

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 9904161

Insp Area: 3

Site Address: 477 FAIRGROUNDS DR SAC

Parcel No: 011-0370-010

Sub-Type: RES

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

NEILS HARUM
1109 39TH ST
SACRAMENTO CA 95816

Nature of Work: HVAC C/O

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 4/19/99 Owner Signature [Signature] APR 23 1999

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 4/19/99 Applicant/Agent Signature [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 4/19/99 Applicant Signature [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.

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNER

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 OWEN MECHANICAL Address _____

City SACRAMENTO 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
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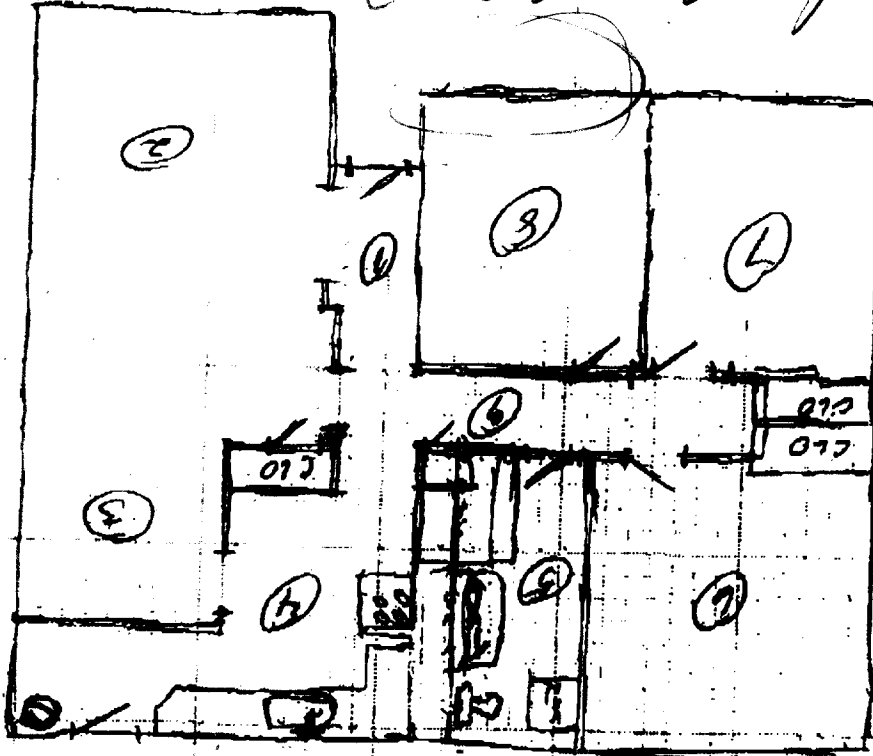
Signed _____

Job Address 477 FARMWOODS

Date 4/29/99

Permit No.: _____

Structural Wall Repair FLURS



Card

#41210

George
3 Jan system

- 1 - 6' x 4' x 8
- 2 - 19' x 15' x 8
- 3 - 9' x 8' x 8
- 4 - 10' x 8' x 8
- 5 - 8' x 7' x 8
- 6 - 13' x 13' x 8
- 7 - 12' x 10' x 8
- 8 - 12' x 10' x 8
- 9 - 17' x 3' x 8

JOB: LC02

SHEET NO. _____

OF _____

DATE _____

CALCULATED BY _____

CHECKED BY _____

DATE _____

SCALE _____

CAPITOL RECONSTRUCTION CO.
 Lic. #522603
 204 21st Street
 SACRAMENTO, CA 95814
 (916) 446-2774

MICROFILM AFTER FINAL

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

Planning Review by/Date: 9-9-02

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 *

Comments: _____

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

Zoning Designation: R 1

Is This a Change of Use? _____

Description of Request/Proposed Use: Fire Station

Previous Use: SF Retail

Assessor's Parcel Number: 004-0334-004

Project Address: 5616 Elvas Dr

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Date of Request: _____
By: _____

Sacramento Fire Department Report

Incident No : 000018671

Address : 5616 ELVAS AV

Type : 11 BUILDING FIRE

Action Taken: 12 VENTILATION, EXTINGUISH, SALVAGE, OVERHAUL

Property : 1-2 FAMILY RESIDENTIAL; SINGLE FAMILY

UBC : DWELLINGS AND LODGING HOUSES

Weather : 60 Degrees / Clear

Resources : 3 Engines, 2 Trucks

2 Other Apparatus

1 Fire Rescue Unit

Fire Casualties : None

Fire Damage : Confined to structure of building

Smoke Damage : Confined to structure of building

Property Loss : \$30,000 Contents Loss

Property Value : \$150,000 Contents Value

Area of Origin : Sleeping room for under 5 persons

Caused by : Equipment: Insufficient information

Form of Heat : Heat from overloaded equipment

Ignition Factor : Mech. malfunction Not classified

Type of Material : Rigid plastics

Form of Material : Christmas tree

Type of Material : Wood residue

Form of Material : Cabinetry

Smoke Travel : Doorway, passageway

Other Factors : Acts or Omissions Insufficient information

Extinguished by : Water from hydrant, draft, standpipe

Structure Type : Building with one specific property use

Structure Status : In use

Not occupied

Construction Type : Type V - Wood Frame

Roof Type : Composition

Number of Stories : 1

Detector Type : No detector

Extinguishing Sys: No extinguishing system

Report Author : F304

Level: A01