

CITY OF SACRAMENTO

Permit No: 0217298

1231 I Street, Sacramento, CA 95814

Insp Area: 3
Thos Bros: 317 D3

Site Address: 4601 FREEPORT BL SAC

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

Parcel No: 018-0074-003

CONTRACTOR

T&M CONST.
PO BOX 1593
ORANGEVALE CA. 95662

OWNER

HARMAN MANAGEMENT CORPORATION
199 FIRST ST
LOS ALTOS CA 94022

ARCHITECT

Nature of Work: ADA COMP. RESTROOM, EXTERIOR RAMP ,PROVIDE ELECT POWER TO ADA DOOR ..SUBJECT TO FIELD INSPECTOR'S APPR.

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 767652 Date 12/03/02 Contractor Signature [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 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.

Date 12/03/02 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 STATE FUND Policy Number 044-00-0015184 Exp Date 10/01/2003

(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 12/03/02 Applicant Signature [Signature]

WARNING: FAILURE TO SECURE WORKERS 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
BUILDING DIVISION
PERMIT SERVICES SECTION**

NORTH OFFICE: 2101 Arena Blvd., Ste. 200
Sacramento, CA 95834 (916) 808-2534 FAX 808-7046
CENTRAL CITY: 1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 808-2534 FAX 264-5987

ACTIVITY #

Insp. Area

0217298



**Applicant MUST complete
ALL Unshaded areas**

ADDRESS 4601 Freepoint Blvd Suite _____
PARCEL # 018-0074-003

CONTACT	LICENSED CONTRACTOR
Name _____	Name <u>77M Const.</u> Lic No.# <u>767652</u>
Street Address _____	Address <u>6253 MAIN AVE</u> <u>CLASS B</u>
City/ State/ Zip _____	City/ State/ Zip <u>DRAKEVALE CA 95662</u>
Phone _____ FAX _____	Phone <u>916 987 1683</u> FAX <u>916 987 5973</u>
E-mail: _____	E-mail: _____
ARCHITECT/ENGINEER	OWNER
Name <u>George Dedekian</u>	Name <u>NARMAN MUGAT</u>
Address <u>374 Seventh St. Sde 202</u>	Address <u>8334 Gerber Rd</u>
City/ State/ Zip <u>Dakland CA 94612</u>	City/ State/ Zip <u>SAC. CA</u>
Phone <u>510 452 0880</u> FAX <u>510 452 5573</u>	Phone <u>916 689 2190</u> FAX _____
E-mail: _____	E-mail: _____

→ Will permittees have any employees on the jobsite? No Yes → INSURANCE CO: RLI - Beach - 2Ncal ^{AZ10002799}
→ WORKER'S COMPENSATION POLICY # 044-02 ^{with 2015184} EXPIRATION DATE: 10-01-03

NATURE OF WORK IN DETAIL: ADA Rehab Compliant

OCCUPANT/TENANT: _____ VALUATION: \$ 10,000

FLOOD STATUS: <u>RFC</u>			S.C.A.T.							
JOB DESCRIPTION		BLDG	SHELL	APT	TI(<u>REM</u>)	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES			<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE	FIRE		
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. (Y/N)		Fed Code	Vio. File	
						SPR	ALARM		[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>18</u>	<u>D</u>	<u>PW</u> <u>UTIL</u>
<u>NONE</u>										

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

PLANNING AND ZONING REVIEW

..... filled out by Planning staff

ADDRESS:	4601 Freeport Boulevard		
APN:	018-0074-003	ZONING:	C-2
DESIGN REVIEW AREA:	None		
PREVIOUS FILES RELATED TO SITE:	Only I&R's		
EXISTING LAND USE:	KFC Restaurant		
PROPOSED USE:	ADA Compliant Ramps		
COMMENTS:	<p>Ramps Not Covered. Paving work only.</p> <p>No reduction proposed in the required number of parking spaces. None allowed without further review.</p> <p>No Planning issues apparent.</p>		
	DATE:	Dec/03/2002	BY: Robert W. Williams
DOES IT APPEAR THAT THE PROJECT WILL REQUIRE A PLANNING APPLICATION?			
(Enter an "X" next to those that apply)		YES	NO XXX
Staff:	Planning Commission:	Design Review:	
ZA:	Preservation Review:		
CONCLUSION:	See Above.		
No Planning issues apparent.			
	DATE:	Dec/03/2002	BY: Robert W. Williams