

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9914250
Insp Area: 1

Site Address: 400 CAPITOL ML SAC
Parcel No: 006-0144-029

IL FORNIAO

Sub-Type: ACOM
Housing (Y/N): N

CONTRACTOR
MORAN CANVAS
18001 IRVINE BL
DUSTIN CA

OWNER
CAPITAL MALL VENTURE
2929 CAMPUS DR #450
SAN MATEO CA 94403

ARCHITECT

Nature of Work: AWNING ADDITION TO DINING PATIO

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 _____ License Number _____ Date _____ Contractor Signature Nickie With

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 3 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 Professions 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 _____ 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 _____ Applicant/Agent Signature Nickie With

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.

X Date _____ Applicant Signature Nickie With

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.



**CONSOLIDATED ENGINEERING
LABORATORIES**

November 27, 2000

City of Sacramento
1231 I Street
Room 200
Sacramento, CA 95814-2998

**RE: Il Fornaio Restaurant Outdoor Dining Canopy
400 Capitol Mall
Sacramento, CA
CEL #: S1773
Permit # 99-14250**

FINAL LABORATORY AFFIDAVIT

THIS IS TO CERTIFY that in accordance with Section 1701 of the Uniform Building Code, Consolidated Engineering Laboratories has provided special inspection and testing on the subject project as listed below:

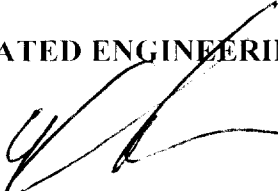
1. Review of out-of-area shop welding inspection report
2. Visual inspection of shop welded pieces delivered to the site
3. Inspection of epoxied anchors

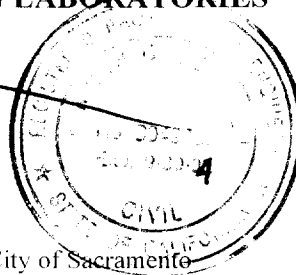
These inspections were performed by personnel under the general supervision of a Registered Civil Engineer in the State of California. Details of our work on this project are contained in our testing and inspection reports, issued during the course of construction.

Based upon the inspections performed and upon our substantiating reports, it is our professional judgment that the inspected work was performed substantially in conformance with the approved plans and specifications, and the applicable workmanship provisions of the Uniform Building Code.

Sincerely,

CONSOLIDATED ENGINEERING LABORATORIES


Kenneth G. Sorensen, R.C.E. #49736
Reviewing Engineer



cc: Moran Canvas Products

City of Sacramento

All reports are submitted as the confidential property of clients. Publication of statements, conclusions or extracts is reserved pending our written approval.

**CITY OF SACRAMENTO
APPLICATION FOR COMMERCIAL BUILDING PERMIT**

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION
1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 9914250 Insp. Area 1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 400 Capital Mall (Hornia) Suite _____
PARCEL # 000777

CONTACT Name <u>Sandy Swett</u> Address _____ Phone _____ FAX <u>916 264 7619</u> E-mail _____		LICENSED CONTRACTOR Lic No. # _____ Name <u>Fellow</u> Address _____ Phone _____ FAX _____ E-mail _____	
ARCHITECT/ENGINEER Name _____ Address _____ Phone _____ FAX _____ E-mail _____		OWNER Name <u>400 Capital Mall Venture</u> Address <u>400 Capital Mall</u> Phone _____ FAX _____ E-mail _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: swimming addition to dining patio

OCCUPANT/TENANT: 11 For ~~na~~ Rest VALUATION: \$ 12950

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM ()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<u>BLDG</u>	MECH	PLUMB	ELEC	<u>SITE</u>	<u>FIRE</u>		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
				<u>A</u>		SPR	ALARM	<u>18</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	PW	UTIL

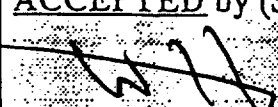
COMMENTS: Sandy with corner 3rd set fire resistivity letter for fire plans

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
12/10/99	/ /	1/19/00	/ /	/ /	/ /

PLAN CHECK # 99/14250 C
 ADDRESS: 400 Capitol Mall
 Commercial Residential

ACCEPTED by (Staff):


DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY									
<u>STRUCTURAL</u>	03	GYL	10/15	3	JT	1/21/00	13	JT	1/24/00
MECHANICAL/PLUMBING									
ELECTRICAL									
<u>FIRE</u>	03	BS	12/15	03	BS	1-31-00			
<u>PLANNING</u>	13	MT	12/16						

STAFF COMMENTS:
 Response to structure comments 2nd cycle still
* special inspection is req'd X1
J. Tang



CONSOLIDATED ENGINEERING
LABORATORIES

201 Harris Avenue, Suite 14
Sacramento, CA 95838
916-568-6700 / Fax: 916-568-1212

SPECIAL INSPECTOR'S
DAILY REPORT

CEL No.: 4773
Page 2 of 2

Project Name 16 FIRE ALARM Report No. _____ Date 11-10-00
Project Address 400 CAPITAL Mall Permit No. _____
City/County Sacramento Inspection Type: EPOXY OBSERVATION
[] Continuous [] Periodic
Prime Contractor FRANK INDUSTRIES Superintendent _____

Summary of Work Done
While on site, I observed the re-epoxying of twenty four
7/8" diameter anchors installed into 5" dia. x 7 1/2" deep
holes using Eminent Ceramic Epoxy (ICBO #4205) at
main floor level. All holes were clean and
at time of installation, all work was done
in conformance with manufacturer's recommendations.

Non-conforming Materials or Work _____

Person/persons Notified of Non-conformance to Project Requirements _____

Follow-Up on Previously Reported Non-conformance (refer to Report No.'s) _____

To the best of my knowledge, work inspected was in accordance with the building department approved design drawings, specifications and applicable workmanship provisions of the U.B.C., excepted as noted above.

Inspector [Signature] Date: 11-10-00
(ATTACH - Quantities Reports, Inspector's Check List)



Construction Inspections & Materials Testing Consulting
 10444 Flanders Cove
 San Diego, CA 92126

Ph (858) 693-0984
 Fax (858) 693-3211
 Pager/voice mail (858) 637-9598
 E-mail: sburrola@hotmail.com

Job No.	For Week Ending
	/ /

REGISTERED INSPECTORS' DAILY REPORT

TYPE OF INSPECTION REQUIRED	<input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Post Tensioned Concrete <input type="checkbox"/> Reinforced Masonry	<input checked="" type="checkbox"/> Structural Steel Assembly <input type="checkbox"/> Fire Proofing <input type="checkbox"/> Epoxy Anchors	<input type="checkbox"/> Quality control <input type="checkbox"/> Other
-----------------------------	---	---	--

Job Address	400 MADRAL MALL	City	SACRAMENTO
Job Name	IL TORNAIO	Permit No.	
Type of structure		Architect	CUZT HOLDERZ
Material Description (type, grade, source)	A 513 E-77F-1	Engineer	
Inspector(s) Name	SALVADOR BURROLA	Contractor	MORAN MANUAS
		Sub Contractor	

INSPECTION SUMMARY - LOCATIONS OF WORK INSPECTED, TEST SAMPLES TAKEN, WORK REJECTED, JOB PROBLEMS, PROGRESS, REMARKS, ETC. INCLUDES INFORMATION ABOUT AMOUNTS OF MATERIAL PLACED OR WORK PERFORMED, NUMBER, TYPE & IDENT, NO'S OF TEST SAMPLES TAKEN: STRUCT, CONNECTIONS (WELD MADE H.T. BOLTS TORQUED) CHECKED, ETC.

PERFORMED SPECIAL INSPECTION FOR SHOP FABRICATION AND WELDING OF TUBE STEEL TRUSSES 1x1, 1x2, 305 THICKNESS OBSERVED FIT-UP AND WELDING OF ALL TRUSSES. CHECKED WELDS FOR SIZE, POROSITY AND UNPLACED. ALL WELDS CONFORM TO AWS CODE AND FOUND NO DEFECTS.

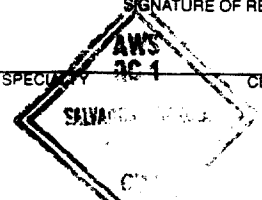
CERTIFICATION OF COMPLIANCE

Continues on next page PAGE 1 OF 1

I HEREBY CERTIFY THAT I HAVE OBSERVED TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE REPORTED WORK UNLESS OTHERWISE NOTED. I HAVE FOUND THIS WORK TO COMPLY WITH THE APPROVED PLANS, SPECIFICATIONS, AND APPLICABLE SECTIONS OF THE GOVERNING BUILDING LAWS.

Salvador Burrola 11/6/00
 SIGNATURE OF REGISTERED INSPECTOR DATE

SPECIALTY RC-1 CERT NO. #500 CITY/SAN DIEGO #



TIME IN	TIME OUT	REG. HOURS	O.T. HOURS	CYLINDERS

All Inspections based on a minimum of 4 hours and over 4 hours - 8 hour minimum in addition, 2 hour show-up minimum for job cancellations.

Approved by _____ Project Superintendent



CONSOLIDATED ENGINEERING
LABORATORIES

201 Harris Avenue, Suite 14
Sacramento, CA 95838
916-568-6700 / Fax: 916-568-1212

**SPECIAL INSPECTOR'S
DAILY REPORT**

CEL No.: 51773

Page 2 of 2

Project Name IL F. 2 N A I O Report No. _____ Date 11-11-00

Project Address 400 CAPITAL MALL Permit No. _____

City/County _____ Inspection Type: FIELD WORKING

[] Continuous [] Periodic

Prime Contractor _____ Superintendent _____

Summary of Work Done

WHILE ON SITE I INSPECTED THE FOUNDATION TESTS -
5 T 1'S, 4 T 2'S, 12 T 3'S, 4 T 4'S, AND 2 T 5'S. THESE
WERE DONE IN ACCORDANCE WITH APPLICABLE PLANS.

Non-conforming Materials or Work _____

Person/persons Notified of Non-conformance to Project Requirements _____

Follow-Up on Previously Reported Non-conformance (refer to Report No.'s) _____

To the best of my knowledge, work inspected was in accordance with the building department approved design drawings, specifications and applicable workmanship provisions of the U.B.C., excepted as noted above.

Inspector [Signature]
(ATTACH - Quantities Reports, Inspector's Check List)

Date: 11-11-00

- Pleasanton (925) 485-5000
- Consulting (510) 436-7626
- Oakland (510) 436-7626
- Sunnyvale (408) 752-8960



**CONSOLIDATED ENGINEERING
LABORATORIES**

- Hawaii (808) 845-5116
- Sacramento (916) 568-6700
- Salt Lake City (801) 975-8200
- Santa Rosa (707) 542-0279

Date: 11-11-00

Project Number: 51773

Day: SAT

1 of 2

Permit /Application #: _____

Inspector's Name: (Print) Don Bell

Job Name:(Required) IL FOREMAN

Shop Name: _____

Job/Shop Address:(Required) 410 JARVIS BLVD

Equipment Pick-up: YES NO
 Type of Equipment: _____
 Travel Time to Lab to pick-up equip.: _____

Lab Site: _____
 Pick-up Time: _____ AM/PM
 Mileage to Lab to pick-up equip.: _____

Travel Time to Job-site: _____
 From Home From Lab Other
 Time Start: _____ AM/PM Lunch Start: _____ Lunch Stop: _____ Time Stop: _____ AM/PM

Mileage to Job-site: _____
 From Home From Lab Other

Enter all codes and tasks for inspections performed and show actual hours worked for each task.

Code	Task	Description	Actual Hours Worked	Accounting Use only: Code Billed	Accounting Use only: Units Billed	Accounting Use only: Report #
400	01	FIELD WORK	1			

Equipment Drop-off: YES NO
 If Yes: Travel time to Lab drop-off equip.: _____

Drop-off Time: _____ AM/PM Lab Site: _____
 Mileage to Lab to drop-off equip.: _____

Reimbursable Expenses: (Attach Receipts) Parking: \$ _____
 Is this the last job of the day? YES NO

Tolls: \$ _____ Subsistence: YES/NO
 Notified Dispatch? YES NO Time: _____

Travel Time to Home: _____

Mileage to Home: _____

Remarks: _____

Inspector's Signature: Don Bell

Verification Signature: Don Bell

Print Name/Company: Don Bell / MORAN CANVAS

ACCOUNTING USE ONLY ACCOUNTING USE ONLY ACCOUNTING USE ONLY

01	Regular Time	20	Vacation	Travel to Job-site:
31	Expanded Regular Time	24	Sick	Travel to Home:
10	Overtime	26	Holiday	Sub-Total of Travel Time:
32	Expanded Overtime	30	Jury Duty	Deductible Travel Time:
11	Double Time			Payable Travel Time:
33	Expanded Double Time	18	Travel Time	
40	Night Shift RT	52	Out of Pocket Exp.'s	Mileage from Home:
34	Expanded N/S RT	54	Subsistence	Mileage to Home:
45	Night Shift O.T.		Round-trip Mileage	Sub-total Round-trip Mileage:
35	Expanded N/S O.T.		In-Between Mileage	Deductible Mileage:
46	Night Shift D.T.	53	Total Mileage	Reimbursable Mileage:
36	Expanded N/S D.T.			

- Pleasanton (925) 485-5000
- Consulting (510) 436-7626
- Oakland (510) 436-7626
- Sunnyvale (408) 752-8960



**CONSOLIDATED ENGINEERING
LABORATORIES**

- Hawaii (808) 845-5116
- Sacramento (916) 568-6700
- Salt Lake City (801) 975-8200
- Santa Rosa (707) 542-0279

Date: 11-10-00

Project Number: 51773

Day: Fri

1 of 2

Permit /Application #: _____

Inspector's Name: (Print) DAVID R. BELL

Job Name:(Required) IL FORNAIO

Shop Name: _____

Job/Shop Address:(Required) 400 CAPITAL MALL, SAC

Equipment Pick-up: YES NO

Lab Site: _____

Type of Equipment: _____

Pick-up Time: _____ AM/PM

Travel Time to Lab to pick-up equip.: _____

Mileage to Lab to pick-up equip.: _____

Travel Time to Job-site: 15 min

Mileage to Job-site: 11 miles

From Home From Lab Other

From Home From Lab Other

Time Start: _____ AM/PM Lunch Start: _____ Lunch Stop: _____ Time Stop: _____ AM/PM

Enter all codes and tasks for inspections performed and show actual hours worked for each task.

Code	Task	Description	Actual Hours Worked	Accounting Use only: Code Billed	Accounting Use only: Units Billed	Accounting Use only: Report #
<u>100</u>	<u>00</u>	<u>LOWING WEST (1000)</u>	<u>1.5</u>			

Equipment Drop-off: YES NO

Drop-off Time: _____ AM/PM Lab Site: _____

If Yes: Travel time to Lab drop-off equip.: _____

Mileage to Lab to drop-off equip.: _____

Reimbursable Expenses: (Attach Receipts) Parking: \$ _____

Tolls: \$ _____ Subsistence: YES/NO

Is this the last job of the day? YES NO

Notified Dispatch? YES NO Time: _____

Travel Time to Home: _____

Mileage to Home: _____

Remarks: _____

Inspector's Signature: [Signature]

Verification Signature: Donald A. Bell

Print Name/Company: DON BELL / MORAN CANVAS

ACCOUNTING USE ONLY

ACCOUNTING USE ONLY

ACCOUNTING USE ONLY

01	Regular Time	20	Vacation	Travel to Job-site:
31	Expanded Regular Time	24	Sick	Travel to Home:
10	Overtime	26	Holiday	Sub-Total of Travel Time:
32	Expanded Overtime	30	Jury Duty	Deductible Travel Time:
11	Double Time			Payable Travel Time:
33	Expanded Double Time	18	Travel Time	
40	Night Shift RT	52	Out of Pocket Exp.'s	Mileage from Home:
34	Expanded N/S RT	54	Subsistence	Mileage to Home:
45	Night Shift O.T.		Round-trip Mileage	Sub-total Round-trip Mileage:
35	Expanded N/S O.T.		In-Between Mileage	Deductible Mileage:
46	Night Shift D.T.	53	Total Mileage	Reimbursable Mileage:
36	Expanded N/S D.T.			

Date of Request: _____
By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 400 Capital Mall (Il Fornaio)

Assessor's Parcel Number: 006-0144-029

Previous Use: Il Fornaio Restaurant

Description of Request/Proposed Use: Additional awning-
over existing - See Plans

Is This a Change of Use? No

Prior Applications for Project Site(P#, Z#, DRPB#): DR 99-177 Zoning Designation: C3

Comments: _____
Copy to ch plans

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] 12-14-99

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

MICROFILM AFTER FINAL

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT
FROM: Troy Malaspino
Fire Marshal
SUBJECT: FIRE SYSTEM INSPECTION

DATE: 3-21-01

A final inspection of the newly installed fire system at:

400 Capitol Mall

Has been conducted by Inspector

R. Robles

On

11-15-00

<u>99-14250-¹⁹⁴</u>	<u>2400</u>	<u>Remodel</u>
Permit Number	Square Footage	Type of Inspection

The system is acceptable by this department.

R. Woodman
By: Ross L. Woodman,
Fire Prevention Officer II

7I-777
F.D. Reference Number