

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9712683
Insp Area: 3

Site Address: 6323 63RD ST SAC
Parcel No: 0380202010

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

CONTRACTOR

OWNER

ARCHITECT

BISCOS TRAIAN
6323 63RD ST
SACRAMENTO CA 95820
Phone: 916-454-4467

Phone:

Phone:

Nature of Work: ADDITION AND PATIO ROOM

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 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 or 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 or 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 09.12.97 Owner Signature [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.

Date 09.12.97 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 _____ Policy Number _____

____ (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 09.12.97 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.

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

6323
6323
2990

DATES					
1ST REVIEW		RECHECK		2ND RECHECK	
IN	OUT	IN	OUT	IN	OUT
9/11/97	1/1	1/1	3/1/97	1/1	1/1

PLAN CHECK NO.	COMM.	RES.
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CONTACT PERSON: TRAIAN Bischof PHONE: 454-4467
 PROJECT ADDRESS: 6323 - 6th Street FAX: _____
 DESCRIPTION OF WORK: reocaj addition

DISCIPLINE	1ST REVIEW			RECHECK			2ND RECHECK		
	EPR	OC	APPR	EPR	OC	APPR	EPR	OC	APPR
<u>LIFE SAFETY</u>	9/15/97								
<u>STRUCTURAL</u>			9/15/97						
MECHANICAL/PLUMBING	9/15/97								
ELECTRICAL	9/15/97								
FIRE									
PLANNING									

Legend: EPR = OK for Express Plan Review
 OC = OK for Over the Counter Recheck
 APPR = Approved as submitted

RESIDENTIAL SCREENING FORM

PLAN CHECK PERMITS

ADDRESS

6323 63 *[initials]*

P.C.#

I APPLICATION COMPLETE (COUNTER)

DATE _____ INIT. _____

- ADDRESS
- ON PERMIT
- VERIFIED
- OWNER INFORMATION
- INSPECTION AREA/COMMUNITY NUMBER
- APPLICATION PROPERLY SIGNED
- APPLICATION FILLED OUT CORRECTLY

- ASSESSOR'S PARCEL NUMBER
- ON PERMIT
- VERIFIED
- CONTRACTOR/ARCH. INFORMATION
- PLAN CHECK NUMBER ON APPLICATION
- VIOLATION FILE CHECKED
- WORKERS' COMPENSATION ON FILE

203.5 sq ft Addition
84 sq ft patio

NATURE OF WORK LISTED USE

- DWELLING GARAGE
- DUPLEX PATIO/DECK
- TRIPLEX OTHER

TYPE

- NEW CONST. ADDITION
- REMODEL OTHER

- SQUARE FOOTAGE LISTED ON PERMIT
- EXISTING NEW
- CONSTRUCTION TYPE
- OCCUPANCY GROUP
- VALUATION CORRECT
- INFILL SCREENING FORM FILLED OUT
- PERMIT LEGIBLE

II PLANNING APPROVAL (COUNTER)

DATE _____ INIT. _____

- USE ZONE ON PLAN
- STANDARD SETBACKS
- PINK PLANNING ROUTE SHEET FILLED OUT?
- YES NOT REQUIRED
- PROJECT IN AN INFILL AREA

- IS ADDITIONAL PLANNING REVIEW REQUIRED
- DESIGN REVIEW YES NO
- SITE REVIEW YES NO
- IN RICHARDS BL. REDEV. AREA?
- YES NO

III PLANS ACCEPTABLE (COUNTER)

DATE _____ INIT. _____

- SITE PLAN
- ARCH. AND STRUCT. PLANS

- T-24 ENERGY APPROVAL
- 11" x 17" FLOOR PLAN

IV FLOOD ZONE SCREENING (COUNTER)

DATE _____ INIT. _____

- EXEMPT COST (< \$50,000 AND < 50%)
- EXEMPT MISC.
- ZONE X
- ZONE A-99 (WAIVER ATTACHED)

- ZONE A, AE, AO, OR AH
- ELEVATION CERTIFICATE REQ'D. (HOLD PLACED ON PERMIT)
- CONSTRUCTION VALUED AT LESS THAN 50% OF REPLACEMENT COST BEFORE IMPROVEMENTS

NATOMAS MORATORIUM AREA YES NO

HOLD PLACED ON PERMIT APPROVED APPEAL COPY IN PERMIT JACKET

V ROUTING (COUNTER & PLANCHECK)

PLANS DELIVERED TO DESIGN REVIEW
DATE DELIVERED _____ INIT. _____
DATE RETURNED _____ INIT. _____

PLANS DELIVERED TO SITE REVIEW
DATE DELIVERED _____ INIT. _____
DATE RETURNED _____ INIT. _____

VI VERIFICATION (PLANCHECK)

DATE _____ INIT. _____

SQUARE FOOTAGE VERIFIED

FEES CORRECTLY CALCULATED

SCHOOL IMPACT FEE FORM COMPLETED

ADDRESS

WATER & SEWER FEES VERIFIED FOR INFILL CREDITS AND EXISTING TAPS

VII SPECIAL APPROVALS (PLANCHECK)

DATE _____ INIT. _____

DOES INFILL SCREENING FORM REQUIRE A GRADING PERMIT TO BE ISSUED?

YES NO

GRADING PERMIT NUMBER _____

ARE OTHER SPECIAL APPROVALS (LLA, FINAL MAP, ETC.) REQUIRED PRIOR TO PERMIT ISSUANCE?

YES NO

APPROVAL TYPE _____

APPROVAL DATE _____ INIT. _____

VIII PLANS APPROVED OK TO ISSUE PERMIT (PLANCHECK)

DATE _____ INIT. _____

APPROVAL REQ'D.
YES NO

APPROVAL
DATE INIT.

TITLE 24 ENERGY

10/15/94 J.D.C.

LIFE SAFETY

STRUCTURAL

DESIGN REVIEW

MITIGATION MONITORING PLAN

SPECIAL PERMIT CONDITIONS

SPECIAL CONDITION ATTACHMENT ITEMS

IX DEFERRED APPROVAL ITEMS (PLANCHECK)

DATE _____ INIT. _____

___ CERTIFICATE OF WORKER'S COMPENSATION

___ TRUSS CALCULATIONS

___ OWNER/BUILDER FORMS

___ SEWER WAIVER FORM

___ EXHIBIT ONE/AUTHORIZATION TO SIGN

___ A-99 FLOOD WAIVER FORM

___ SCHOOL IMPACT FEE RECEIPT

___ TITLE 24 APPROVAL

___ OTHER _____

X APPLICANT NOTIFICATION (PLANCHECK)

DATE _____ INIT. _____

APPLICANT NAME _____

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNER

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed improvement (yes or no) yes

2. I ~~(have)~~ have not) have signed an application for a building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise, and provide the major work.

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the work indicated:

Name	Address	Phone	Type of Work
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Signed [Signature]

Job Address 6326 - 63rd Ave Date 09-18-97

Permit No.: _____

Consider to modify the plan

9/15/97

21 22
10' 2

6323
6323
2990

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

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IN	OUT	IN	OUT	IN	OUT
9/11/97	/ /	/ /	9/15/97	/ /	/ /

PLAN CHECK NO.	COMM.	RES.
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CONTACT PERSON: TRAIAN Biscos PHONE: 454-4467
 PROJECT ADDRESS: 6323-~~6323~~ Street FAX: _____
 DESCRIPTION OF WORK: rework addition

DISCIPLINE	1ST REVIEW			RECHECK			2ND RECHECK		
	EPR	OC	APPR	EPR	OC	APPR	EPR	OC	APPR
<u>LIFE SAFETY</u>	9/15/97		→						
<u>STRUCTURAL</u>			9/12/97						
MECHANICAL/PLUMBING	9/15/97		→						
ELECTRICAL	9/15/97		→						
FIRE									
PLANNING									

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