

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0112759

Insp Area: 1

Thos Bros: 297D5

Site Address: 1500 Q ST SAC

Parcel No: 006-0292-001

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

OWNER

HISTORIC PROPERTIES LLC
1500 Q ST
SAC CA

ARCHITECT

Nature of Work: INTERIOR REMODEL OF CAFE

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 12/4/01 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 12/4/01 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 _____ 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 12/4/01 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.

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 # 0112759 | Insp. Area 1 |
|--|--|

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1500 Q Street Suite _____
 PARCEL # 006-0292-001

| | |
|--|--|
| CONTACT Name <u>DAVID EDWARDS</u> Street Address <u>1109 22nd St.</u> City/State/Zip <u>Sacramento, CA 95814</u> Phone <u>441-4685</u> FAX <u>447-4685</u> E-mail: <u>rvmilakas@att.net</u> | LICENSED CONTRACTOR Lic No. # _____ Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____ |
| ARCHITECT/ENGINEER Name <u>VRILAKAS ARCHITECTS</u> Address <u>same as above</u> City/State/Zip _____ Phone _____ FAX _____ E-mail: _____ | OWNER Name _____ Address _____ City/State/Zip _____ 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: walls + counters for tenant improvement in an existing shell. Use is a coffee house.

OCCUPANT/TENANT: NAKED LOUNGE COFFEEHOUSE VALUATION: \$ 5000 9940

| | | | | | | | | | | |
|------------------------|---------------|-------------|-----------------|--------------------------|-----------------|-----------------|-----------------|------------|-----------|--------|
| FLOOD STATUS: | | | | S.C.A.T. | | | | | | |
| 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 | |
| 1 | 1050 | 994 | | RES <u>IN</u> | | SPR | ALARM | 18 | [H] | [Quad] |
| <u>B</u> | <u>L</u> | <u>P</u> | SH | <u>E</u> | <u>F</u> | S | | <u>D</u> | PW | UTIL |
| | | | | | | | | <u>SMS</u> | | |

COMMENTS: _____

RECEIPT RECEIVED

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



Sacramento County Regional Sanitation District
10545 Armstrong Ave Suite 101
Mather, California
95655

NOVEMBER 5, 2001
RECEIVING FAX: 916-447-4685
SENDING FAX: 916-876-6161

TO: **DAVE EDWARDS**

FROM: **LYNN WYNN**
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

RE: **SEWER FACILITY IMPACT FEES**
1500 Q STREET

APN: ⁰²⁹²⁻⁰⁰¹~~006-0087-046~~
SWD2001-00752

AWARD OF SEWER "BANK" CREDITS

SRCSD sewer credits of 5.06 have been approved. The adjusted Sewer Facility Impact Fees due for the 1,100 sq ft Coffee House are \$4,670.

Please take sewer impact fee permit along with this form to the County Building Inspection Division, 827-7th Street, Window 11, Sacramento, California. Fees must be paid at this location. Make check payable to County of Sacramento.

If you have any questions regarding the above, please feel free to call me at 876-6081.

Cc: Aaron Anderson, City of Sacramento Planning
Barbara Larsen, City of Sacramento Permits

This fee is also subject to adjustment if the data supplied is changed.

www.srcsd.com

e-mail: wynn1@SacCounty.NET

**RECEIPT
MENTAL MANAGEMENT DEPARTMENT
ENVIRONMENTAL HEALTH**

County of Sacramento
Accounting and Fiscal Services

Date: 10/03/2001 Cashier #: 1

Receipt #: 1200100000000021434

Check #: 10050

Permit#: 9F52001-11003

Fee Type EMD Env Health Food Check Amount \$491.00

Total Due \$491.00

Check Tendered: \$491.00

Propeller LLC DATE: 10/3/01

10050

CHECK NO.: 10050 CASH CREDIT CARD

10050
Street Sacto, CA

SPECTIONS)
ROYAL

| COST CTR. | REVENUE | ORDER # | AMOUNT |
|------------|----------|---------|-----------|
| 6206202304 | 96964301 | E32142 | \$ 491.00 |
| 6206202304 | 96964403 | E32143 | \$ |
| 6206202304 | 96964302 | E32142 | \$ |
| 6206202304 | 92929018 | E32131 | \$ |
| 6206202304 | 96964402 | E32142 | \$ |

SIGNATURE:

Kelina M. Seegle

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) _____

2. I (have) have not) _____ signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

| Name | Address | Phone | Type of work |
|------|---------|-------|--------------|
|------|---------|-------|--------------|

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Signed _____

Job Address 1500 Q ST

Permit No: 0112759

COUNTY SANITATION DISTRICT NO. 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE
 PERMIT AND CALCULATION

APPLICATION NO: _____ BLDG PERMIT NO. SWD2001-00752

| | |
|---|--|
| GENERAL INFORMATION <u>CITY OF SACRAMENTO</u> Jurisdiction <u>5.06</u> Economic Devel Bank ESDs Approved <u>OCT 23 2001</u> | THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE |
|---|--|

| FEE CALCULATION | | BUILDING USE | |
|------------------|-------------------|---|--|
| INSPECTION | | RESIDENTIAL SF <input type="checkbox"/> MF <input type="checkbox"/> | |
| CSD-1 | | COMMERCIAL USE | |
| SRCSD @ \$923 | <u>4670.50</u> | <u>1100# COFFEE</u> | |
| CONSTRUCTION | | <u>HOUSE</u> | |
| IN-LIEU | | | |
| | | | |
| TOTAL FEE | \$ 4670.50 | | |

APN: 006-0292-001

DESCRIPTION/
SUBDIVISION _____ LOT _____

PROPERTY ADDRESS 1500 G ST

OWNER HISTORIC PROPERTIES, LLC

MAILING ADDRESS 1109 22ND ST

CITY-STATE-ZIP SAC, CA 95816 PHONE 941-4685

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE [Signature]

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____

INSPECTOR'S COPY