

NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.

| INSPECTION | INSPECTOR | DATE |
|--|------------------------------|------|
| 10 FOUNDATION FORMS | | |
| 11 UFER GROUND | | |
| 12 CONCRETE SLAB FORMS | | |
| 10 PLUMB. UNDER FLOOR SLAB | <i>2nd Floor 4/5 8-20-99</i> | |
| 30 MECH. UNDER FLOOR SLAB | | |
| 31 ELEC. UNDERGROUND | <i>2nd Floor 4/5 8-20-99</i> | |
| 32 ELEC. CONDUIT-SLAB | | |
| DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED | | |
| 13 FLOOR JOISTS OR GIRDERS | <i>2nd Floor 4/5 8-20-99</i> | |
| DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED | | |
| 415 INSULATION/WALL FLOOR | <i>2nd Floor 4/5 8-20-99</i> | |
| 41 TOP PLUMBING | | |
| 131 TOP MECHANICAL/WALL/CEIL. | | |
| 63 ROUGH ELECTRICAL/WALL/CEIL. | | |
| 119 FRAME | | |
| 117 ROOF PL WOOD NAIL COMM. & APRTS. | | |
| 118 EXTERIOR LATH/SIDING | | |
| DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED | | |
| 122 INT. LATH OR WALL BD. NAILING | | |
| DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED | | |
| 66 SERVICE UNDERGRD CONDUIT | | |
| 143 SEWER SERVICE | | |
| 142 WATER SERVICE | | |
| 146 SPRINKLER SYSTEM | | |
| DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED | | |
| 7M33 GAS TEST | | |
| 148 TEMP GAS ISSUED | | |
| 68 POWER POLE | | |
| 67 TEMP. POWER # | | |
| SWIMMING POOLS ONLY | | |
| 247 GAS TEST | | |
| 251 PLUMBING PRE-GUNITE | | |
| 252 PLUMBING PRE-DECK | | |
| 270 ELECTRICAL PRE-GUNITE | | |
| 271 ELECTRICAL PRE-DECK | | |
| 272 ELECTRICAL UNDERGRD | | |
| DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED | | |
| ENERGY COMPLIANCE CERTIFICATE TO BE ON FILE PRIOR TO FINAL APPROVAL. | | |
| DATE _____ SIGNED: _____ | | |
| FINAL APPROVALS | | |
| 329 BUILDING | <i>[Signature]</i> | |
| 279 ELECTRICAL | <i>[Signature]</i> | |
| 259 PLUMBING | <i>[Signature]</i> | |
| 439 MECHANICAL | <i>[Signature]</i> | |

BUILDING SITE ADDRESS 1691 164th Ave - 12th Ave

ASSESSOR PARCEL NO. 0120371-009

NAME OF APPLICANT _____ **ADDRESS** _____

LICENSED CONTRACTOR _____ **ZIP CODE** _____

PROPERTY OWNER _____ **PHONE NO.** _____

ARCH. ENGR. _____ **LICENSE NO.** _____

NO. OF STORIES 2 **NO. OF ROOMS** 4 **ROOF COVERING** Comp **AREA 1ST FLOOR** 1125 **TOTAL AREA** 2700

GARAGE AREA _____ **PATIO AREA** _____ **USE ZONE** _____ **STREET WIDTH** _____

THIS PERMIT IS FOR: BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

NATURE OF WORK IN DETAIL Second Floor Addition 967E

FLOOD STATUS _____ **SPECIAL CONDITIONS ATTACHMENTS:** _____

CITY OF SACRAMENTO INSPECTIONS **BUILDING INSPECTION DIVISION** 264-5191

WORKERS' 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: _____

(This section need not be completed if the permit is for one hundred dollars (\$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: _____ Applicant: _____ (Signature)

VALUATION \$ 22,398.75

ISSUED BY: _____

DATE ISSUED 5-19-99

BUILDING PERMIT FEE \$ _____

PLAN CHECK/PROC. FEE \$ _____

S.M.L. FEE \$ _____

CONST. EXCISE TAX \$ _____

CITY BUS LICENSE \$ _____

TECH FEE \$ _____

WATER DEV. FEE \$ _____

CITY SEWER DEV. FEE \$ _____

REG. SEWER FEE \$ _____

RESIDENTIAL CONST. TAX \$ _____

TOTAL FEES \$ _____

INSR. AREA 2R

PLAN CHECK NO. _____

FED CODE 1A

PERMIT NO. 99

FIRE SP. 1

OCCUP. GROUP R-3

CONSTR. TYPE R-3

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS.

DATE OF REQUEST _____
BY _____

City of Sacramento Development Services Division Planning and Zoning Information Request

Project Address: 1641 12th Ave

Assessor's Parcel Number: 012-0391-015-0000

PREVIOUS USE _____
Current Land Use: Residential Home

Description of Request/Proposed Use: Second floor Addition

IS THIS A CHANGE OF USE? No

Zoning Designation: R-1

Prior Applications for Project Site(P#,Z#,DRPB#): _____

Comments: Check per R-1
zone, max ht. limit
35 feet

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

Planning Review by/Date: W Jigou 4/13/99

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

MICRO FILM AFTER FINAL

FALLON ENGINEERING
2850 RICHARDSON DR. SUITE 6
AUBURN, CALIF. 95603
(530) 885-3760
7-2-99

CITY OF SACRAMENTO
BUILDING DEPARTMENT

SACRAMENTO, CA.

REF: 1641 12 TH AVE.

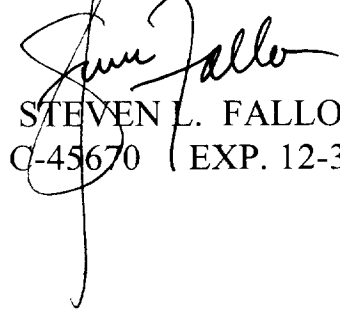
GENTLEMEN;

THIS LETTER IS TO CONFIRM THAT I HAVE INSPECTED THE SHEAR NAILING FOR THE REFERRED SITE AT THE TIME OF CORRECTION.

THE SHEAR WAS MODIFIED TO BE IN COMPLIANCE WITH MY DESIGN REQUIREMENTS . THE NAILING AS DONE IS DOUBLE NAILED IN ALMOST ALL LOCATIONS. THESE AREAS HAVE ALL MET WITH MY APPROVAL UPON REPAIR. THE SHEAR WALLS WILL SUPPORT ALL ANTICIPATED LOADS.

PLEASE LET ME KNOW IF YOU NEED ANYTHING FURTHER.

SINCERELY,



STEVEN L. FALLON.
C-45670 (EXP. 12-31-02)

