BUILDING DEPARTMENT**

Plan Identification Number 0411313  
Building Type (check one)  Residential  Apartment/Condominium  Commercial/Industrial  
Square Feet of Chargeable Building Area 2307  
Signature/Title Greg Ford B.I. III Date 7-26-04

**Part III - To be completed by the SCHOOL DISTRICT**

School District Goldenwood Certificate No. \_\_\_\_\_  
 Exempt Comments \_\_\_\_\_  
Residential/Apartment/etc. 2307 Square ft. x \$ .11 = \$ 253.77  
Commercial/Industrial \_\_\_\_\_ Square ft. x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Total fees collected #1808 / 114854 = \$ 4072.26

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 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.

Signature [Signature] Date 8/1/04

White - School District • Pink - Building Department • Goldenrod - Applicant



**CITY OF SACRAMENTO  
CALIFORNIA**

PLANNING AND  
BUILDING DEPARTMENT

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

PHONE 916-264-5381

FAX 916-264-5543

**STAFF LEVEL PROJECT REVIEW**

DR Number:	ER04-142	Applicant/Owner:	Frank R. Skover
Address:	0 Healdsburg Ct.	Date Filed:	7/14/04
Description:	New Single Family Residence	Date Approved:	8/04/04
Staff Contact:	Sabrina Jimenez, 808-8497	APN:	0031-0510-045

**STAFF ACTION AND CONDITIONS OF APPROVAL:**

Staff has reviewed the proposed project, and approves it with the following conditions of approval:

1. All windows visible from the street shall be gridded, with decorative trim and sill.
2. Front entry door and garage door shall have a raised panel design.
3. Provide courtyard wall as indicated on final plans.
4. All woodwork shall be smooth finish. No rough sawn.
5. Front yard landscaping (including lawn, shrubs, and a minimum of one tree) and automatic irrigation shall be provided.
6. Roofing shall be tile.
7. Gutters and downspouts shall be provided.
8. Provide decorative light fixtures as indicated on drawings.
9. Signage is not approved under this application.
10. No roof-mounted mechanical equipment is allowed.
11. Obtain all necessary encroachment permits.
12. All other notes and drawings on the final plans as submitted by the applicant are deemed conditions of approval. Any changes to the final set of plans stamped by Design Review staff shall be subject to review and approval prior to any changes.
13. The scope of work is limited to the above listed items. Any changes are subject to Design Review staff approval.
14. No building permit shall be issued until the expiration of the 10 day appeal period. If an appeal is filed, no permit shall be issued until final approval is received.
15. The applicant and the owners of all properties adjoining the subject property have the right to appeal this decision to the Design Review and Preservation Board. Appeals must be filed within 10 days of the staff action.
16. Applicant must obtain all necessary planning entitlements. Design review approval is subject to conditions of approval for associated file Z00-120. Any required modifications to Design Review approved plans as a result of other planning conditions may be subject to an additional Design Review fee.

**Sabrina Jimenez**  
Design Review

### Insulation Certificate

This is to certify that insulation has been installed in conformance with the current energy regulations, California Administration code. Title 24, State of California, in the building located at:

Site Address: Lot 45 Healdsburg Court Sacramento CA  
Number Street City State

**Ceilings:**

Blow: Manufacturer \_\_\_\_\_ Thickness \_\_\_\_\_ R / Value \_\_\_\_\_  
Square Feet \_\_\_\_\_ # Bags / Lbs. Per Bag \_\_\_\_\_

Batts: Manufacturer Johns Manville Thickness 13" R / Value 38  
Batts: Manufacturer Johns Manville Thickness \_\_\_\_\_ R / Value \_\_\_\_\_

**Exterior Walls:**

Manufacturer Johns Manville Thickness 3.5" R / Value 15  
Manufacturer Johns Manville Thickness \_\_\_\_\_ R / Value \_\_\_\_\_

**Floor Insulation:**

Manufacturer Johns Manville Thickness 6.5" R / Value 19

Air Infiltration: (Title 24)

Yes  No

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Contractor: Skover & Sons Lic. # \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Insulation Contractor: Gold Star Insulation, Inc. Lic. # 797510

By: Jamie Housley Title: Office Manager Date: 10/20/04



**INSTALLATION CERTIFICATE**

(page 1 of 4)

CF-6R

129 HERDSBURG CT  
Site Address

0411313  
Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-101(b).

**HVAC SYSTEMS:**

**Heating Equipment:**

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) <sup>1</sup> (aCF-1R value)	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)

**Cooling Equipment**

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) <sup>1</sup> (aCF-1R value)	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)

1.  $\geq$  reads greater than or equal to.

I, the undersigned, verify that equipment listed above is: 1) is the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

Signature, Date

Installing Subcontractor (Co. Name)

OR General Contractor (Co. Name) OR Owner

**WATER HEATING SYSTEMS:**

Heater Type	CEC Certified Mfr Name & Model Number	Distribution Type (Std. Point-of-Use)	If Recirculation Control Type	# of Identical Systems	Rated <sup>2</sup> Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency <sup>1</sup> (EF, EEF)	Standby <sup>1</sup> Loss (%)	External Insulation R-value
GAS	STALE HSB-50-YACT		NO	1	40,000	50			

2. For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input.

**Faucets & Shower Heads:**

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Subchapter 2, Section 111.

I, the undersigned, verify that equipment listed above my signature: 1) is the actual equipment installed; 2) is equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the *Energy Efficiency Standards* for residential buildings; and 3) the equipment meets or exceeds the appropriate requirements for manufactured devices (from the *Appliance Efficiency Regulations* or Part 6), where applicable.

[Signature] 4-5-05  
Signature, Date

J.V. Plumbing G.C.  
Installing Subcontractor (Co./Name) OR  
General Contractor (Co. Name) OR Owner

COPY TO: Building Department  
Building Owner at Occupancy

Revised March 1, 1996

9 Healdsburg Ct Sacramento

Site Address

Permit Number

An installation certificate is required to be posted at the building site or made available for all appropriate inspections. (The information provided on this form is required; however, use of this form to provide the information is optional.) After completion of final inspection, a copy must be provided to the building department (upon request) and the building owner at occupancy, per Section 10-103(b)

HVAC SYSTEMS:

Heating Equipment

Table with 8 columns: Equip. Type (pkg. heat pump), CEC Certified Mfr Name and Model Number, # of Identical Systems, Efficiency (AFUE, etc.) (CF-IR value), Duct Location (attic, etc.), Duct or Piping R-value, Heating Load (Btu/hr), Heating Capacity (Btu/hr). Row 1: split, AMANA GHLC090FX50, 80%, attic, 8, 73600, 73600.

Cooling Equipment

Table with 8 columns: Equip. Type (pkg. heat pump), CEC Certified Compressor Unit Mfr Name and Model Number, # of Identical Systems, Efficiency (SEER, etc.) (CF-IR value), Duct Location (attic, etc.), Duct R-value, Cooling Load (Btu/hr), Cooling Capacity (Btu/hr). Row 1: split, AMANA RCB60E2, 10.00, attic, 8, 60000, 60000. Row 2: ~~evap indirect AMANA GCF60F08~~

1. ≥ reads greater than or equal to. I, the undersigned, verify that equipment listed above is: 1) the actual equipment installed, 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings, and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

WATER HEATING SYSTEMS:

Table with 10 columns: Heater Type, CEC Certified Mfr Name & Model Number, Distribution Type (Std. Point-of-Use), H Recovery Control Type, # of Identical Systems, Rated Input (kW or Btu/hr), Tank Volume (gallons), Efficiency (EF, RE), Standby Loss (%), External Insulation R-value. All cells are empty.

- 1. For small gas storage (rated input of less than or equal to 75,000 Btu/hr), electric resistance and heat pump water heaters, list Energy Factor. For large gas storage water heaters (rated input of greater than 75,000 Btu/hr), list Recovery Efficiency, Standby Loss and Rated Input. For instantaneous gas water heaters, list Recovery Efficiency and Rated Input. 3. R-12 external insulation is mandatory for storage water heaters with an energy factor of less than 0.58.

Faucets & Shower Heads:

All faucets and showerheads installed are certified to the Commission, pursuant to Title 24, Part 6, Section 111.

I, the undersigned, verify that equipment listed above my signature is: 1) the actual equipment installed; 2) equivalent to or more efficient than that specified in the certificate of compliance (Form CF-1R) submitted for compliance with the Energy Efficiency Standards for residential buildings; and 3) equipment that meets or exceeds the appropriate requirements for manufactured devices (from the Appliance Efficiency Regulations or Part 6), where applicable.

Signature, Date

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner

COPY TO: Building Department, HERS Provider (if applicable), Building Owner at Occupancy