

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0003719
Insp Area: 2

Site Address: 5960 FREEPORT BL SAC
Parcel No: 035-0054-005

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

CONTRACTOR

OWNER

ARCHITECT

VII-GAS CECILIA
1105 34TH AV
SACRAMENTO CA 95822

Nature of Work: CONVERT 1200SQ FT OF LIQUOR STORE TO PIZZA/DELI TAKE OUT,
ADA COMPLIANCE

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.)

PAID

I, as owner of the property, am exclusively contracting with licensed contractors for the work to be done on the property (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.

JAN 04 2001

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

Date 1-4-00 Owner Signature [Signature]

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 1-4-00 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 _____ 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 1-4-00 Applicant Signature [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 COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

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

ACTIVITY # 0003719 Insp. Area 2C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 5960 FREEPORT BLVD. SACRAMENTO, CA 95822 Suite ---
PARCEL # (BOB MATHAR 806-7021)

CONTACT Name <u>MR. MAJOR SANGHA</u> Address <u>5960 FREEPORT BLVD. SACRAMENTO</u> Phone <u>916-428-0295</u> FAX <u>920-2520</u> E-mail _____		LICENSED CONTRACTOR Lic No. # <u>Owner</u> Name <u>MAJOR S. SANGHA</u> <u>builder</u> Address <u>5960 FREEPORT BLVD.</u> Phone _____ FAX _____ E-mail _____	
ARCHITECT/ENGINEER Name <u>INDERJIT CHADHA</u> Address <u>63 FOSTER DR. SAN RAMON, CA 94583</u> Phone <u>925-829-8354</u> FAX <u>925-829-8344</u> E-mail <u>ibcengcorp@hotmail.com</u>		OWNER Name <u>MR. MAJOR SANGHA</u> Address <u>--- Same as Above ---</u> Phone <u>916-428-0295</u> 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: Remodel to ~~Contract~~ Take out Sandwich/Deli/Pizza at
above mentioned address.

OCCUPANT/TENANT: ARMY MARKET VALUATION: \$58,000⁰⁰

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(<input checked="" type="checkbox"/>)	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>1000</u>		<u>M</u>		<u>(SPR)</u> <u>(ALARM)</u>	<u>18</u>	<u>(H)</u> <u>(Quad)</u>		
<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	
<u>SLB</u>										

COMMENTS: NEED GAS LINE INFO & ISOMETRIC - SHOW BTU LOAD
SA, complete elec incl. load calcs panel sched, conduit
to help to see in APPROVED PER ~~SA~~ & conductor
sizes, Mfr's installation instructions, hood details, hood
suppression system/hood type

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: 5960 Freepart Blvd.

Assessor's Parcel Number: 035-0054-005

Previous Use: (R) Convenience Store

Description of Request/Proposed Use: _____
Remodel to convert portion
for take out food service

Is This a Change of Use? _____

Zoning Designation: C-2/EA4

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

Comments: use is OK

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: W. J. Boura 4/3/00

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

MICROFILM AFTER FINAL

COUNTY SANITATION DISTRICT NO. 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE IMP
 PERMIT AND CALCULATION SHEET 1-4-01

APPLICATION NO: _____
 GENERAL INFORMATION

BLDG PERMIT NO: **CITY**
 THIS PERMIT GOOD ONLY WHEN
 VALIDATED BY THE CASHIER

IMP 01-01-01

266401

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	<input checked="" type="checkbox"/>	COMMERCIAL USE	UNITS
SRCSD			
CONSTRUCTION			
IN-LIEU			
TOTAL FEE	4,327		

APN: **035 - 0054 - 005** LOT: _____
 DESCRIPTION/
 SUBDIVISION

PROPERTY ADDRESS **5960 Fairport Blvd**

OWNER **MASOR S. SANGHA**

MAILING ADDRESS **~~300~~ Same.**

CITY-STATE-ZIP _____ PHONE _____

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

APPLICANT SIGNATURE

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____

INSPECTOR'S COPY

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 TBA 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 NA 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
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<u>NA</u>			
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Signed Mary E. Souter

Job Address 5960 FREEPORT ISLAND

Permit No: 0003719


SRCSD

April 27, 2000

RECEIVING FAX: 264-7046

SENDING FAX: 875-6253

TO: **SEAN BURKE**
CITY OF SACRAMENTOFROM: **ROBB ARMSTRONG**
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

PHONE NUMBER: 875-6756

RE: **SEWER FACILITY IMPACT FEES**
5960 FREEPORT BLVD.**APN: 035-0054-005**
PLAN CHECK # 0003719C

The Sewer Facility Impact Fees due for a 1000 sq. ft. interior-alteration
(Retail to Restaurant, take out) are as follows.

Permit:	\$0
Impact to County Sanitation District-1	\$0
Impact to Sac. Regional County San. District	<u>\$4,327</u>
Total:	\$4,327

*This fee is due and payable at 827 Seventh Street, Room 105.
This fee is also subject to adjustment if the data supplied is changed.
e-mail : armstrongro@pwa.co.sacramento.ca.us*



ASSOCIATED AIR BALANCE COUNCIL

AIR MOVING EQUIPMENT TEST SHEET

Date 4/30/002

Sheet No. _____

Job Name Air Way Market

Address 5960 Freepoint Blvd

Testing & Balancing Agency _____

Unit No.	MUA-1							
Location	Zoo F							
Manufacturer	Aortic Circle							
Model No.	ES 430							
Serial No.								
Operating Conditions	Specified	Actual	Specified	Actual	Specified	Actual	Specified	Actual
Total C. F. M.	2200	2200						
Return Air C. F. M.								
O. S. A. C. F. M.								
Total Static Pressure	.25	.25						
Suction Pressure								
Discharge Pressure								
Fan Sheave	11							
Motor Sheave	4							
Belts								
Motor Manufacturer	G.E.							
Size	1/3							
Voltage	230							
Phase	1							
RPM Motor	Rated	Running	Rated	Running	Rated	Running	Rated	Running
Amperage	5.3	5						
RPM Fan		390						

AIR MOVING EQUIPMENT TEST SHEET

Date 4/30/002

Sheet No. _____

Job Name Air Way Market Address 5960 Fairport Blvd

Testing & Balancing Agency _____

Unit No.	REF-1							
Location	PIZZA OVEN							
Manufacturer	DAYTON							
Model No.	7A622							
Serial No.								
Operating Conditions	Specified	Actual	Specified	Actual	Specified	Actual	Specified	Actual
Total C. F. M.	2200	2200						
Return Air C. F. M.								
O. S. A. C. F. M.								
Total Static Pressure	150	15						
Suction Pressure								
Discharge Pressure								
Fan Sheave	5"							
Motor Sheave	3"							
Belts								
Motor Manufacturer	G.E.							
Size	3/4 HP							
Voltage	230							
Phase	1							
RPM Motor	1725							
Amperage	Rated	Running	Rated	Running	Rated	Running	Rated	Running
	7	6.3						
RPM Fan		920						

VTR
WCO
F14

805,000 PIP

12-04-01
PUT ARE ADDING WIRE AND FIBER
AND GAS LANE

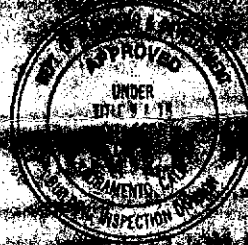
PARTIAL PLUMBING PLAN

NOT TO BE INSTALLED AT
THIS TIME.

Pl

12/11/01

0003719



...to make any changes or alteration or
...without written permission fr
...
The approval of this plan and speci
SHALL NOT be held to permit or app
...of any City Ordinance or Sta

Handwritten signature