

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0011631**

**Insp Area: 2**

**Site Address: 7731 EL RITO WY SAC**  
Parcel No: 031-1270-011

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

CONTRACTOR

OWNER

DINWIDDIE WAYNE & SANDRA  
9455 HOSPENTHAL WY  
SACRAMENTO CA 95624

ARCHITECT

**Nature of Work: NEW TWO STORY SFR, 2886 SF LVNG, 656 SF ATTACHED GAR, 367 SF CVRD PORCH/PATIO, 85 SF 2ND FLR STORAGE**

**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 1-24-01 Owner Signature Wayne Dinwiddie

**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 1-24-01 Applicant/Agent Signature Wayne Dinwiddie

**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 \_\_\_\_\_ Role \_\_\_\_\_ 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 an employer under 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 1-24-01 Applicant Signature Wayne Dinwiddie

**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

### Part I - To be completed by the APPLICANT

Owner's Name/Address \_\_\_\_\_

Project Address \_\_\_\_\_

Parcel Number \_\_\_\_\_ Lot No. \_\_\_\_\_

Subdivision Name \_\_\_\_\_ No. of Units \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_

Phone No. \_\_\_\_\_ Date \_\_\_\_\_

**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 II - To be completed by the BUILDING DEPARTMENT

Plan Identification Number 6955

Building Type (check one)  Residential  Apartment/Condominium  Commercial/Industrial

Square Feet of Chargeable Building Area 29013 SQ. FT.

Signature/Title [Signature] / PLANS EXAMINER Date 11/9/00

### Part III - To be completed by the SCHOOL DISTRICT

School District 20010 Certificate No. 6955

Exempt Comments \_\_\_\_\_

Residential/Apartment/etc. 29013 Square ft. x \$ 1.72 = \$ 4975.96

Commercial/Industrial \_\_\_\_\_ Square ft. x \$ (none) = \$ -

Total fees collected..... = \$ 4106.96

*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 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.*

Signature [Signature] Date 1/8/01

Date of Request: \_\_\_\_\_  
By: \_\_\_\_\_

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

Project Address: 7731 EL RITO WY  
~~1125 JAMES ST. BLDG 2583~~

Assessor's Parcel Number: 031-127-011

Previous Use: VACANT

Description of Request/Proposed Use: Building permit build  
new home

Is This a Change of Use? YES

Prior Applications for Project Site(P#, Z#, DRPB#): N/A Zoning Designation: R-1

Comments: NO DESIGN REVIEW, LOT COVERAGE AND SETBACKS  
N/A IN SPECIFIED LIMITS

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] 9/29/00

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

MICROFILM AFTER FINAL

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

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) \_\_\_\_\_
2. I have/have not) \_\_\_\_\_ 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 TBD 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

Signed Wynn Daniels 1-24-01

Job Address 7731 EL RITO WY

Permit No: 0011431

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

**SECTION A - PROPERTY OWNER INFORMATION**

For Insurance Company Use:  
Policy Number  
Company NAIC Number

BUILDING OWNER'S NAME: WAYNE DINWIDDIE

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.: 2 EL MARRS 7731 EL RITO WAY

CITY: SACRAMENTO STATE: CA ZIP CODE: 95831

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.):  
APN 031-1270-011

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.):  
RESIDENTIAL

LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ###" or ##.#####)  
HORIZONTAL DATUM: SOURCE:  GPS (Type):  
 NAD 1927  NAD 1983  USGS Quad Map  Other:

**SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION**

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER: CITY OF SACRAMENTO 060266

B2. COUNTY NAME: SACRAMENTO

B3. STATE: CA

B4. MAP AND PANEL NUMBER: <u>060266 0030</u>	B5. SUFFIX: <u>F</u>	B6. FIRM INDEX DATE: <u>JUL 6, 1998</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE: <u>MAY 23, 2000</u>	B8. FLOOD ZONE(S): <u>A99</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding): <u>10.3</u>
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B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  
 FIS Profile  FIRM  Community Determined  Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9:  NGVD 1929  NAVD 1988  Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
Designation Date:

**SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)**

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
\*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number: (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.) TOP OF SLAB FLOOR

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, ARIA/H, ARIA/O  
Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.  
Datum: Conversion/Comments:

Elevation reference mark used: BM 337-44A Does the elevation reference mark used appear on the FIRM?  Yes  No

a) Top of bottom floor (including basement or enclosure) 13.15 ft.(m)

b) Top of next higher floor \_\_\_\_\_ ft.(m)

c) Bottom of lowest horizontal structural member (V zones only) \_\_\_\_\_ ft.(m)

d) Attached garage (top of slab) \_\_\_\_\_ ft.(m)

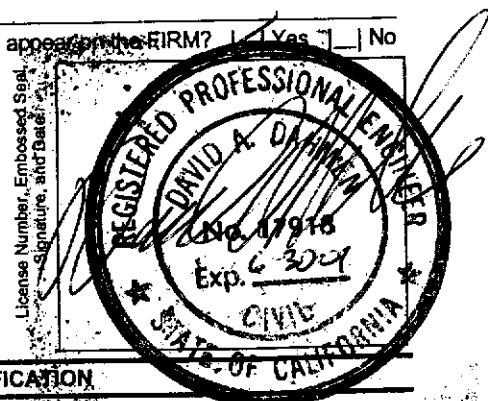
e) Lowest elevation of machinery and/or equipment servicing the building \_\_\_\_\_ ft.(m)

f) Lowest adjacent grade (LAG) \_\_\_\_\_ ft.(m)

g) Highest adjacent grade (HAG) \_\_\_\_\_ ft.(m)

h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade \_\_\_\_\_

i) Total area of all permanent openings (flood vents) in C3h \_\_\_\_\_ sq. in. (sq. cm)



**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.  
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.  
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME: DAVID A. DAHMEN LICENSE NUMBER: PCE 17918

TITLE: OWNER COMPANY NAME: PACIFIC CONSULTING ENGRS

ADDRESS: 2150 BELL AVE #145 CITY: SACRAMENTO STATE: CA ZIP CODE: 95838

SIGNATURE: David A. Dahmen DATE: 12-7-00 TELEPHONE: 916-564-6028

<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>			For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 7736 EL RITO WAY			Policy Number	
CITY SACRAMENTO	STATE CA	ZIP CODE 95831	Company NAIC Number	

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)**

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS Building Pad is at ELEV 12.85, CONC SLAB FLOOR  
SET GRADE STAKE FOR FINISH FLOOR ELEV 13.15  
CONTROL IS TOP OF BOLT OF STREET LIGHT SW PROP CORNER

Check here if attachments

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO and ZONE A (WITHOUT BFE)**

For Zone AO and Zone A (without BFE), complete Items E1 through E3. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

- E1. Building Diagram Number \_\_\_\_\_ (Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is  ft.(m)  in.(cm)  above or  below (check one) the highest adjacent grade.
- E3. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here.

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

COMMENTS \_\_\_\_\_

Check here if attachments

**SECTION G - COMMUNITY INFORMATION (OPTIONAL)**

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1.  The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2.  A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3.  The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED
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G7. This permit has been issued for:  New Construction  Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_

G9. BFE or (in Zone AO) depth of flooding at the building site is: \_\_\_\_\_ ft.(m) Datum: \_\_\_\_\_

LOCAL OFFICIAL'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_

COMMUNITY NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_

Check here if attachments