

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0603231

Insp Area: 4

Thos Bros: 277F7

Site Address: 449 HARDING AV SAC

Parcel No: 274-0151-010

ARMSTRONG PARCEL 4 LOT 3

Sub-Type: NSFR

Housing (Y/N): N

CONTRACTOR

OWNER

DICK ARMSTRONG ENTERPRISES INC  
PO BOX 1313  
WEST SACRAMENT, CA 95691

ARCHITECT

Nature of Work: NEW SFR: LIVING 1700 SF; FRONT PORCH 50 SF; GARAGE 440 SF --IN DESIGN REVIEW AREA--

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 4/24/06 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.

Date 4/24/06 Applicant/Agent 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 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 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 4/24/06 Applicant 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.

0603231  
449 Harding  
Plat Plans incorrect.

**Residential Triage**

See T#0

Address: 441 HARDING AV, LOT 3 PC #: \_\_\_\_\_

Flood Zone: \_\_\_\_\_ APN: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Job Description: \_\_\_\_\_

NSFD \_\_\_\_\_ Duplex \_\_\_\_\_ Addition \_\_\_\_\_ 2<sup>nd</sup> Unit \_\_\_\_\_

Square Footage: \_\_\_\_\_

Utility Location: \_\_\_\_\_ Easement:  yes  no

Water: \_\_\_\_\_ Sewer: COUNTY @ HARDING AV.

Power: \_\_\_\_\_ Gas: \_\_\_\_\_

**Any Other Planning Issues**

"Z" File #: \_\_\_\_\_ DR File #: \_\_\_\_\_

P File #: P04.135 PB File #: \_\_\_\_\_

Public Works: \_\_\_\_\_ Utility: \_\_\_\_\_

Fire: \_\_\_\_\_

CITY SANITATION DISTRICT 1  
REGIONAL COUNTY SANITATION DISTRICT  
SEWER IMPACT FEE  
CALCULATION

*EFB*  
*4/24/06*  
*dy*

PERMIT NO. *002246-00318*

THIS PERMIT GOOD ONLY WHEN  
VALIDATED BY THE CASHIER

THIS PERMIT TO CONNECT EXPIRES  
ONE YEAR FROM DATE OF ISSUANCE

LOCATION	BUILDING USE	
	RESIDENTIAL SF <input type="checkbox"/>	ME <input type="checkbox"/>
<i>00</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>00</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>00</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>00</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>00</i>	<input type="checkbox"/>	<input type="checkbox"/>

LOT  
*10000*  
*10000*  
*10000*  
*10000*  
*10000*  
*10000*

ADDRESS  
*10000*  
*10000*  
*10000*  
*10000*  
*10000*  
*10000*

PHONE  
*10000*  
*10000*  
*10000*  
*10000*  
*10000*  
*10000*

INSPECTOR  
*10000*  
*10000*  
*10000*  
*10000*  
*10000*  
*10000*

N.S

4471 ROYCE III

# Certification of Compliance School District Development Fees

## PART 1 To be completed by APPLICANT

Owner's Name & Address T. ARMSTRONG + P. MELNIKOV  
 Project Address 449 HARDING  
 Parcel Number 274-0151-010 Lot No. \_\_\_\_\_  
 Subdivision Name \_\_\_\_\_ Number of Units 1  
 Applicant's Signature & Title V. Melnikov  
 Date 4/24/06 Phone No. \_\_\_\_\_

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 2 To be completed by BUILDING DEPARTMENT

Plan Identification Number 0603 231 Building Type ( CHECK ONE )  
 Residential  
 Apartment/Condominium  
 Commercial/Industrial  
 Square Feet of Chargeable Building Area 1683 #  
 Signature [Signature] Date 4/24/06  
 Title BP

## PART 3 To be completed by SCHOOL DISTRICTS

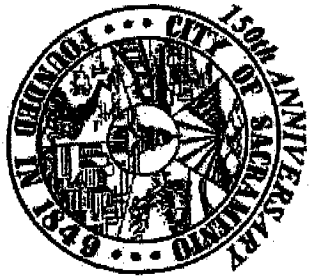
**Grant Joint Union High School District**  
 District Certification No. 06-0416  
 EXEMPT \_\_\_\_\_  
 Comments  
 RESIDENTIAL / APARTMENT / CONDOMINIUM  
1683 Sq.Ft. x \$ 2.63 = \$ 4426.29  
 COMMERCIAL / INDUSTRIAL  
 \_\_\_\_\_ Sq.Ft. x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 OTHER FEE TYPE \_\_\_\_\_  
 \_\_\_\_\_ Sq.Ft. x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 TOTAL FEES COLLECTED ..... = \$ 4426.29

**Robla Elementary School District**  
 District Certification No. \_\_\_\_\_  
 EXEMPT \_\_\_\_\_  
 Comments  
 RESIDENTIAL / APARTMENT / CONDOMINIUM  
 \_\_\_\_\_ Sq.Ft. x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 COMMERCIAL / INDUSTRIAL  
 \_\_\_\_\_ Sq.Ft. x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 OTHER FEE TYPE \_\_\_\_\_  
 \_\_\_\_\_ Sq.Ft. x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 TOTAL FEES COLLECTED ..... = \$ \_\_\_\_\_

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 district 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.

**GRANT** Authorized School District Official **ROBLA**  
 Signature \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date 4/24/06

Original: Grant Joint Union High School District/  
 Robla Elementary School District  
 1st Copy: Building Department  
 2nd Copy: Applicant  
 GJUUSD: Facilities Planning and Construction Department  
 Certificate of Compliance Form ( rev. 10/02 ) bep



CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION  
FAXED PERMIT APPLICATION (certain restrictions apply)

Fax # 916-264-1901

Faxed request must be received in this office by 3:00 p.m. to be processed the following work day.  
Note: Contractors must have a current certificate of Worker's Compensation Insurance.

Note: Work started before a Building Permit is issued will be subject to quad fee

DATE: 3/10/06

0663231

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

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (duplex)  
JOB ADDRESS: Harwell Ave. lot 3 UNIT # 1 CONTRACT PRICE \$ 484-6360

CONTACT PERSON: LODA HELVIGER CONTACT PHONE: 484-6360 License # \_\_\_\_\_  
Property Owner: THOMPSON + P. HELVIGER Contractor: \_\_\_\_\_  
Address: 5229 Mirabeau Ave Address: \_\_\_\_\_  
City/State/Zip: Corvallis, OR 97330 City/State/Zip: \_\_\_\_\_  
Phone: 484-6360 Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

NATURE OF REQUEST: Indicate from the selections below & provide details under description of work.				
<input type="checkbox"/> REROOF (excluding tile) <input type="checkbox"/> TEAR-OFF <input type="checkbox"/> RESHEET <input type="checkbox"/> HOUSE <input type="checkbox"/> GARAGE # STORIES: _____ # SQUARES _____ Material: _____ <input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Hardz <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 type="checkbox"/> SMUD <input type="checkbox"/> PGE *NOTE: Correction Notice items will require an additional building permit

DESCRIPTION OF WORK: NEW SFR

CITY OF SACRAMENTO  
CALIFORNIA

PLANNING AND  
BUILDING DEPARTMENT  
PLANNING DIVISION

1231 I STREET, ROOM 200  
SACRAMENTO, CA  
95814-2998

**WATER DEVELOPMENT FEE WAIVER**

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address: 449 Harding

APN: \_\_\_\_\_ Zoning: \_\_\_\_\_ No. of Units: \_\_\_\_\_

This project qualifies for the fee waiver because it is in a:

- REDEVELOPMENT AREA; or  
 DESIGNATED INFILL AREA; or  
 QUALIFIED INFILL AREA, meeting all of the following requirements:

1. The site is located in a neighborhood where the median year of housing construction is 1965 or earlier as shown on the Neighborhood Statistics Boundary Map, or the applicant has proof to the satisfaction of the Planning Director that the median age of housing within 500 feet of the site was developed prior to 1965; and
2. The lot is surrounded on three sides by existing or approved development; and
3. The project is consistent with the General Plan or more specific plan designation; and
4. The site is no more than 5 acres in size for single family development, or 2 acres in size for multiple family development; and
5. The site has City sewer, water, and drainage services, or is within proposed or existing assessment district for these services; and the services provided are capable of serving the proposed development to the satisfaction of the Public Works Director.

Fee Waiver Denied by: \_\_\_\_\_

Date: \_\_\_\_\_

Fee Waiver Approved by: Randa Hay

Date: 4-18-06

WD No: \_\_\_\_\_