CITY OF ALBANY BUILDING PERMIT APPLICATION

| DOTEDING LEGATION |
|---|
| CITY USE ONLY |
| Building Permit Number: 173881 EP# |
| Date of Expiration if Work Date of Issuance: 1/13/12 Not Commenced: 7/13/12 |
| 1. Project Address: 735 EVELYN AVE. |
| 2a. Project Description |
| (If detailed plans are attached, a brief description of the following is acceptable. Without plans, detailed description of all work is necessary): |
| 1. Describe type of building, including occupancy classification, construction type and square footage: |
| SINGLE PAMILY HOME |
| 2. Please describe in detail the proposed work. (Include all demolition and construction of new building area. For remodeling or upgrade of existing areas, include information on exterior changes [including change in windows, siding, roof, deck, etc.], structural/foundation improvements, interior changes, include electrical, plumbing [including sewer lateral], mechanical improvements, site grading, and accessibility upgrades.) |
| FOUNDATION REPLACEMENT |
| RAISE BUILDING APPROX. 18" TO COMPLY WITH CODE. |
| CONSTRUCT A CRIPPLE WALL ZX4 779. WALL |
| REPAIR SIDING & EXTEND SIDING TO NEW CHIPPLE WALL. |
| CROATE CRAWL SPACE MIN 18 TO COMPLY WITH CODE. |
| 3. Please describe any work or encroachments into the public right-of-way. No work in public right-of-way proposed (Note: Most Encroachment Permits can only be issued to licensed contractors.) |
| VALUE OF CONSTRUCTION: \$ (Note: City is bound to Master Fee Schedule and may or may not use the valuation you provide) |

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Drafted: 4/20/10

Last modified: 5/2/11

City of Albany Community Development Department 1000 San Pablo Avenue, Albany, CA 94706

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| 2b. Property Owner Information (non-owner/builder Permits) |
|---|
| Name: SUSY MEYER |
| Address: 735 BURLYN AVZ City/State/Zip: ALBANY CA 9 |
| Address: 735 EVELYN AVE City/State/Zip: ALBANY CA 9 Phone #: (510) 9/7 ZZ43 E-Mail Address: Susyatrehotmail.com |
| 3. Applicant |
| Check one: Authorized Agent (see 3a), Licensed Contractor (see 3b), or Property Owner (see 3c) |
| Name: Stisy N. Meyer Company Name: |
| Name: Susy N. Meyer company Name: Address: 735 Evelyn Ave. City/State/Zip: Albany, CA 94706 |
| Phone #: 510, 917-2243 Ext. () N/A E Mail Address: SUSX atvo h ntmail. Com |
| Phone #: (510) 917-2243 Fax#: () N/A E-Mail Address: SUSY at @ hot mail. com |
| <u>OWNER/BUILDERS</u> : Owner Builders taking out construction permits must list below any contractor or handyman paid money to do construction work on your property. All such companies must have a valid Albany Business License prior to permit issuance. |
| Contractor or Handyman Company Name(s): SOLARES HOUSE MOHSEN & ASSOCIATS |
| Contractor or Handyman Company Name(s): |
| Contractor or Handyman Albany Business License Number(s): 7009 / 70/0 |
| 3a. Property Owner's Authorization of Agent to Act on Property Owner's Behalf |
| I hereby authorize the following person(s) to act as my agent(s) to apply for, sign, and file the documents necessary to obtain an Owner-Builder Permit for my project. |
| Name of Authorized Agent: |
| Address of Authorized Agent: |
| Phone Number of Authorized Agent: |
| I declare under penalty of perjury that I am the property owner for the address listed above and I personally filled out the above information and certify its accuracy. |
| Property Owner Name: |
| Property Owner's Signature: Date: |
| Note: A copy of the owner's driver's license, form notarization, or other verification acceptable to the City is required to be presented when the permit is issued to verify the property owner's signature. |

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