

CITY OF SACRAMENTO

Permit No: 9802855

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 1725 I ST SAC

Sub-Type: REM

Parcel No: 0060065013

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

BURT WALTER L III/GLORIA
200 P ST #C12
SACRAMENTO CA 95814

Nature of Work: INTERIOR REMODEL FOR CHANGE TO RESTAURANT

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.)

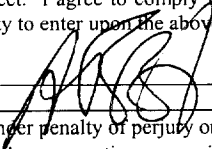
____ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

____ I am exempt under Sec. _____ B & PC for this reason: _____

Date 6/30/98 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 6/30/98 Applicant/Agent 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 _____

____ (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 6/30/98 Applicant 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.

CITY OF SACRAMENTO
 APPLICATION FOR BUILDING PERMIT
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 BUILDING INSPECTION DIVISION
 1231 I Street, Room 200
 Sacramento, CA 95814
 (916) 264-7619 FAX 264-7046

9802855

ADDRESS 1725 I STREET P.C.# 5960
 PARCEL # 006-0065-013-0000 SUITE # _____
 AREA # _____

CONTACT LICENSED CONTRACTOR LIC# _____
 NAME KEVIN PRASSEY NAME _____
 ADDRESS 1809 19TH ST. ADDRESS _____
SAC. ZIP 95814 ZIP _____
 PHONE (916) 447-1127 FAX: (916) 447-0757 PHONE() - FAX() -

ARCH./ENG. OWNER
 NAME McCabe Prassey Architect NAME GLAC BANTON
 ADDRESS 1809 19TH ST. ADDRESS 1725 I STREET
SAC. ZIP 95814 SAC. ZIP 95814
 PHONE (916) 447-1127 PHONE (916) 443-4025 FAX() -

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE? YES NO
 NATURE OF WORK IN DETAIL: MOSTLY INTERNAL T.I. FOR ~~NEW~~
RESTAURANT

existing occupancy is M

D.B.A. Michelangelo's VALUATION \$45,000.00
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS A99 S.C.A.T. _____

JOB DESCR. BLDG SHEL APT TH () REM(X) SW FIRE ADD OTH

INSP. DISCIPLINES BLDG MECH PLUMB ELEC SITE FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FIRE ALARM	FED CODE	VIO. FILE
2		1445	B	V-MH	Y(N)	Y(N)	18	
(B)	(L)	(P)	(M)	(E)	(F)	(S)	D	R

COMMENTS:
 * Needs sewer impact. REGIONAL SAN
FAXED 6/16/98 B.F.

REGIONAL SAN FEES (Y/N) (HEALTH DEPT (Y/N))

Worker's Comp Policy #
Company

Exp. Date

FIRE SUPPRESSION SYSTEM
INSPECTION AND SERVICE REPORT

COMPANY NAME SENTINEL FIRE EQUIPMENT COMPANY, INC.

Address 5702 Broadway, Sacramento, CA 95820 Phone 916/ 455-5630

California State Contractor's C-16 License for Hood Servicing #369137

Customer Name Michael Angelo's

Address 1725 F Street Sacramento, Ca

Business Representative _____

New Annual Service Semi-Annual Service

System Model Rnowsk 102-9.3yd Serial Number 161263

System Model _____ Serial Number _____

	YES	NO	N/A
1. System Charged	---	---	---
2. Nozzles in Place	---	---	---
3. Fusible Links Replaced	---	---	---
4. Energy Shut-Off Devices Operable	---	---	---
5. Pull Station Operable	---	---	---
6. Blow Off Caps in Place	---	---	---
7. Grease Accumulation:	HEAVY	MEDIUM	LIGHT
A. On Appliances	---	---	---
B. In Ventilation	---	---	---

Remarks: _____

FIRE MARSHAL'S SIGNATURE: James Nelson 8/18/98

The fire suppression systems are installed in accordance with the manufacturer's instructions, NFPA Standard 96 and 17 (current issue), Chapter 20 UMC, Article 10 UFC, and all applicable State and local codes. Note below any exception to the above.

Exceptions: _____

Service Technician _____ Signature Don Terriano
Date 8-18-98

Established 1929

SENTINEL FIRE EQUIPMENT COMPANY

(Formerly Div. of Capital Fire Equip. Co.)

P.O. Box 161265, Sacramento, CA 95816
(5702 Broadway, Sacramento, CA 95820)

ANSUL PORTABLE EXTINGUISHERS & SYSTEMS
FIRE HOSE BRASS CABINETS
HYDROSTATIC TESTING
CO₂ RECHARGING
SAFETY PRODUCTS

Sacramento (916) 455-5630
Yuba City (916) 673-7708
Chico (916) 891-1954

INVOICE NUMBER

67068

ANNUAL SVC

CALL IN

NEW SITE

NEW ACCT.

INVOICE DATE

5/17/11

SALESMAN NO.

AREA NO.

CUSTOMER NO.

3002

PLEASE PAY FROM THIS INVOICE
MAIL REMITTANCE TO:
P.O. BOX 161265
SACRAMENTO, CA 95816

1735 I Street
Sacramento, CA 95814

CUSTOMER P.O. NUMBER:

DESCRIPTION

UNIT PRICE

LABOR

AMOUNT

QUANTITY	BACK ORDERED	DESCRIPTION	UNIT PRICE	LABOR	AMOUNT
		CO ₂ EXTG: RECHARGED <input type="checkbox"/> INSPECTED <input type="checkbox"/> SIZE (LBS.)			
		HALON 1211 EXTG: RECHARGED <input type="checkbox"/> INSPECTED <input type="checkbox"/> SIZE (LBS.)			
		DRY CHEM. EXTGS: RECH. <input type="checkbox"/> SVCD. <input type="checkbox"/> SIZE (served & tagged)			
		DRY CHEM. EXTGS: RECH. <input type="checkbox"/> SVCD. <input type="checkbox"/> SIZE (served & tagged)			
		WATER PRESS. EXTGS: RECH. <input type="checkbox"/> SVCD. <input type="checkbox"/> (served & tagged)			
		HYDROSTATIC TEST: CO ₂ <input type="checkbox"/> DRY CHEM. <input type="checkbox"/> WATER <input type="checkbox"/> HALON <input type="checkbox"/>			
		CARTRIDGE: NEW <input type="checkbox"/> EXCH. <input type="checkbox"/> BRAND _____ SIZE _____			
		LBS. DRY CHEMICAL: +50 C <input type="checkbox"/> ABC <input type="checkbox"/> PK <input type="checkbox"/> MISC <input type="checkbox"/> BRAND _____			
		O-RING <input type="checkbox"/> PULL PIN <input type="checkbox"/> CHECK STEM <input type="checkbox"/> BRAND _____ MODEL # _____			
		CABINETS: BRAND _____ MODEL # _____			40.00
1		NEW FIRE EXTGS: SIZE 4.5 BRAND _____			31.00
1		NEW FIRE EXTGS: SIZE 4.5 BRAND _____			45.00
		SYSTEM(S) (served & tagged)			
1		Ansul 1012/110 300 Lbs. Kitchen Hood Fire Suppression System installed in NEP. 2 str. hood not to be removed.			
		WORK DONE AT: Same			

SUB TOTAL	122.00
SALES TAX	17.00
TOTAL LABOR	
HYDROSTATIC TESTING	
FREIGHT CHARGES	
TOTAL INVOICE	1708.38

NO MERCHANDISE MAY BE RETURNED WITHOUT PRIOR AUTHORIZATION

Unless notified within 30 days regarding shortage or non-delivery of shipment, claims cannot be honored. Items shown in column, "Back Order", are not included in this shipment; they will follow as soon as available. It is specifically understood and buyer expressly agrees that the merchandise listed on this invoice remains the property of Sentinel Fire Equipment Company, until paid for in full. Buyer expressly agrees to pay carrying charge at the rate of 1 1/2% per month, for an annual rate of 18%, and will be charged on all past due accounts. All invoices become past due 30 days after receipt of merchandise by buyer listed on the invoice.

BUYER ACKNOWLEDGES THAT HE HAS READ, AND RECEIVED A COMPLETED LEGIBLE COPY OF THIS AGREEMENT.
RECEIVED

Thank You

**DISTRIBUTOR CERTIFICATION
INSTALLATION—INSPECTION
FOR ANSUL R-101 OR R-102
RESTAURANT FIRE SUPPRESSION SYSTEM**

Customer Name Michael Purcell
Address 1725 F Street
Sacramento, CA

SYSTEM

Model(s) and serial numbers Ansul R102-9 2966 # 161263
Number of nozzles and Part No. 2-260 1-2170 2-1/2" N 1-1" N 1-2" N
Number of detector(s) and degree rating 30" 520°
Energy shut-off devices — type and size 1 1/4" malleable gas valve Rt. side of Range
Other accessory equipment provided (pull station, electric switches, etc.) Below kitchen

COOKING/VENTILATING EQUIPMENT

Number of duct(s) and size 1 1/2" 56"
Hood size and plenum size 12' 8'

Cooking Appliances and size of cooking surface. (NOTE: List appliances from left to right and indicate those being protected.)

- | | |
|-------------------------------|--------------------------|
| 1. <u>Braised griddle 24"</u> | 4. <u>Salamander 29"</u> |
| 2. <u>Griddle 36"</u> | 5. _____ |
| 3. <u>Range 24"</u> | 6. _____ |

TO BE COMPLETED BY INSTALLER

YES NO

The fire suppression system is installed in accordance with the manufacturer's instructions, NFPA Standard 96 and 17 (current issue), and all applicable state and local codes. Exceptions to other provisions of NFPA 96 that were observed are noted below.

Exceptions: _____

YES NO

All electrical work or work provided by others to complete this system installation has been completed.

INSTALLER NAME P. Hughes
SIGNATURE _____

DISTRIBUTOR Sentinel Fire Equipment Co.
ADDRESS 5702 Broadway
Sacramento, CA. 95820

DATE _____
PHONE: (916) 455-5630

TO BE COMPLETED BY CUSTOMER

YES NO

I have received a copy of the Ansul Automatic Fire Suppression System Owner's Manual and I understand it.

YES NO

I understand that it is the recommendation of Ansul and of the National Fire Protection Association Standard 96 and 17 that the fire suppression system be inspected and maintained every 6 months to ensure continued efficiency and reliability and that failure to do so may result in failure of the system to operate properly.

CUSTOMER NAME AND TITLE _____

SIGNATURE [Signature]

DATE 8/18/98

**COUNTY OF SACRAMENTO
ENVIRONMENTAL MANAGEMENT DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION**

8475 JACKSON ROAD, SUITE 240 SACRAMENTO, CA 95826-3904 PH: 875-8440

FOOD FACILITY INSPECTION REPORT

LOCATION 1725 I St. D.B.A. Michaelangelo ZIP 95814
 OWNER OF BUSINESS Anthony Barton BUSINESS PHONE 446-5012

C.T.	ESTAB. NUMBER	TYPE	() Routine/Initial () Reinspection () Complaint/Request () Reinsp. Fee
		R	

The items checked below represent violations of the State Health and Safety Code.

- | | | | |
|---|--|---|--|
| <p>1. FOOD</p> <ul style="list-style-type: none"> a. Adulterated () b. Protection () c. Preparation () d. Approved Source () e. Labeling () <p>2. TEMPERATURE CONTROL</p> <ul style="list-style-type: none"> a. Above 140°F ... () b. Below 41°F ... () c. Thawing () d. Frozen Foods ... () e. Thermometers .. () <p>3. UTENSILS & EQUIPMENT</p> <ul style="list-style-type: none"> a. Clean () b. Protection () c. Repair () d. NSF Standard .. () | <p>4. DISHWASHING</p> <ul style="list-style-type: none"> a. Temperature () b. Chem.Sanitizing ... () c. Procedure () <p>5. FLOORS, WALLS, CEILING</p> <ul style="list-style-type: none"> a. Clean () b. Floor Drains () c. Repair () <p>6. PLUMBING</p> <ul style="list-style-type: none"> a. Repair () b. Drainage () <p>7. TOILETS & HANDWASHING</p> <ul style="list-style-type: none"> a. Adequate () b. Clean () c. Hot and Cold Water . () d. Soap/Towels () e. Repair () | <p>8. LIGHT & VENTILATION</p> <ul style="list-style-type: none"> a. Adequate () b. Light Shields () <p>9. POISONOUS SUBSTANCES</p> <ul style="list-style-type: none"> a. Storage () b. Labels () <p>10. EMPLOYEE HYGIENE</p> <ul style="list-style-type: none"> a. Garments () b. Hair Protection ... () c. Hands () d. Comm. Disease ... () <p>11. SIGN POSTING</p> <ul style="list-style-type: none"> a. Choking Relief () b. No Smoking () c. Handwashing () d. Bulk Foods () <p>12. INSECTS & ANIMALS</p> <ul style="list-style-type: none"> a. Prevention/Exclusion () b. Harborage () | <p>13. REFUSE</p> <ul style="list-style-type: none"> a. Containers () b. Storage () <p>14. OPEN AIR BBQ</p> <ul style="list-style-type: none"> a. Food Storage () b. Dispensing () c. Dust Control () d. Floor Surface () <p>15. WATER SUPPLY ()</p> <p>16. SEWAGE DISPOSAL ... ()</p> <p>17. MISC.</p> <ul style="list-style-type: none"> a. Permit () b. Approved Plan () c. Right of Entry () d. Impounds () <p>18. OTHER</p> <ul style="list-style-type: none"> a. _____ () b. _____ () |
|---|--|---|--|

OFFICIAL NOTICE

① Seal raw wood under ice vent/handrail (check for condense)
 ② Diner room - wrap insulation if used for storage
 ③ Underlump love under coffee machine
 ④ Install soap and towel dispensers

You are hereby ordered to correct the above violations within _____ days. A permit for above corrections may be required by the Building, Plumbing, or Electrical Department. Please contact the appropriate office for assistance.

NOTE: A fee will be charged for each reinspection as authorized by current County ordinance and is due 30 days after billing.

Environmental Health Specialist Thomas H. Schuler 875-8432 Date: 8/14/98

Accepted by [Signature]

GASOLINE SOLD? YES ___ NO ___

IF YES, FORWARD APPLICATION TO HMD

COUNTY OF SACRAMENTO
ENVIRONMENTAL MANAGEMENT DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

8475 JACKSON ROAD, STE 240, SACRAMENTO, CA 95826 - PH 875-8440

OFFICIAL USE ONLY

BILL BY ASU CT # _____
EMD RECEIPT # _____
TOTAL FEE _____
DATE PAID _____

APPLICATION FOR PERMIT TO OPERATE
(PLEASE PRINT)

- OWNER(S) OF BUSINESS LAUREN/GREG & ANTHONY BARTON PH 446 5012
- OWNER'S ADDRESS 1725 I STREET CITY SACTO STATE CA ZIP 95814
- BILLING NAME MICHELANGELO RESTAURANT
- BILLING ADDRESS 1725 I STREET CITY SACTO STATE CA ZIP 95814
- NAME OF FACILITY/BUSINESS MICHELANGELO ITALIAN ART RESTAURANT
- FACILITY ADDRESS 1725 I STREET SACTO CA 95814 PH 446 5012
- FACILITY MAILING ADDRESS (if different from #5) _____
- IF CORPORATION, LIST ALL OFFICERS _____
- OWNER'S I.D.: SOC. SEC. NO/ FED TAX I.D. 112-42-1110 CDL# A6506239
- DOES THIS ESTABLISHMENT HAVE A SEMI-FROZEN (SOFT SERVE) PROCESSING MACHINE? Yes No
- IF FOOD FESTIVAL, EVENT NAME & DATES _____

Application is hereby made for HEALTH PERMIT to operate the following type(s) of facility:

TYPE	FEE	P/E CODE	TYPE	FEE	P/E CODE
<input checked="" type="checkbox"/> RESTAURANT	\$340.00	1622	<input type="checkbox"/> OPTION A		
<input type="checkbox"/> BAR	217.00	1620	___ TEMP FOOD FAC (FD PREP)	\$146.00 ea.	1661
<input type="checkbox"/> RESTAURANT W/BAR	490.00	1621	___ TEMP FOOD FAC (PKG FOOD)	73.00 ea.	1660
<input type="checkbox"/> SCHOOL/NONPROFIT SR ML PRGM	165.00	1625	<input type="checkbox"/> OPTION B		
<input type="checkbox"/> BAKERY	340.00	1651	___ TEMP FOOD FAC (FD PREP)	51.00 ea.	1665
<input type="checkbox"/> BAKERY - NO PREPARATION*	194.00	1652	___ TEMP FOOD FAC (PKG FOOD)	31.00 ea.	1664
<input type="checkbox"/> PRODUCE STAND	146.00	1607	PLUS BASE FEE	409.00	
<input type="checkbox"/> SATELLITE FOOD DISTRIB. FAC.	170.00	1693	<input type="checkbox"/> OPTION C		
<input type="checkbox"/> RESTRICTED FOOD SERVICE ESTAB.	219.00	1681	___ TEMP FOOD FAC (FD PREP)	31.00 ea.	1667
<input type="checkbox"/> CERTIFIED FARMERS' MARKET	277.00	1619	___ TEMP FOOD FAC (PKG FOOD)	18.00 ea.	1666
<input type="checkbox"/> RETAIL MARKET (OVER 15,000 sq.ft.)	417.00	1614	PLUS BASE FEE	409.00	
<input type="checkbox"/> RETAIL MARKET (6,000-14,999 sq.ft.)	328.00	1613	<input type="checkbox"/> MULTI-EVENT (OPTION A ONLY)		
<input type="checkbox"/> RETAIL MARKET (LESS 6,000 sq.ft.)	211.00	1612	___ TEMP FOOD FAC (FD PREP)	295.00 ea.	1663
<input type="checkbox"/> MOBILE FOOD FACILITY CAT. A	131.00 ea.	1631	___ TEMP FOOD FAC (PKG FOOD)	181.00 ea.	1662
<input type="checkbox"/> MOBILE FOOD FACILITY CAT. B	168.00 ea.	1632	<input type="checkbox"/> SWIM POOL	234.00	3611
<input type="checkbox"/> MOBILE FOOD FACILITY CAT. C	211.00 ea.	1633	<input type="checkbox"/> SPA POOL	121.00	3612
<input type="checkbox"/> MOBILE FOOD PREP UNIT	211.00 ea.	1635	<input type="checkbox"/> WADING POOL	121.00	3615
<input type="checkbox"/> SWAP MEET PKG. FD STAND	146.00 ea.	1648			
<input type="checkbox"/> COMMISSARY	248.00	1680			

I hereby certify that I am the person owning the above business, and I will comply with all State and local laws now in force or which may hereafter be enacted pertaining to such business.

SIGNED [Signature] TITLE OR POSITION Managing Partner

*Bakery wherein no products are prepared or processed from the beginning state.

Multiple Food or Swim/Spa Facility: 100% of highest prescribed fee, plus 70% of each remaining fee. Temp. Food Fac., Swap Meet Prepackaged Fd Stand, Satellite Distrib. Fac., Mobile Food Facility, Mobile Food Prep Unit are not included as multiples* and shall pay the standard fees. Additions to a facility between annual billings will be prorated on a monthly basis.

OFFICIAL USE ONLY

NEW FACILITY CHANGE OF OWNERSHIP (Previous owner's name) _____
 (Previous name of Facility/Business) _____
 MISC CHANGE (Nature of change) _____
 O/B ENTIRE ACCT. DROP/ADD P/E _____ SOFT SERVE PLT # _____
 RESTRICTIONS/COMMISSARY _____
 COMMENTS _____
 VEHICLE LIC. # & DECAL # _____
 FACILITY ID# _____ PROGRAM RECORD ID(S)# _____
 APPROVED UPON PAYMENT OF FEES BY: [Signature]
 DISAPPROVED DATE: 8/14/98
 ANNIVERSARY DATE _____



Customer Service Group
 PWA Water Quality Engineering for
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

Austin Reynolds
BLU

REQUEST FOR SEWER FEE QUOTE

DATE	6-16-98	NUMBER OF PAGES	1
FROM	City of Sacramento	FAX	
TO	SRCSO Customer Service	FAX	875-6253

URGENT -- Applicant is in office or ready to pay permit

If urgent, call 875-6820 to notify an Engineering employee that you faxed a request.
 Press zero to speak to the operator.

NOT URGENT -- Applicant has requested informal quote

Applicant	NAME	Kevin Pressey	PHONE	447-1127
Property	ASSESSOR'S PARCEL NUMBER(S)	1725 I St	PROPERTY ADDRESS	
	PLAN CHECK # BUILDING PERMIT NO	5960	<small>(mark all that apply)</small> <input checked="" type="checkbox"/> New construction <input type="checkbox"/> Remodel <input type="checkbox"/> Change in use <i>Yes</i>	
Project	USE	<i>M</i>	CURRENT // PREVIOUS	PLANNED
	SQUARE FOOTAGE		1445 SF	1445 SF

9660 ECOLOGY LANE • SACRAMENTO, CALIFORNIA • 95827-3881
 ENGINEERING (916) 875-6820 • FAX (916) 875-6253

Planning Division COMMERCIAL PRELIMINARY Information Request

BUILDING CHECK ONE:

- Over the counter review and issue permit _____
- Will be taken in and reviewed for site-conditions _____
- Will be taken in but not reviewed for site conditions _____
- Information only, pre-submittal information _____

Customer Name: Kevin Pressey Phone Number: 447-1127

Project address: 1725 I St.

APN: 006-0065-013 Current site use: _____

INITIAL

Need to verify AN. Proposed Site use: _____

Describe what is being requested: APPROVAL & COMMENTS
change of use: Design review

Requested by: Bill M. Date: 4-7-98

Zone _____ Overlay / SPD / PUD / R-review _____

- Planning staff Review required _____
- Planning Hearing required _____
- Design Review required _____
- No Planning Issues _____
- Counter ok review by site cond.

Prior Applications on site P# _____ Z# 98-006

DR# 98-011 PB# _____ IR# _____

Comments: DR approved
see conditions of
EA variance for setbacks

Planning review by: [Signature] Date: 4/8/98

- MUST BE REVIEWED BY PLANNING
- | | | |
|-----------------|----------------------|---------------|
| Care Facilities | Anything Residential | Restaurants |
| Churches | Day care | Sidewalk Cafe |
| Drive-through | Lot Line adjustments | |
| Medical Offices | Bars | |

SECURITY CAMS
CELLULAR COMMUNICATION FACILITIES

CITY OF SACRAMENTO CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address 1725 I STREET Permit No. 98-02855

Building Use Restaurant Occupancy B

Building Owner Greg Barton Construction Type V-NH

Owner Address 1723 I Street, Sacramento, CA 95814 Sprinkled Yes No

Portion of Building Occupied 1st floor Area 2,000 Sq. Ft.

08/25/98 BRADFORD J. BOEHM, P.E. Bradford J. Boehm, P.E.
Date Issued By: Print Sign City Building Official

Dumford/Glpin/Krinke/Woodman
By: Print

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code as adopted per Title 9 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE