



#0506944

CITY OF SACRAMENTO

DEVELOPMENT SERVICES DIVISION
 FAXED PERMIT APPLICATION (certain restrictions apply)

Fax # 916-264-1901

Note: Work started before a Building Permit is issued will be subject to grand fee.
 Note: Contractors must have a current certificate of Worker's Compensation Insurance.

DATE: 5/12/05

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

RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 JOB ADDRESS: 826 Rock Rd. UNIT # _____ CONTRACT PRICE \$ _____

CONTACT PERSON: Kevin Cutright
 Property Owner: Karen Barnett
 Address: P.O. Box 93 Wicksville License # 621448
 City/State/Zip: Auburn Ca. 95604
 Phone: 530 888 6064 FAX: 530 888 6064

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.				
<input type="checkbox"/> ROOF (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"/> Hertz <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: \$ _____ Equipment: \$ _____ Out-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 TERMITTE 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 checked="" type="checkbox"/> SMUD <input checked="" type="checkbox"/> PGE *NOTE: Correction Notice items will require an additional building permit

DESCRIPTION OF WORK: Legally Permit Garage Conversion
 TO: Accessory Structure

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

ADDRESS: 826 PARK ROAD	APN: 226-0172-018
DRPB AREA / PUD / SPD: EXPANDED NORTH	ZONING: R-1
EXISTING LAND USE: RSF WITH DETACHED 2ND UNIT (GARAGE CONVERSION)	
PROPOSED USE: CONVERT 2ND UNIT TO DETACHED ACCESSORY STRUCTURE	
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 = 14202 (METROSCAN). EXISTING LOT COVERAGE = 1909 144 SQ FT PROPOSED TO BE DEMOLISHED. 1909 - 144 = 1765 / 14202 = 12% TOTAL LOT COVERAGE. MEETS ALL SETBACK AND LOT COVERAGE REQUIREMENTS. ILLEGAL GARAGE CONVERSION TO BE CONVERTED TO DETACHED ACCESSORY STRUCTURE - NOT FOR HABITABLE USE. PROPOSED ACCESSORY STRUCTURE WILL BE USED FOR OFFICE/CRAFTS/GAME ROOM. MEETS ALL ACCESSORY STRUCTURE GUIDELINES - MAX HEIGHT 18' TO PITCH AND 10' WALL HEIGHT. EXISTING STRUCTURE HAS 8' WALL HEIGHT AND 13' TO PITCH. NO ADDITIONAL PLANNING ENTITLEMENTS APPARENT AT THIS TIME. BUILDING PERMIT MAY BE ISSUED. HOUSING CASE.	
DATE: 05/17/05	BY: BONNIE SURGEON