

**CITY OF SACRAMENTO****1231 I Street, Sacramento, CA 95814****Permit No: 9904394****Insp Area: 2****Site Address: 1116 SWANSTON DR SAC****Parcel No: 012-0201-012****Sub-Type: ASFR****Housing (Y/N): N****CONTRACTOR**TIM LEAKE  
1106 NORTH D ST  
SACRAMENTO CA 95814**OWNER**TYLER LILY S  
1116 SWANSTON DR  
SACRAMENTO CA 95818**ARCHITECT****Nature of Work: ADD 170 SQ FT & REMODEL EXISTING ROOMS TO SECOND STORY.****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.X License Class B License Number 411038 Date 5-18-99 Contractor Signature Mark Rauls**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 &amp; PC for this reason: \_\_\_\_\_

Date \_\_\_\_\_ 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.

X Date 5-18-99 Applicant/Agent Signature Mark Rauls**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 CLARENDON NAT INS

Policy Number TBD

Exp Date 02/22/2000

(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.

A Date 5-18-99 Applicant Signature Mark Rauls**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  
Planning and Zoning Information Request

Project Address: 1116 Swanston DriveAssessor's Parcel Number: 012 - 0201 - 012

PREVIOUS USE \_\_\_\_\_

Current Land Use: S.F.DDescription of Request/Proposed Use: Second floor additionIS THIS A CHANGE OF USE?Zoning Designation: R1

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

Comments: second floor addition OK  
Not a DR area

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]5-3-99A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICRO FILM AFTER FINAL

CITY OF SACRAMENTO  
APPLICATION FOR \_\_\_\_\_ BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

1231 I Street, Rm. 200  
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # 9904397 Insp. Area \_\_\_\_\_

☒ Applicant **MUST** complete ALL Unshaded areas  
this page only

ADDRESS 1116 SWANSTON DR Suite \_\_\_\_\_  
PARCEL # 012-0201-012

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name _____</p> <p>Address _____</p> <p style="text-align: right;">Zip _____</p> <p>Phone _____ FAX _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name _____</p> <p>Address _____</p> <p style="text-align: right;">Zip _____</p> <p>Phone _____ FAX _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name _____</p> <p>Address _____</p> <p style="text-align: right;">Zip _____</p> <p>Phone _____ FAX _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>TIM LEAKE</u></p> <p>Address <u>1116 SWANSTON DR</u> <u>SACRAMENTO CA</u> Zip <u>95818</u></p> <p>Phone <u>557-1120</u> FAX _____</p>

→ Will the permittee have any employees on the jobsite? ☐ Yes ☐ No

→ If yes, WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_

NATURE OF WORK IN DETAIL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DBA: \_\_\_\_\_ VALUATION: 22000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSP. 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	
				<u>R3</u>	<u>UN</u>	Spr Alarm				
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	<u>R</u>	

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


REGIONAL SANITATION FEES? ☐ Yes ☐ No HEALTH DEPARTMENT? ☐ Yes ☐ No

**CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION**

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
5/5/99	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 9904394  
 ADDRESS: 1416 SWANSTON DR  
☐ Commercial ☒ Residential

ACCEPTED by (Staff): 

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	3	JT	5/7/99	13	JT	5/18/99			
STRUCTURAL	3	JT	5/7/99	13	JT	5/18/99			
MECHANICAL/PLUMBING									
ELECTRICAL									
FIRE									
PLANNING									

STAFF COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
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