

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0308860**  
**Insp Area: 1**  
**Thos Bros: 297 D6**

**Site Address: 2210 16TH ST SAC**  
Parcel No: 009-0216-032

**Sub-Type: REM**  
**Housing (Y/N): N**

CONTRACTOR  
M.C. UHL CONSTRUCTION  
27538 TABLEMEADOW RD  
AUBURN CA. 95602

OWNER  
VIRGINIA J YEE REVOCABLE TRUST  
WICHITA, KS  
67201

ARCHITECT  
EKISTICS DESIGN STUDIO  
2203 13TH ST  
SACRAMENTO CA 95818

**Nature of Work:** Interior remodel to existing restaurant. Remodel area is a change use.

**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-1 License Number 358192 Date 2-6-04 Contractor Signature [Signature]

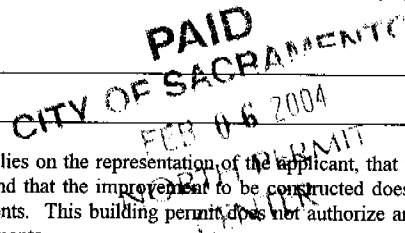
**OWNER-BUILDER DECLARATION:** I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior 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 improvements 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 2-6-04 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 2-6-04 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.**

# 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. 203  
Sacramento, CA 95814 (916) 808-2534 FAX 264-5987

ACTIVITY # Insp. Area

0308860

1C



**Applicant MUST complete  
ALL Unshaded areas**

ADDRESS 2210 16th ST Suite \_\_\_\_\_

PARCEL # 009-0216-032

Name <u>(REBECCA CONTACT FEETNER) EKISTICS DESIGN STUDIO</u> Street Address <u>2203 13th ST</u> City/State/Zip <u>SACRAMENTO CA 95818</u> Phone <u>916 446 5348</u> FAX <u>916 446 5586</u> E-mail: _____		LICENSED CONTRACTOR Lic No.# _____ Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
ARCHITECT/ENGINEER Name <u>EKISTICS DESIGN STUDIO</u> Address <u>2203 13th ST</u> City/State/Zip <u>SACRAMENTO CA 95818</u> Phone <u>916 446 5348</u> FAX <u>916 446 5586</u> E-mail: _____		FRANKLIN OWNER Name <u>YEE</u> Address <u>3910 RANDOM LANE</u> City/State/Zip <u>SACRAMENTO CA 95864</u> Phone <u>(916) 481-8280</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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OCCUPANT/TENANT: BRIAN WIZUSHIMA / KAMON JAPANESE RESTAURANT VALUATION: \$ 66,000

FLOOD STATUS:		S.C.A.T.							
JOB DESCRIPTION		BLDG	SHELL	APT	TI	REM(SW)	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	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
						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>D</u>	PW UTIL

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed



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

**FEBRUARY 2, 2004**  
**RECEIVING FAX: 916-443-8888**  
**SENDING FAX: 916-854-8863**

TO: **WHOM IT MAY CONCERN**

FROM: **DOLORES ROSS**  
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

RE: **SEWER FACILITY IMPACT FEES**  
**2210 - 16th St.**

APN: **009-0216-032**  
Case No. **SWD2004-00075**

Kamon Japanese Restaurant at 2210 - 16th Street is expanding into two adjacent spaces, 2204 and 2206 - 16th Street. The interior alteration proposed will change the uses from office and dental office to "bar". The Sewer Impact Fees due for this project, **Plan Check No. 0308860**, are calculated as follows:

	<u>ESDs</u>
Impact:	
bar 1,644 sq.ft. x 0.7 ESDs/1,000 sq.ft. =	1.15
Credit:	
office 735 sq.ft. x 0.2 ESDs/1,000 sq.ft. =	-0.15
dental 931 sq.ft. x 0.4 ESDs/1,000 sq.ft. =	<u>-0.37</u>
Total ESDs due	<b>0.63</b>
Total Fees Due: 0.63 ESDs @ \$ 2,314 / ESD = <b>\$ 1,458</b>	

If I can be of further assistance, please do not hesitate to call me at 876-6063.

*Since Sewer Impact Fee Rates are subject to change, the rates current at the time fees are paid shall apply.  
Fees are subject to adjustment if the data supplied is changed.*

**www.srcsd.com**  
RossD@SacCounty.Net

# FAX

**TO: Beth Maynard**

Company:  
Fax Number: 808-7046  
Phone Number:

**FROM: Ross. Dolores (PWA)**

Fax Number: 854-8863  
Phone Number: 876-6063

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## NOTES:

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Date and time of transmission: Monday, February 02, 2004 12:48:50 PM  
Number of pages including this cover sheet: 02

# Davco/Tab Mechanical

CCL# 661578/798782  
 Plumbing • Heating • Air Conditioning  
 Residential • Commercial • Industrial

*Microfilm*

## Air Balance Report

JOB NAME: Kamon Japanese Rest JOB# 5D 804 DATE 10/14  
 TECHNICIAN Steve Schnell FILTERS 3ea 16x20x2 PAGE 1  
 UNIT MAKE Bryant UNIT M/N 580EPV091125AAGA UNIT S/N 3104G50520

UNIT #	OUTLET #	OUTLET DATA			FACTOR	DESIGN		TEST #1		TEST #2		TEST #3	
		NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
#3	1	1	S	12	.5	450	525	460	456				
	2	2	S	12	.5	450	435	453	452				
	3	3	S	12	.5	450	470	446	447				
	4	4	S	12	.5	450	515	470	452				
	5	5	S	12	.5	450	420	447	449				
OSA					20%	450	441						

REMARKS: All outlets read with Alnor Hood  
OSA Pilot tube @ Unit