

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0004498
Insp Area: 4

Site Address: 3604 PINELL ST SAC
Parcel No: 252-0182-013

Sub-Type: NSFR
Housing (Y/N): N

CONTRACTOR

OWNER
TONY DUMITRASCU
5001 64TH ST
SACRAMENTO CA 95820

ARCHITECT

Nature of Work: NEW SFR (REBUILD DEMO'D HOUSE)

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 _____ License Number _____ Date _____ Contractor 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.)

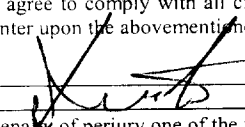
____ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

____ I am exempt under Sec. _____ B & PC for this reason: _____

Date 06-21-00 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 06-21-00 Applicant/Agent 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 _____ Policy Number _____ Exp Date _____

____ (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 06-21-00 Applicant 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.

Certification of Compliance

School District Development Fees

(Print or Type) If Printing, Push Hard for 4 Copies

PART I To be completed by APPLICANT

OWNER'S NAME _____
 OWNER'S ADDRESS _____
 PROJECT ADDRESS 3604 Pinell St
 PARCEL NUMBER _____ LOT NO. _____
 SUBDIVISION NAME _____
 NUMBER OF UNITS _____
 APPLICANT'S SIGNATURE _____
 TITLE OF APPLICANT _____
 DATE _____ PHONE NO. _____

PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER 0004498
 BUILDING TYPE (CHECK ONE)
 RESIDENTIAL APARTMENT / CONDOMINIUM () COMMERCIAL / INDUSTRIAL ()
 SQUARE FEET OF CHARGEABLE BUILDING AREA 1178-609 2149
 SIGNATURE _____
 TITLE _____ DATE 4-27-00

PART III To be completed by SCHOOL DISTRICT

SCHOOL DISTRICT _____
 DISTRICT CERTIFICATION NUMBER _____
 EXEMPT COMMENTS Demo + 499 addit
 RESIDENTIAL / APARTMENT / ETC. _____ 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.

AUTHORIZED SCHOOL DISTRICT OFFICIAL

SIGNATURE _____
 TITLE _____ DATE 5/5/00

- Original School District
- 1st Copy School District
- 2nd Copy Building Department
- 3rd Copy Applicant

Date of Request: _____
By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 3604 PINELL STREET.

Assessor's Parcel Number: 252-0182-013

Previous Use: ~~***~~ Vacant

Description of Request/Proposed Use: (N) SFR

Is This a Change of Use? _____

Prior Applications for Project Site(P#, Z#, DRPB#): _____
Zoning Designation: R-1
RR 00-024

Comments: Needs Design Review
application. Setbacks +
lot coverage ok

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 J Gour 4/25/00

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

MICROFILM AFTER FINAL

Date of Request: 5-1-2000
By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project
Address: 3604 PINELL ST SAC.

Assessor's Parcel Number: APN 252-0182-013
~~0182-013~~

Previous Use: SFD

Description of Request/Proposed Use: SFD

Is This a Change of Use? _____

Zoning Designation: _____

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

Comments: _____

Revised Site Plan OK

- Bldg please note old

Site Plan is Superseded

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: [Signature] 5-2-00

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

MICROFILM AFTER FINAL



CITY OF SACRAMENTO
CALIFORNIA

DEPARTMENT OF
NEIGHBORHOODS, PLANNING
AND DEVELOPMENT SERVICES

1231 I STREET
ROOM 200
SACRAMENTO, CA
95814-2998
PH 916-264-7615

MEMORANDUM OF UNDERSTANDING RELATED TO
MITIGATION MEASURES, PLANNING CONDITIONS,
ZONING ORDINANCE PROVISIONS AND/OR SIGN ORDINANCE PROVISIONS

In order to proceed with construction/occupancy of the project located at 3604 PINELL ST.
SACRAMENTO CA Plan Check/Permit Number 200-099 & MILL MOD.
0004198 - PERMIT #

I agree that the following Mitigation Measures/Planning Conditions/Zoning Ordinance Provisions/Sign Ordinance Provisions associated with project 200-099 will be fully implemented to the satisfaction of the City of Sacramento by JANUARY 1, 2001 (Date) (File Number)

LIST OF MEASURES/CONDITIONS/PROVISIONS:

CONSTRUCT PER APPROVED PLANS - # 0004198, APPROVED 6/21/2000
(NON-CONFORMING BLDG - 1/6' SETBACK IN FRONT)
APP. # 200-099 FOR NON-CONFORMING BLDG

AMENDED 7/21/2000 THE OWNER PROCEEDED WITH CONSTRUCTION AT HIS OWN RISK,
9:36 PM. THE APPLICATION FOR A NON-CONFORMING SETBACK HAS NOT BEEN
APPROVED. KKB / 7/21/2000

The above language shall not be deemed a waiver by the City of Sacramento of any Mitigation Measure, Planning Condition, Zoning Ordinance Provision, or Sign Ordinance Provision applicable to the project whether or not the measure, condition or provision is listed above.

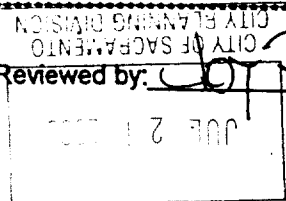
Signature [Signature] Date: 7/21/2000

Name & Title: TOMA DUMITRASCU

Address: 5001-64th ST, SACRAMENTO 95820

Phone Number: 916 739 8468

Reviewed by: [Signature] Date: 7/21/2000



RECEIVED

200-099

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 2664 P. Hill St A.P.N. 252 0182 013

Applicant Information

Name Tommy Dumitrescu
Address 5001 - 64th St
SACRO 75820
Phone 734-9468

Project Information (Check One)

Single Family Dwelling
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) Y N

- 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 Tommy Dumitrescu Title Owner

Signature _____ Date 06-21-00

Owner or Contractor
Tommy Dumitrescu

PART III (To be completed by staff)

What is the acreage of the parcel to be built on? 0.12 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: NO

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: [Signature] Date: 6/21/00

Building permit #: 0004498R

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