

**CITY OF SACRAMENTO**

**1231 I Street, Sacramento, CA 95814**

**Permit No: 0205323**

**Insp Area: 4**

**Thos Bros: 277 H3**

**Site Address: 609 SOUTH AV SAC**

**Parcel No: 250-0114-021**

**Sub-Type: NSFR**

**Housing (Y/N): N**

**CONTRACTOR**

**OWNER**

PETER MELNIKOV  
609 SOUTH AV  
SACRAMENTO CA 95838

**ARCHITECT**

**Nature of Work: NSFD, 1595 SF, 441 SF GARAGE, 90 SF PORCH**

**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 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 04/24/02 Owner Signature P. Melnikov

**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 04/24/02 Applicant/Agent Signature P. Melnikov

**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 04/24/02 Applicant Signature P. Melnikov

**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.**

# OMEGA PRODUCTS CORP.

DIAMOND WALL INSULATING STUCCO SYSTEM

JOB ADDRESS:

ICRO Report #4006

609 SOUTH AVE.

SAN MATEO, CA 95888

Date of Job Completion 08-01-02

PLASTERING CONTRACTOR:

Name: MELVIN COASTRECTION

Address: 5929 SHIRLEY AVE CARMICAHEL CA 95608

Telephone No: (916) 484-6360

Contractor Number of Diamond Wall System #724336

This is to certify that the exterior coating system on the building exterior at the above address has been installed in accordance with the evaluation report specified above and the manufacturer's instructions.

Date 08-02-02

Signature of authorized representative of  
Plastering Contractor [Signature]

This installation card must be presented to the building inspector after completion of work and before final inspection.

**INSULATION CERTIFICATE**

This is to certify that insulation has been installed in conformance with the current Energy Regulations California Administration Code, Title 24, State of California, in the Building Located at:

SITE ADDRESS: 609 South Ave Del Paso Heights CA  
Street City State

**CEILINGS**

Blow	Manufacturer	<u>CertainTeed</u>	Thickness		R/Value	
	Square Feet	<u>1400</u>	#bags/LBS	<u>Per Bags</u>	<u>38</u>	<u>106</u>
Batts:	Manufacturer:	_____	Thickness	_____	R/Value	_____
		_____		_____		_____

**EXTERIOR WALLS:**

Manufacturer	_____	Thickness	_____	R/Value	_____
	_____		_____		_____

**FLOOR INSULATION**

Manufacturer	_____	Thickness	_____	R/Value	_____
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**AIR INFILTRATION** (TITLE 24)

YES \_\_\_\_\_ NO \_\_\_\_\_

OTHER: \_\_\_\_\_

GENERAL CONTRACTOR: \_\_\_\_\_ LICENSE# \_\_\_\_\_

BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

INSULATION CONTRACTOR INSULRITE INSULATION LICENSE # 794493

BY: Dean Sager TITLE Owner DATE 08/23/2002

Dean Sager

# Certification of Compliance

## School District Development Fees

### PART I To be completed by APPLICANT

Owner's Name & Address \_\_\_\_\_  
 Project Address \_\_\_\_\_  
 Parcel Number \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Subdivision Name \_\_\_\_\_ Number of Units \_\_\_\_\_  
 Applicant's Signature & Title \_\_\_\_\_  
 Date \_\_\_\_\_ 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 II To be completed by BUILDING DEPARTMENT

Plan Identification Number \_\_\_\_\_ Building Type (CHECK ONE)  
 Square Feet of Chargeable Building Area \_\_\_\_\_  Residential  
 Signature \_\_\_\_\_  Apartment / Condominium  
 Title \_\_\_\_\_  Commercial / Industrial  
 Date 25 Nov 02

### PART III To be completed by SCHOOL DISTRICTS

Grant Joint Union High School District	
District Certification No.	215-00
EXEMPT	1200 sq' previous structure
Comments:	
RESIDENTIAL / APARTMENT / CONDOMINIUM	
395 Sq. Ft. X \$ 2.12 = \$	837.40
COMMERCIAL / INDUSTRIAL	
Sq. Ft. X \$ = \$	
OTHER FEE: TYPE	
Sq. Ft. X \$ = \$	
<b>TOTAL FEES COLLECTED</b> .....	<b>= \$ 837.40</b>

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 \$ = \$	
<b>TOTAL FEES COLLECTED</b> .....	<b>= \$</b>

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	ROBLA
Signature _____ Title _____ Date _____	Signature _____ Title _____ Date _____



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*

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

RESIDENTIAL  APARTMENTS (4+ units per building)  COMMERCIAL (limited)

JOB ADDRESS: 609 South Ave UNIT# 1 ⇒ CONTRACT PRICE \$ 106,690.

⇒ CONTACT PERSON: Luda ⇒ CONTACT PHONE: 484-6360

Property Owner: P. MELNIKOV License # \_\_\_\_\_  
Address: 5929 Shirley Ave  
City/State/Zip: CA 95608  
Phone: 484-6360 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 # OF STORIES _____ # SQUARES _____ Material: _____	<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: \$ _____ Cost: \$ _____	<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
<input type="checkbox"/> SIDING <input type="checkbox"/> wood <input type="checkbox"/> T-111 <input type="checkbox"/> Honey <input type="checkbox"/> vinyl <input type="checkbox"/> stucco Note: Design Review approval may be required in certain areas.		DESCRIPTION OF WORK: <u>NEW CONSTRUCTION</u>		

DATE: \_\_\_\_\_

92  
DE 2/11/02  
484-6360  
250-0119-02

*[Signature]*

0205323

80

15954, 491, 90

**PLANNING AND ZONING REVIEW**

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

ADDRESS: 609 South Av

APN: 250-0114-021

ZONING: R1

DESIGN REVIEW AREA: Del Paso Heights

PREVIOUS FILES RELATED TO SITE: DR 02-033

EXISTING LAND USE: Vacant

PROPOSED USE: SFR

COMMENTS: Lot 7150 40% = 2860

Total 2036 ~~Lot coverage OK~~

Frontsetback min 25'

Rear yard lot coverage NA

Rear Setback min 15'

Interior Setback min 5'

Garage 21x21

Driveway min 20'x10'

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

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: Must meet conditions of approval of DR02-033

CITY OF SACRAMENTO  
NORTH PERMIT  
CENTER

APR 23 2002

DATE: 4-23-02

BY: L. Hay

**RECEIVED**

0205323