

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0506099

Insp Area: 4

Thos Bros: 277J4

Site Address: 1017 LOS ROBLES BL SAC

Parcel No: 251-0204-014

DESIGN REVIEW PLANS

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

OWENS LC
POB 231964
SACRAMENTO CA 95823

OWNER

OWENS RAYMOND
1017 LOS ROBLES BLVD
SACRAMENTO, CA 95838

ARCHITECT

Nature of Work: NEW 1148 SF SFR, 420 SF GARAGE & 40 SF 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 239556 Date 8-5-05 Contractor Signature [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 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 am exempt under Sec. _____ B & PC for this reason: _____

Date _____ Owner Signature _____

CITY OF SACRAMENTO

AUG 05 2005

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 8-5-05 Applicant/Agent Signature [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 STATE FUND

Policy Number 1616015-2004

Exp Date 12/01/2005

(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 8-5-05 Applicant Signature [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.

PD: 05/02/2005 ***DUPLICATE***

DATE: 05/02/2005 040 GRP

PMT#: 05060998 2:41PM 00006419

0204PLAN CK-RESID/L SHT RES BLD PT

CA \$303.00

CHANGE \$303.00

\$0.00



0506099
1017 Los Rodeos

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814
Help Line: 1-916-264-5656

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DEPARTMENT
BUILDING DIVISION
www.cityofsacramento.org

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834
Inspection: 1-916-808-4677

SITE DRAINAGE AND ENCROACHMENT QUESTIONNAIRE

PARCEL # 251 - 0204 - 014 PERMIT # 0506099
SITE ADDRESS 1017 Los Rodeos Blvd ACREAGE _____

The City of Sacramento requires a building site to be graded to drain correctly and site drainage routed to an approved location. To help us understand the site drainage for your project and determine if a driveway permit or an encroachment permit is required please answer the following questions. All questions must be answered.

- | | | |
|--|------------------------------------|---|
| 1. Are there existing structures on the site? | Y | <input checked="" type="radio"/> N |
| 2. Is there an existing concrete or paved driveway to this parcel from the street? | Y | <input checked="" type="radio"/> N |
| 3. Will the existing access to this parcel be changed in any way for this project? | *Y | <input checked="" type="radio"/> N |
| 4. Are all portions of the lot higher than the crown of the street? | <input checked="" type="radio"/> Y | *N |
| 5. Are all portions of the lot higher than the back of the sidewalk? | <input checked="" type="radio"/> Y | *N |
| 6. Is there a curb and gutter at the street level? | <input checked="" type="radio"/> Y | N |
| 7. Is there a sidewalk with a curb and gutter at the street? | <input checked="" type="radio"/> Y | N |
| 8. Is the curb at the street square? | <input checked="" type="radio"/> Y | N N/A |
| 9. Is there a rolled curb at the street? | Y | N <input checked="" type="radio"/> N/A |
| 10. Is there a drainage ditch or culvert at the street? | Y | *N <input checked="" type="radio"/> N/A |
| 11. Does the lot drain from back to front? | <input checked="" type="radio"/> Y | *N |
| 12. Does the lot drain from front to rear? | Y | <input checked="" type="radio"/> N |
| 13. Does another lot drain across this parcel? | *Y | <input checked="" type="radio"/> N |
| 14. Does the lot drain from side to side? | *Y | <input checked="" type="radio"/> N |
| 15. Does the site have an existing low area or drainage swale? | *Y | <input checked="" type="radio"/> N |
| 16. Does the drainage swale drain to an adjacent parcel? | *Y | <input checked="" type="radio"/> N N/A |
| 17. Does the drainage swale drain to the street? | Y | *N <input checked="" type="radio"/> N/A |
| 18. Will existing drainage be re-routed? | *Y | <input checked="" type="radio"/> N |
| 19. Will drainage ditches or culverts be constructed or modified? | *Y | <input checked="" type="radio"/> N N/A |
| 20. Did this project require approval from the Zoning Administrator? | *Y | <input checked="" type="radio"/> N |
| 21. Did the project require approval from the Planning Administrator? | *Y | <input checked="" type="radio"/> N |

N.S.

Certification of Compliance School District Development Fees

PART 1 To be completed by APPLICANT

Owner's Name & Address Raymond Owens 656 Eleanor Ave SAE 93815
 Project Address 1017 LOS ROBLES BLVD
 Parcel Number 251-0204-014 Lot No. _____
 Subdivision Name N/A Number of Units ONE
 Applicant's Signature & Title R.C. Owens Contractor
 Date 7-19-2005 Phone No. 1 916 410-4600

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 2 To be completed by BUILDING DEPARTMENT

Plan Identification Number 0506099
 Square Feet of Chargeable Building Area 1158^{sq ft}
 Signature Cary Boyd
 Title DIT II
 Building Type (CHECK ONE)
 Residential
 Apartment/Condominium
 Commercial/Industrial
 Date 5-26-05

PART 3 To be completed by SCHOOL DISTRICTS

Grant Joint Union High School District
 District Certification No. 06-0011
 EXEMPT _____
 Comments
 RESIDENTIAL / APARTMENT / CONDOMINIUM
1158 Sq.Ft. x \$ 2.24 = \$ 2593.92
 COMMERCIAL / INDUSTRIAL _____
 Sq.Ft. x \$ _____ = \$ _____
 OTHER FEE: TYPE _____
 Sq.Ft. x \$ _____ = \$ _____
 TOTAL FEES COLLECTED = \$ 2593.92

Robla Elementary School District
 District Certification No. _____
 EXEMPT _____
 Comments
 RESIDENTIAL / APARTMENT / CONDOMINIUM
 Sq.Ft. x \$ _____ = \$ _____
 COMMERCIAL / INDUSTRIAL _____
 Sq.Ft. x \$ _____ = \$ _____
 OTHER FEE: TYPE _____
 Sq.Ft. x \$ _____ = \$ _____
 TOTAL FEES COLLECTED = \$ _____

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 <u>[Signature]</u>	Signature _____	Signature _____
Title _____	Title _____	Title _____
Date <u>7/19/05</u>	Date _____	Date _____

Original: Grant Joint Union High School District
 Robla Elementary School District
 1st Copy: Building Department
 2nd Copy: Applicant

GJUUSD: Facilities Planning and Construction Department
 Certificate of Compliance Form (rev. 10/02) bep

SEWER REPAIR ORDER

No. **167473...**

Address: **1017 Los Pobles Blvd**

Date

Description or complaint

Signed

Report: **Contractor replaced 4" sewer with 4" plastic and brought CO to grade. Top is in M.H.**

076524NB-047624NB

Main location is Size Depth

H. or Flusher location is Number Page

Map location is **in M.H. 47/24NB**

Service enters property Depth at P. L.

O. Location is ~~.....~~ **47/24NB**

CHARGE TO Name Completion date **11-23-87**

MAP Dept. or budget No. Signed **Redman**

RECORD Address

Rev. 1984 WD Form 53

DEPARTMENT OF UTILITIES NOTICE
THE WATER SERVICE CONNECTIONS AND / OR SEWER LOCATIONS PROVIDED HEREIN, ARE FROM OFFICE RECORDS ONLY. NO FIELD VERIFICATION OR FIELD SURVEY HAS BEEN CONDUCTED. AS A RESULT, SERVICE LOCATIONS INDICATED MAY VARY FROM ACTUAL FIELD CONDITIONS.

Robertson Engineering

9940 Business Park Dr., Suite # 130, Sacramento, CA 95827 Phone: (916) 363-7021 Fax: (916) 363-7027

July 15, 2005

County of Sacramento
Building Department

Re:
1017 Los Robles Ave
Sacramento, Ca

Dear Sir or Madam:

I have reviewed the truss calculations submitted by General Truss Co., and found them in compliance with the plans. The designs are acceptable for the transfer of all vertical and lateral loads required by the structural calculations.

Sincerely,



Richard M. Robertson, P.E.



Robertson Engineering

9940 Business Park Dr., Suite # 130, Sacramento, CA 95827 Phone: (916) 363-7021 Fax: (916) 363-7027

July 15, 2005

Building Department
City of Sacramento

Re: L.C. Owens
1017 Los Robles Blvd
Sacramento, CA
Job# 24330

Dear Sir or Madam:

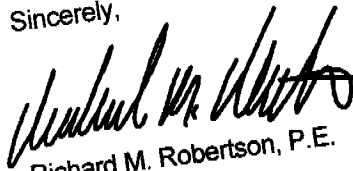
The following is in response to your plan check dated 5/26/05. (PC #: 0506099) (Structural Only):

Item #:

- 4 Robertson Engineering has reviewed the truss calculations and found it in compliance with the plans. See attached truss compliance letter and truss calculations.
- 5 The engineering calculations have been modified to reflect the revised diaphragm dimensions. The shearwalls specified on the plans remain the same. See the attached structural calculations.
- 6 N/A
- 7 Roof framing details have been added to specify the shear transfer connections from the roof diaphragm to the walls.

If you have any questions, feel free to call.

Sincerely,


Richard M. Robertson, P.E.



City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 1017 Los Robles Blvd.	APN: 251-0204-014
DRPB AREA / PUD / SPD: Del Paso Heights	ZONING: R-1
EXISTING LAND USE: Vacant	
PROPOSED USE: New Single Family Residence	
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 submitted <i>before</i> project can be submitted for plan check.	
<input type="checkbox"/> Application(s) IN PROGRESS:	
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 checked="" type="checkbox"/> Application(s) COMPLETED: DR05-002 approved 4-26-2005	
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 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 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.	
<p>COMMENTS: Lot 4,491 sq ft - Proposed new SFR w/attached garage & front porch 1,670 sq ft (approx) Lot coverage 37.2% (40% max) - The proposed new SFR is within the 35 foot height limit.</p> <p>The approved project shall comply with all conditions of approval set forth in the Staff Level Project Review for file DR05-002, failure to do so shall result in additional review and possibly additional fees being assessed.</p>	
VTE: January 6, 2005 / April 29, 2005	BY: Darryl Wheeler / Elise Gumm

Site Address 1017 Los Robles

Permit Number 0506099

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

Equip. Type (pkg. heat pump)	CEC Certified Mfr Name and Model Number	# of Identical Systems	Efficiency (AFUE, etc.) ¹ [CF-1R value]	Duct Location (attic, etc.)	Duct or Piping R-value	Heating Load (Btu/hr)	Heating Capacity (Btu/hr)
Split	Carrier HVAC	1	80/70	Attic	4.2	90,000	

Cooling Equipment

Equip. Type (pkg. heat pump)	CEC Certified Compressor Unit Mfr Name and Model Number	# of Identical Systems	Efficiency (SEER, etc.) ¹ [CF-1R value]	Duct Location (attic, etc.)	Duct R-value	Cooling Load (Btu/hr)	Cooling Capacity (Btu/hr)
Out A/C Door 300	Carrier 300CR2	1	13	Attic	4.2	30,000	150

1. \geq 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]
 Signature, Date

M. C. Hernandez A.P.
 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 ² Input (kW or Btu/hr)	Tank Volume (gallons)	Efficiency ² (EF, RE)	Standby ² Loss (%)	External Insulation R-value ³
Gas	Primus				40,000	40			
NATURAL	BFG 620T403NO								

- 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.
- 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.

Ray Owen 8/3/06
 Signature, Date

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

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

INSULATION CERTIFICATE

IC-1

Site Address 1017 Los Robles

Permit Number 0506099

Number and Street

592

City

NA

2510204-014

County

Subdivision

Lot Number

Description of Installation

1. ROOF
 Material asphalt Brand Name standard
 Thickness (inches) _____ Thermal Resistance (R-Value) _____

2. CEILING
 Batt or Blanket Type R-38 Brand Name _____
 Thickness (inches) 10" Thermal Resistance (R-Value) _____
 Loose Fill Type NA Brand _____
 Contractor's min installed weight/ft² _____ lb Minimum thickness _____ inches
 Manufacturer's installed weight per square foot to achieve Thermal Resistance (R-Value) _____

3. EXTERIOR WALL
 Frame Type 2x4
 A. Cavity Insulation
 Material 3 1/2 Brand Name _____
 Thickness (inches) 3 1/2 Thermal Resistance (R-Value) _____
 B. Exterior Foam Sheathing
 Material 2-13 Brand Name _____
 Thickness (inches) 2 1/2 Thermal Resistance (R-Value) _____

4. RAISED FLOOR
 Material NR Brand Name _____
 Thickness (inches) _____ Thermal Resistance (R-Value) _____

5. SLAB FLOOR/PERIMETER
 Material concrete Brand Name _____
 Thickness (inches) 4" Thermal Resistance (R-Value) _____
 Perimeter Insulation Depth (inches) _____

6. FOUNDATION WALL
 Material concrete Brand Name _____
 Thickness (inches) 14" Thermal Resistance (R-Value) _____

Declaration

I hereby certify that the above insulation was installed in the building at the above location in conformance with the current *Energy Efficiency Standards* for residential buildings (Title 24, Part 6, California Code of Regulations) as indicated on the Certificate of Compliance, where applicable.

Ray Owen 8/3/06
 Item #s _____ Signature, Date _____

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

Item #s _____ Signature, Date _____

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

Item #s _____ Signature, Date _____

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

Site Address

Permit Number

FENESTRATION/GLAZING:

Manufacturer/Brand Name (GROUP LIKE PRODUCTS)	Product U-Factor ¹ (≤ CF-1R value) ²	Product SHGC ¹ (≤ CF-1R value) ²	# of Panes	Total Quantity of Like Product (Optional)	Square Feet	Exterior Shading Device or Overhang	Comments/Location/Special Features
1. <u>Send Way</u>	<u>0.34</u>					<u>24 in</u>	
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

¹ Manufactured fenestration products use the values from the product label. Field fabricated fenestration products use the default values from Section 116 of the Energy Efficiency Standards.

² Installed U-Factor must be less than or equal to values from CF-1R. Installed SHGC must be less than or equal to values from CF-1R, or a shading device (exterior or overhang) is installed as specified on the CF-1R. Alternatively, installed weighted average U-Factors for the total fenestration area are less than or equal to values from CF-1R.

I, the undersigned, verify that the fenestration/glazing listed above my signature: 1) is the actual fenestration product installed; 2) is equivalent to or has a lower U-Factor and lower SHGC 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 product meets or exceeds the appropriate requirements for manufactured devices (from Part 6), where applicable.

Item #s (if applicable)	Signature, Date <u>Ray Owen, 8/3/06</u>	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature, Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor

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