

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0007898

Insp Area: 3

Site Address: 5680 FRANKLIN BL SAC
Parcel No: 025-0092-016

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

CONTRACTOR
ROTARY CONST CO
3354 UNION SPRINGS WY
SACRAMENTO 95827

OWNER
CHANDLER KARI JOHANNA
5680 FRANKLIN BL
SACRAMENTO CA 95824

ARCHITECT

Nature of Work: FACADE REMODEL. ADD TRELLS, NEW ENCLOSED PATIO IN REAR, REROOF

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 B License Number 285201 Date 8-23-00 Contractor Signature J. Rotary

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 _____ Owner Signature _____

PAID
CITY OF SACRAMENTO
AUG 23 2000
NEIGHBORHOODS, PLANNING
AND DEVELOPMENT SERVICES

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 8-23-00 Applicant/Agent Signature J. Rotary

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 NO EMPLOYEES 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 8-23-00 Applicant Signature J. Rotary

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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0010253	Insp. Area 3C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 5601 Warehouse Way Sacramento, CA 95826 Suite _____
 PARCEL # _____

<p style="text-align: center;">CONTACT</p> <p>Name <u>Gregg Lawson</u> Street Address <u>5671 Warehouse Way</u> City/State/Zip <u>Sacramento, CA 95826</u> Phone <u>916-386-2863</u> FAX <u>916-386-8257</u> E-mail: <u>gregg.lawson@echostar.com</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>680299</u></p> <p>Name <u>Grandahl Construction Inc.</u> Address <u>1721 Eastern Ave Suite 7</u> City/State/Zip <u>Sacramento, CA 95864</u> Phone <u>916-974-0105</u> FAX <u>916-974-1826</u> E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Applied Architecture Inc.</u> Address <u>2420 K Street</u> City/State/Zip <u>Sacramento, CA 95826</u> Phone <u>916-442-6955</u> FAX <u>916-442-6649</u> E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>Echostar Communications Inc.</u> Address <u>5671 Warehouse Way</u> City/State/Zip <u>Sacramento, CA 95826</u> Phone <u>916-381-5084</u> FAX _____ E-mail: _____</p>

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

NATURE OF WORK IN DETAIL: Tenant Improvement to increase existing office space from 1900 ^{sq} to 9000 ^{sq}

OCCUPANT/TENANT: Echostar VALUATION: \$ 350,000

FLOOD STATUS:				S.C.A.T.							
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REMO	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE		<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req (Y/N)		Fed Code	Vio. File		
		<u>9000</u>		<u>B.S</u>		<u>Y</u>	<u>N</u>	<u>18</u>	[H]	[Quad]	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	S		D	PW	UTIL	
		<u>✓ JMT</u>	<u>✓ JMT</u>					<u>154</u>			

COMMENTS: Client to provide hydraulic calcs for FIRE & 3rd set

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

Date of Request: 9/1/00
By: _____

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

Project Address: 5601 Warehouse Way

Assessor's Parcel Number: 061 0210 019

Previous Use: _____

Description of Request/Proposed Use: increase office in
warehouse from 1900 → 9000 sq ft
total ~~19~~ = 76800

Is This a Change of Use? yes

Zoning Designation: _____

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

Comments: 14000 ~~sq~~ overall office
19200 - allowed

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] 9-1-00

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

MICROFILM AFTER FINAL

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN NO. _____
 ADDRESS _____
 Commercial Residential



ACCOMPLISHED _____
 DATE _____

REVIEW TYPE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	DATE	STATUS	DATE	DATE	STATUS	DATE	DATE	STATUS	DATE
GENERAL	3	OK	7/14/00	13	OK	8/16/00			
MECHANICAL/PLUMBING	3	OK	"	13	OK	"			
ELECTRICAL									
FIRE									
PLANNING									

STAFF COMMENTS:

* special inspection is req'd
 Tang

APPLICATION FOR COMMERCIAL BUILDING PERMIT

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DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0007898C	Insp. Area 3
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 5680 FRANKLIN BLVD Suite _____
 PARCEL # 025-0092-016

<p style="text-align: center;">CONTACT</p> <p>Name _____ Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>285201</u></p> <p>Name <u>ROTARY CONST. Co</u> Address <u>3354 UNION SPRINGS W/</u> City/State/Zip <u>SAC TO CA</u> Phone <u>369-6439</u> FAX <u>366-6968</u> E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>DARRYL CHINN ARCHITECT</u> Address <u>2612 JST #2</u> City/State/Zip <u>SAC CO 95816</u> Phone <u>446-7293</u> FAX <u>446-2690</u> E-mail: _____</p>	<p style="text-align: center;">OWNER TENANT</p> <p>Name <u>CURTIS CHANDLER</u> Address <u>5680 FRANKLIN BLVD</u> City/State/Zip <u>SAC C. 95824</u> Phone _____ FAX _____ E-mail: _____</p>

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

NATURE OF WORK IN DETAIL: FACADE REMODEL, INTL. TRUSS ADDITION, REPOINT BUILDING, NEW ROOF, NEW CANOPY IN BACK.

OCCUPANT/TENANT: CURTIS CHANDLER VALUATION: \$ 45,000

FLOOD STATUS:				S.C.A.T. <u>X1.16</u>						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(X)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File		
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>B</u>	<u>V/1hr</u>	<u>N</u>	<u>18</u>	[H]	[Quad]	
						SPR	ALARM			
						S	D	PW	UTIL	

COMMENTS: customer to return w/structural calcs

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

Date of Request: _____

By: _____

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

Project Address: 5680 Franklin Bl

Assessor's Parcel Number: 025 0092 016

Previous Use: _____

Description of Request/Proposed Use: Facade remodel, add trellis, new enclosed rear canopy/patio, new roof

Is This a Change of Use? NO

Prior Applications for Project Site(P#, Z#, DRPB#): N/A Zoning Designation: C-2

Comments: NO AUTO LOCK CALL BE DONE OUTSIDE

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] 7/12/2000

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

MICROFILM AFTER FINAL