

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9909342

Insp Area: 1

Site Address: 930 G ST SAC

Parcel No: 002-0152-019 STE00

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR
CHARAM
1891 ENTERPRISE
W. SACRAMENTO CA 95691

OWNER
THOMPSON JOHN & BARBARA
105 GARYDALE CT
ALAMO, CA 94507

ARCHITECT

Nature of Work: INT REMODEL(AWNING&FENCE UNDER SEP PERMIT)

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.

X License Class B3 License Number 4111622 Date 12/00 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).

_____ 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's 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.

X Date 12/00 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 FREMONT COMP Policy Number WN99-795293-01 Exp Date 04/01/2000 [Signature]

_____ 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.

X Date 12/00 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

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

ACTIVITY # 990 9342 Insp. Area

Applicant MUST complete ALL Unshaded areas

ADDRESS 930 G ST Suite 100

PARCEL # 002-0152-019

| | | | |
|--|--|---|--|
| <p align="center">CONTACT</p> <p>Name: <u>DAN FRIETAS</u></p> <p>Address: _____</p> <p>Phone: _____ FAX: _____</p> <p>E-mail: _____</p> | | <p align="center">LICENSED CONTRACTOR Lic No. # <u>466622</u></p> <p>Name: <u>CALRAM</u></p> <p>Address: <u>1891 ENTERPRISE W.SAC CA</u></p> <p>Phone: <u>372 1610</u> FAX: _____</p> <p>E-mail: _____</p> | |
| <p align="center">ARCHITECT/ENGINEER</p> <p>Name: <u>ALAN OSHIMA</u></p> <p>Address: <u>1731 J ST</u></p> <p>Phone: <u>443 5911</u> FAX: <u>443 2965</u></p> <p>E-mail: _____</p> | | <p align="center">OWNER</p> <p>Name: <u>CNPA, JACK BATES</u></p> <p>Address: _____</p> <p>Phone: <u>449 6006</u> FAX: _____</p> <p>E-mail: _____</p> | |

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____

→ WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: TYPE EXT. FENCE, EXT ADMIN/OS, INT Remodel only
INTERIOR T.I. HVAC (EXIST), PLUMB, ELECT (NO FIRE SPINKLES)
interior remodel & parking lot 1500 25000
re stripe for HC

OCCUPANT/TENANT: CNPA VALUATION: \$ 50,000

| | | | | | | | | | | |
|------------------------|--------------|------------|----------|------------|------------|-------------------|----------|-----------|--------|-----|
| FLOOD STATUS: | | | | S.C.A.T. | | | | | | |
| JOB DESCRIPTION | | BLDG | SHELL | APT | TK () | REM (X) | 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 N ALARM | 15 | [H] | [Quad] | |
| B | L | P | M | E | F | S | D | PW | UTIL | |
| YL | YL | | | EM | BT | | | | | |

COMMENTS: KNOWBOXES
GATES Fire truck
access

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

Date of Request: 8/20/99
By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 930 G ST

Assessor's Parcel Number: 002-0152-019

Previous Use: OFFICE

Description of Request/Proposed Use: OFFICE TI + AWNINGS
+ FENCE

Is This a Change of Use? NO

Zoning Designation: OB

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

Comments: FENCE AWNINGS REQ. DESIGN REVIEW
APPROVAL GATED DEVELOP. REQS
SPEC PERMIT, UNLESS OPEN DURING
BUS HRS. (PROVIDE LETTER OF CONFIRM. FROM
OWNER) NEED PUB WKS. TO OK VISION TRIANGLE
Are There Any Planning Issues?: (circle one) YES NO (FENCE)

- * 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: N. J. MOORE 8/20/99

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

MICROFILM AFTER FINAL

CITY OF SACRAMENTO
 BUILDING INSPECTION DIVISION
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: CNPA CALIFORNIA NEWSPAPERS ASSO Phone: 449-6006
 Site Address: 930 "G" ST. Suite: _____
(Street) (Zip)
 Business Owner/Representative: CNPA Phone: 449-6006
 Nature of Business: _____
 Property Owner: CNPA JACK BATES Phone: 449-6006
 Address: 930 "G" ST. Suite: _____
(Street) (City) (State) (Zip)
SACRAMENTO CA

2. Are you developing an undetermined tenant space? Yes ___ No X Is this permit for a shell building? Yes ___ No X

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes ___ No X
 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No X

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes ___ No ___
 6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No ___
 7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No ___

If you answered "yes" to questions #6 and/or #7, complete the RMPP Informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes ___ No ___

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials:

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: Stelli Gualley
(Print)
Stelli Gualley 9-10-99
(Signature) (Date)

| | |
|---|--|
| BID Use Only: Plan Ck# _____ Permit # <u>9909342</u> OK to issue prmt? Y <u>9-10-99</u> F.D. Appr Req'd? Yes <u>(No)</u> <small>init date</small> | |
| Hold on Certificate of Occupancy? Yes <u>(No)</u> | |
| Fire Dept. Use Only: OK to issue permit? ini' _____ date _____ OK to issue Certificate of Occupancy? ini' _____ date _____ | |

