

Permit No: 0115830

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Insp Area: 2

Thos Bros: 316 JS

Sub-Type: NOTHR

Housing (Y/N): N

ARCHITECT

OWNER

ORLOFF CLIFFORD
1195 HF EUCLID AV
BERKELEY CA 94708

CONTRACTOR
RUBICON CARPORT CO
3770 SHADY CT
PLACERVILLE CA 95667

Site Address: 5953 RIVERSIDE BL SAC

Parcel No: 029-0166-020

Nature of Work: REPLACE & INSTAL NEW CARPORTS IN EXISTING APT COMPLEX

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 764598 _____ 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 3 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 Professions 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 Feb 12, 02

Owner Signature

Orloff Clifford

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 above-mentioned property for inspection purposes.

Date Feb 12, 02

Applicant/Agent Signature

Orloff Clifford

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 ZENITH INSURANCE CO

Policy Number UMB111990-3

Exp Date 09/19/2002

(This section need not be completed if the permit is for \$100,000 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 Feb 12, 02

Applicant Signature

Orloff Clifford

WARNING: FAILURE TO SECURE WORKERS' 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 ATTORNEYS FEE.

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

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION
 1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0115830

Insp. Area 2C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 5953 RIVERSIDE BLVD, SACRAMENTO 95831 Suite OFFICE
 PARCEL # 029-0166-020-0000

<p style="text-align: center;">CONTACT</p> <p>Name <u>CLIFF ORLOFF</u> Street Address <u>5953 RIVERSIDE BLVD - OFFICE</u> City/State/Zip <u>SACRAMENTO, CA 95831</u> Phone <u>916-395-9925</u> FAX <u>916-393-6034</u> E-mail: <u>CELL 718-4836</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>764598</u></p> <p>Name <u>RUBICON, CARPORT COMPANY</u> Address <u>3770 SHADY COURT</u> City/State/Zip <u>PLACERVILLE, CA 95667</u> Phone <u>530-626-4848</u> FAX <u>---</u> E-mail: <u>---</u></p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>NOT APPLICABLE</u> Address <u>---</u> City/State/Zip <u>---</u> Phone <u>---</u> FAX <u>---</u> E-mail: <u>---</u></p>	<p style="text-align: center;">ORLOFF CLIFFORD OWNER</p> <p>Name <u>SAME AS CONTACT INFO ABOVE</u> Address <u>1195 EUCLID AVE</u> City/State/Zip <u>BERKELEY CA 94708</u> Phone <u>---</u> FAX <u>---</u> E-mail: <u>---</u></p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: ZENITH INSURANCE CO
 → WORKER'S COMPENSATION POLICY # UMB11990-3 EXPIRATION DATE: 9/19/02

NATURE OF WORK IN DETAIL: See attached

OCCUPANT/TENANT: ORLOFF PROPERTY MANAGEMENT INC. VALUATION: \$ 19,920

FLOOD STATUS:		S.C.A.T. <u>X1.25</u>								
JOB DESCRIPTION		<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> SHELL	<input type="checkbox"/> APT	<input type="checkbox"/> TI ()	<input type="checkbox"/> REM ()	<input type="checkbox"/> SW	<input checked="" type="checkbox"/> FIRE	<input type="checkbox"/> ADD	<input checked="" type="checkbox"/> OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE		FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
						SPR	ALARM		[H]	[Quad]
<input checked="" type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> P	<input type="checkbox"/> M	<input type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input type="checkbox"/> S		<input type="checkbox"/> D	<input type="checkbox"/> PW	<input type="checkbox"/> UTIL

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

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) 3

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 Rubicon Carport Company Address 3770 Shady Court
City Placerville, CA 95667 Telephone 530-626 4848
Contractors License No. 764598

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 NA 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
<u>NA</u>			

Signed [Signature]

Job Address 5451-5453 Riverside Blvd, Sacramento, CA 95831

Permit No: 0115830

Riverfront Apartments

5953 Riverside Blvd
Sacramento, CA 95831

www.riverfront-opts.com

VOICE: (916) 395-9925

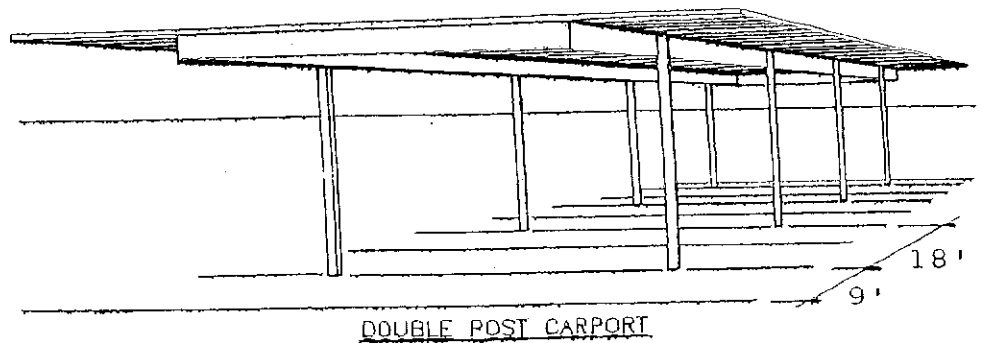
FAX: (916) 393-6034

CARPORT BUILDING PERMIT

Install 48 new carports at locations shown on attached property map in existng uncovered parking locations.

No location is less than 6 feet from the nearest property line.

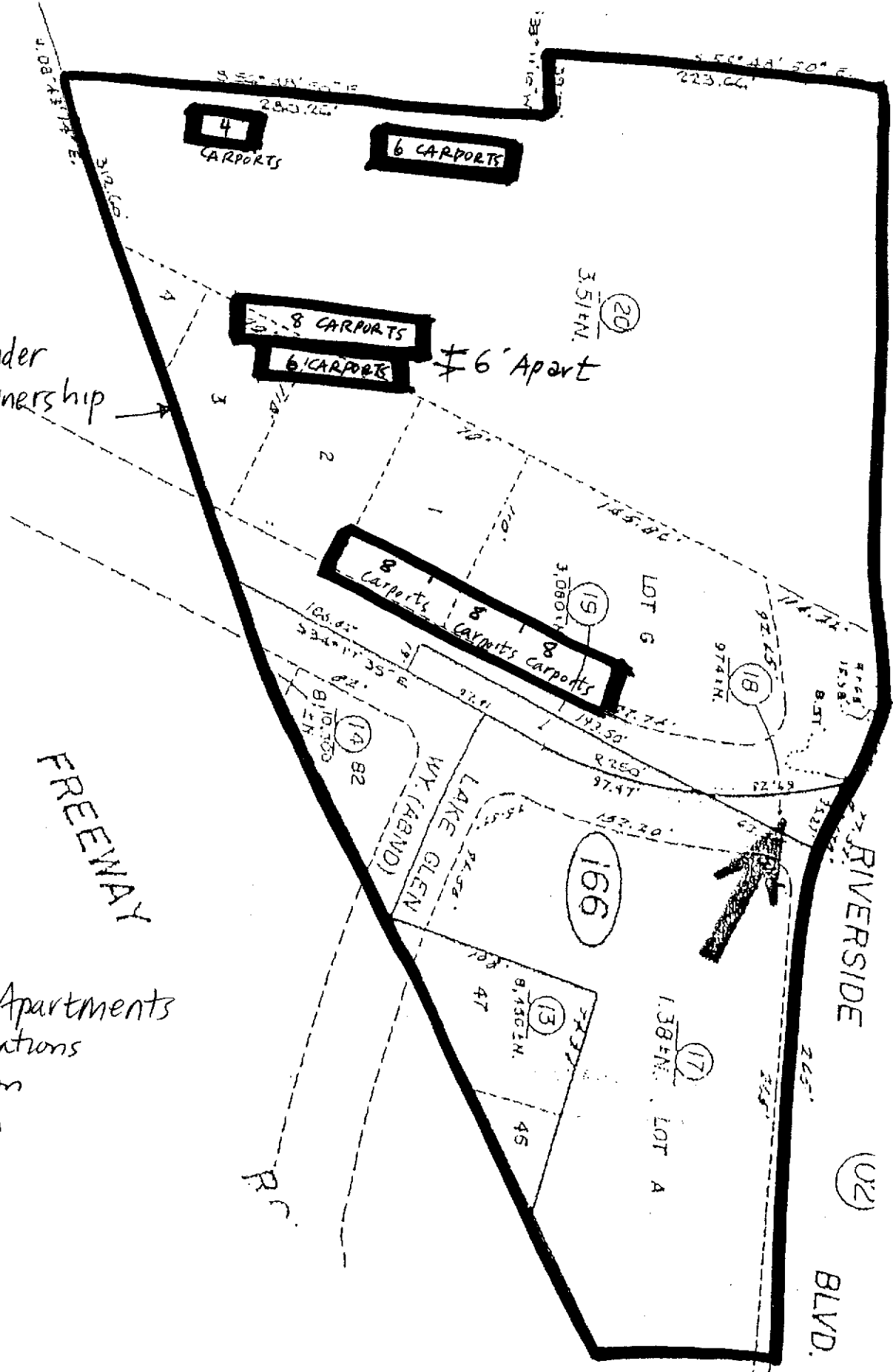
Carports and measurements shown in picture below. Each carport 9 feet wide by 16' long. End units cantilevered. Carport installation designed to stand 20 psf live loads, 75 mph wind, exposure b, 2500 psf soil, uniform roof load. Engineering specs attached.



TYPICAL 8-CAR DOUBLE POST
CARPORT PICTURED

7' STANDARD CLEAR HEIGHT UNDER BEAMS

Riverfront
Apartment
parcels under
single ownership



Riverfront Apartments
carport locations
overlaid on
plot plan

Riverside Blvd.

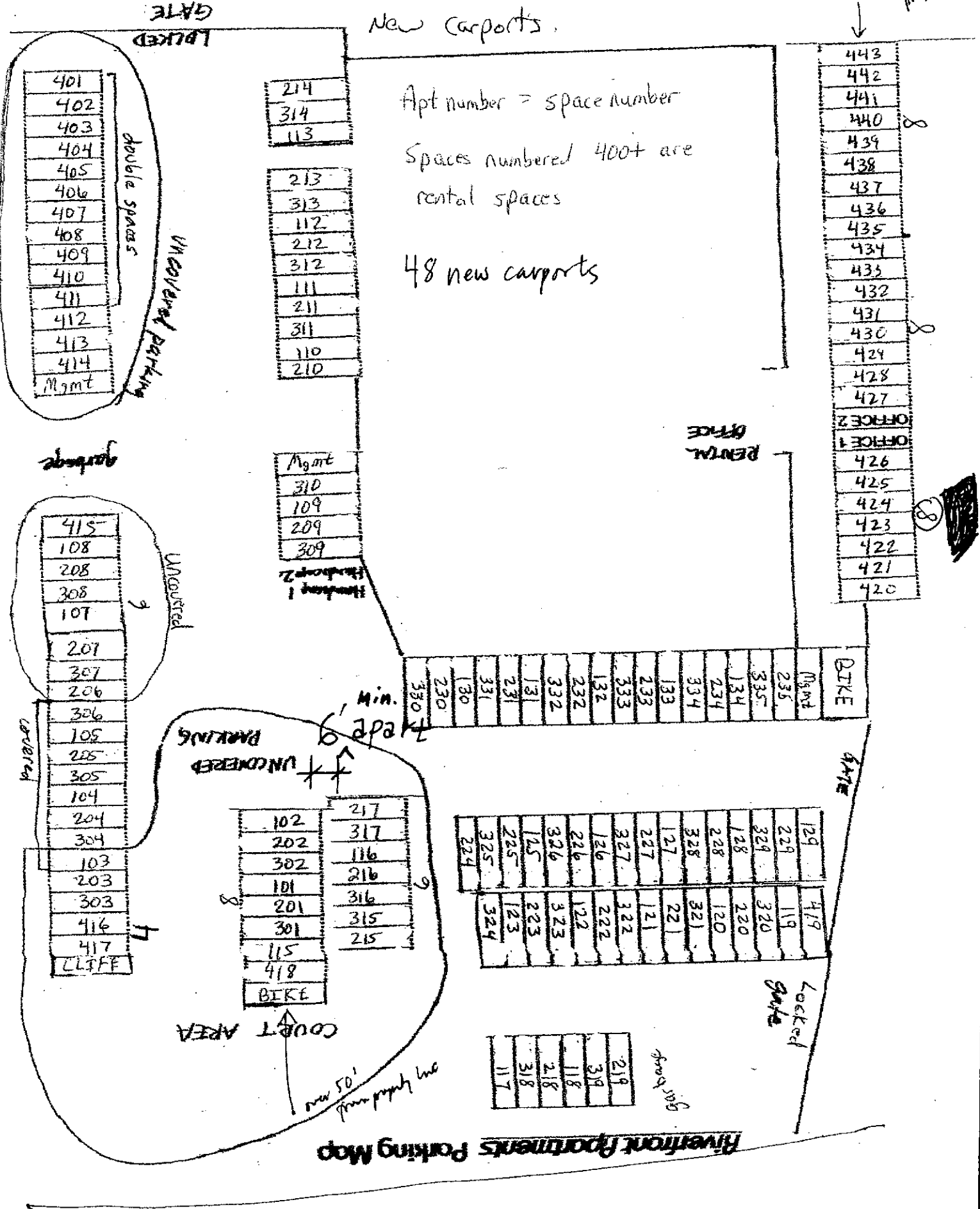
40' from property line

New carports.

Apt number = space number

Spaces numbered 400+ are rental spaces

48 new carports



- LOCKED GATE
- 401
 - 402
 - 403
 - 404
 - 405
 - 406
 - 407
 - 408
 - 409
 - 410
 - 411
 - 412
 - 413
 - 414
 - Mgmt
- double spaces
- UNCOVERED PARKING

- 214
- 314
- 113
- 213
- 313
- 112
- 212
- 312
- 111
- 211
- 311
- 110
- 210

- 443
- 442
- 441
- 440
- 439
- 438
- 437
- 436
- 435
- 434
- 433
- 432
- 431
- 430
- 429
- 428
- 427
- OFFICE 2
- OFFICE 1
- 426
- 425
- 424
- 423
- 422
- 421
- 420

- garage
- 415
 - 108
 - 208
 - 308
 - 107
 - 207
 - 307
 - 206
 - 306
 - 105
 - 205
 - 305
 - 104
 - 204
 - 304
- UNCOVERED

- Mgmt
- 310
 - 109
 - 209
 - 309
- Handicap 2
- Handicap 1

- BIKE
- Mgmt
 - 235
 - 335
 - 134
 - 234
 - 334
 - 133
 - 233
 - 333
 - 132
 - 232
 - 332
 - 131
 - 231
 - 331
 - 130
 - 230
 - 330

- UNCOVERED PARKING
- 102
 - 202
 - 302
 - 101
 - 201
 - 301
 - 101
 - 201
 - 301
 - 115
 - 418
- BIKE

- 129
- 229
- 329
- 128
- 228
- 328
- 127
- 227
- 327
- 126
- 226
- 326
- 125
- 225
- 325
- 124
- 224
- 324

- garage
- 219
 - 319
 - 118
 - 218
 - 318
 - 117

Riverside Apartments Parking Map

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 015830
 ADDRESS: 343 RIVERSIDE BLVD
 Commercial Residential



ACCEPTED BY: [Signature]
 DATE: [Signature]

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY									
	3	JT	12/19/01	3	JT	1/31/02	13	JT	2/1/02
MECHANICAL/PLUMBING									
ELECTRICAL									
FIRE							13	AKO	2/8/02
PLANNING							red card only no plans to P.D.		

STAFF COMMENTS:
 MONTE LOOKED AT THIS OVER THE COUNTER
 & SAID THAT HE DID NOT NEED TO PLAN
 CHECK THIS.
 X REROUTE JACK FOR FIRE REVIEW - OK PER LLD.

PLANNING AND ZONING REVIEW

..... to be filled out by Planning staff

ADDRESS: 5953 RIVERSIDE BLVD.

APN: 029-0166-020 ZONING: R-3

DESIGN REVIEW AREA: No

PREVIOUS FILES RELATED TO SITE: —

EXISTING LAND USE: APARTMENTS

PROPOSED USE: PUT CARPORT COVERS ON TOTAL OF 48 OPEN PARKING SPACES.

COMMENTS: IN R-3 ZONE, THIS MAXIMUM LOT COVERAGE IS 50% FOR ALL COVERED STRUCTURES; APPLICANT INDICATED THE TOTAL LOT COVERAGE FOR ALL BUILDINGS AND CARPORTS ON THE SITE IS 40%; NO NEW CARPORTS TO BE WITHIN 5 FEET OF INTERIOR SIDE PROPERTY LINE AND, MINIMUM 40 FT. ^{NEW CARPORTS MUST}

FROM FRONT PROPERTY LINE DATE: _____ BY: _____ ON RIVERSIDE BLVD.

DOES IT APPEAR THAT THE PROJECT WILL REQUIRE A PLANNING APPLICATION?

YES **NO** (If yes, circle applications needed below)

.....Staff.....ZA.....Planning Commission.....Design Review.....Preservation Review.....

CONCLUSION: ACCORDING TO INFORMATION PROVIDED BY APPLICANT CLIFF ORLOFF, WITH THE ADDITION OF THE 48 CARPORTS, THE SITE STILL MEETS SETBACKS AND LOT COVERAGE

REQUIREMENTS IN THIS ZONE. DATE: 2/6/02 BY: D. HUNG

0115830



MATRISCOPE / SMITH-EMERY
Engineering Laboratories & Consultants

3102 Industrial Boulevard · West Sacramento · CA 95691
Telephone (916) 375-6700 · (800) 350-3252
Fax (916) 375-6702 · (888) 375-6702

NL 5495

DAILY FIELD REPORT

No. 1

Page: 1 of 1

Project Name: <u>Kingman</u>	Client's Job No:	MSE Job No: <u>1236</u>
Address: <u>5953 Riverside</u>	Date: <u>11-14-01</u> (M T W Th F S Sun)	
Project-Site Time (Start): <u>7:30</u> Lunch, min:	Completed:	Overtime; Travel Time; or a Cancellation/Delay see footnote *
Type of Work Observed: <u>Footings</u>		MSE Code No: <u>74-16</u>
Project Specification(s):	Plan Sheet(s):	Permit or Jurisdiction No: <u>0115830</u>

Report: ** Car Port

Footings pier inspection: Total 48

14

OK

Sampling & Testing: Type of Material: <u>Footings Pier Insp.</u> Source:
Location(s) Sampled: <u>5953 Riverside</u> No. of Samples:
Laboratory Tests Requested:
Field Test(s): Equipment Used:
Field Test Result(s): Specified Tolerance:
Pick-up Ordered: Date, Time & Site Location: No. of Specimens:

The herein named Inspector, or Technician, Verifies that the work Observed &/or Tested, Complies with, Contract Document Requirements, unless otherwise noted.

Inspector / Technician: print <u>[Signature]</u> Licenses / Certification No:
Inspector: <u>[Signature]</u>
Project-Site Authorized Representative: *** <u>[Signature]</u> Position:

Note: This is not an Invoice. Services are based on 4 & 8 hour minimums, 2 hour cancellation minimum. Overtime becomes effective after the first 8 hours worked; on Holidays (legal), on Weekends, & after 3:30 PM; unless contracted otherwise, prior to services being performed. Laboratory Testing, Material Engineering, Equipment Rental & Travel Time Charges may also apply.

Distribution of Report Field Copies: **White to MSE;** **Canary to Inspector / Technician;** **Pink to Authorized Project Representative**

* Any Overtime or Travel needs approval. Note on the last line(s) of the report who authorized the hours. For Travel Time the origin and destination need to be noted in the report. Fully explain any Cancellation or Delay.

** Location of Work Inspected is identified by Grid Line(s), Column(s), Floor Level(s) or Specific Location(s) on Site.

*** Note: The signature of the Authorized Representative verifies that the MSE Inspector / Technician was present on-site; does not indicate your acceptance of the work, report details, or test.