

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0006355

Insp Area: 1

Site Address: 1112 2ND ST SAC

Parcel No: 006-0072-036

Sub-Type: ACOM

Housing (Y/N): N

CONTRACTOR

GUTTO JOHN F
1717 2ND ST
SACRAMENTO CA 95814

OWNER

HARVEGO ENTERPRISES LLC
1112 2ND ST
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: CANOPY AND ADA R ROOMS, LIFT

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 A, B, P License Number 178809 Date 7-20-00 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 3 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 with one or more contractors) licensed pursuant to the Contractors License Law)

I am exempt under Sec. _____ B & PC for this reason: NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES

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 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 7-20-00 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.

[Signature] 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 MAJESTIC INSURANCE Policy Number C200002519-01 Exp Date 07/01/2001

(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 7-20-00 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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

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

ACTIVITY # 0006355	Insp. Area
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1112 2ND ST OLD SACRAMENTO 95814 Suite _____
 PARCEL # 006-0072-036

<p align="center">CONTACT</p> Name <u>CARL OTTO</u> Street Address <u>1717 2ND ST</u> City/State/Zip <u>SACRAMENTO, CA 95814</u> Phone <u>441-6870</u> FAX <u>441-6138</u> E-mail: _____		<p align="center">LICENSED CONTRACTOR Lic No. # <u>178809</u></p> Name <u>JOHN F OTTO, ENCL</u> Address <u>1717 2ND ST</u> City/State/Zip <u>SACRAMENTO, CA 95814</u> Phone <u>916-441-6870</u> FAX <u>441-6138</u> E-mail: <u>MAEL@OTTOCONSTRUCTION.COM</u>	
<p align="center">ARCHITECT/ENGINEER</p> Name <u>PAKOWSKI HEINRITZ ASSOC.</u> Address <u>1395 GARDEN HWY STE 250</u> City/State/Zip <u>SACRAMENTO, CA 95833</u> Phone <u>916-568-0141</u> FAX <u>568-1057</u> E-mail: _____		<p align="center">OWNER</p> Name <u>HARVEGO ENTERPRISES, LLL</u> Address <u>2377 GOLD MEADOW WAY STE 160</u> City/State/Zip <u>GOLD BEVER, CA 95670</u> Phone <u>(916) 526-2800</u> FAX <u>526-2820</u> E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: ZURICH (SUPERIOR NAT'L INS) GADDY WARD + CO
 → WORKER'S COMPENSATION POLICY # WSN 75235-A EXPIRATION DATE: 7/1/00

NATURE OF WORK IN DETAIL: CANOPY ADDITION + ACCESSIBILITY
PROVISIONS: R RUMS, ETC

OCCUPANT/TENANT: FIRE HOUSE RESTAURANT VALUATION: \$250,000.

FLOOD STATUS:		S.C.A.T. <u>100</u>								
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM <input checked="" type="checkbox"/>	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC					<input checked="" type="checkbox"/> FIRE
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fed Code	Vio. File		
<u>B</u>	<u>L</u>	<u>400</u>	<u>M</u>	<u>A3</u>	<u>UN</u>	<input checked="" type="checkbox"/> SPR <input type="checkbox"/> ALARM	<u>18</u>	[H]	[Quad]	
				<u>GMC 3</u>	<u>F</u>	<u>S</u>	<u>D</u>	PW	UTIL	

COMMENTS: -BYPASS CURSOR- ETC 13
WH

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

Date of Request: 05/02/00

By: DARRELL HARSE / JOHN F. OTTO, INC.

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project

Address: 1112 2ND ST. OLD SACRAMENTO, CA 95814

Assessor's Parcel Number: 006 - 0072 - 036

Previous Use: RESTUARANT

Description of Request/Proposed Use: CANOPY ADDITION

Is This a Change of Use? NO

Zoning Designation: C-3

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

Comments: No Planning or Design Review Requirements for Old Sacramento

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. S. BOYD 5/2/00

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

MICROFILM AFTER FINAL

RECEIPT
 ENVIRONMENTAL MANAGEMENT DEPARTMENT
 ENVIRONMENTAL HEALTH DIVISION

RECEIVED FROM: Stina C. Cole DATE: 6/10/10
 ADDRESS: 100 Box 550 MC HA 95814
 AMOUNT RECEIVED: \$ 211.00 CHECK NO. 9825 CASH
 FACILITY NAME: 1st Street
 FAC. ADDRESS: 111 S. 1st Street

- REVENUE DESCRIPTION: (KEY 33)
- PLAN CHECK - FOOD
 - PLAN CHECK - POOLS
 - PUBLIC POOL FEE (CONSTRUCTION INSPECTIONS)
 - PLAN CHECK - NOISE
 - PLAN CHECK - TENTATIVE PLOT APPROVAL

COST CTR.	REVENUE	ORDER #	AMOUNT
6206202304	96964301	E32142	\$ 211.00
6206202304	96964302	E32142	\$
6206202304	92929018	E32131	\$
6206202304	96964403	E32143	\$
6206202304	96964402	E32142	\$

SIGNATURE: _____

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: THE FIREHOUSE Phone: 916-442-4772
 Site Address: 1112 SECOND STREET Suite: _____
(Street) LLOYD HARVEGO (Zip)
 Business Owner/Representative: HARVEGO REAL ESTATE, LLC Phone: 852-2770
 Nature of Business: RESTAURANT
 Property Owner: HARVEGO REAL ESTATE, LLC Phone: 852-2770
 Address: 2356 GOLD MEADOW WAY, SUITE 201 Suite: _____
(Street) GOLD RIVER CA 95670
(City) (State) (Zip)

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: PAUL S. RIFE
(Print)
[Signature] 7-20-00
(Signature) (Date)

BID Use Only: Plan Ck# _____	Permit # <u>0006355</u>
OK to issue prmt? Yes <u>X</u> <u>7-20-00</u> init date	F.D. Appr Req'd? Yes <u>(No)</u>
Hold on Certificate of Occupancy? Yes <u>(No)</u>	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

9-25-2000

The Firehouse Restaurant
Existing Stud Retrofit

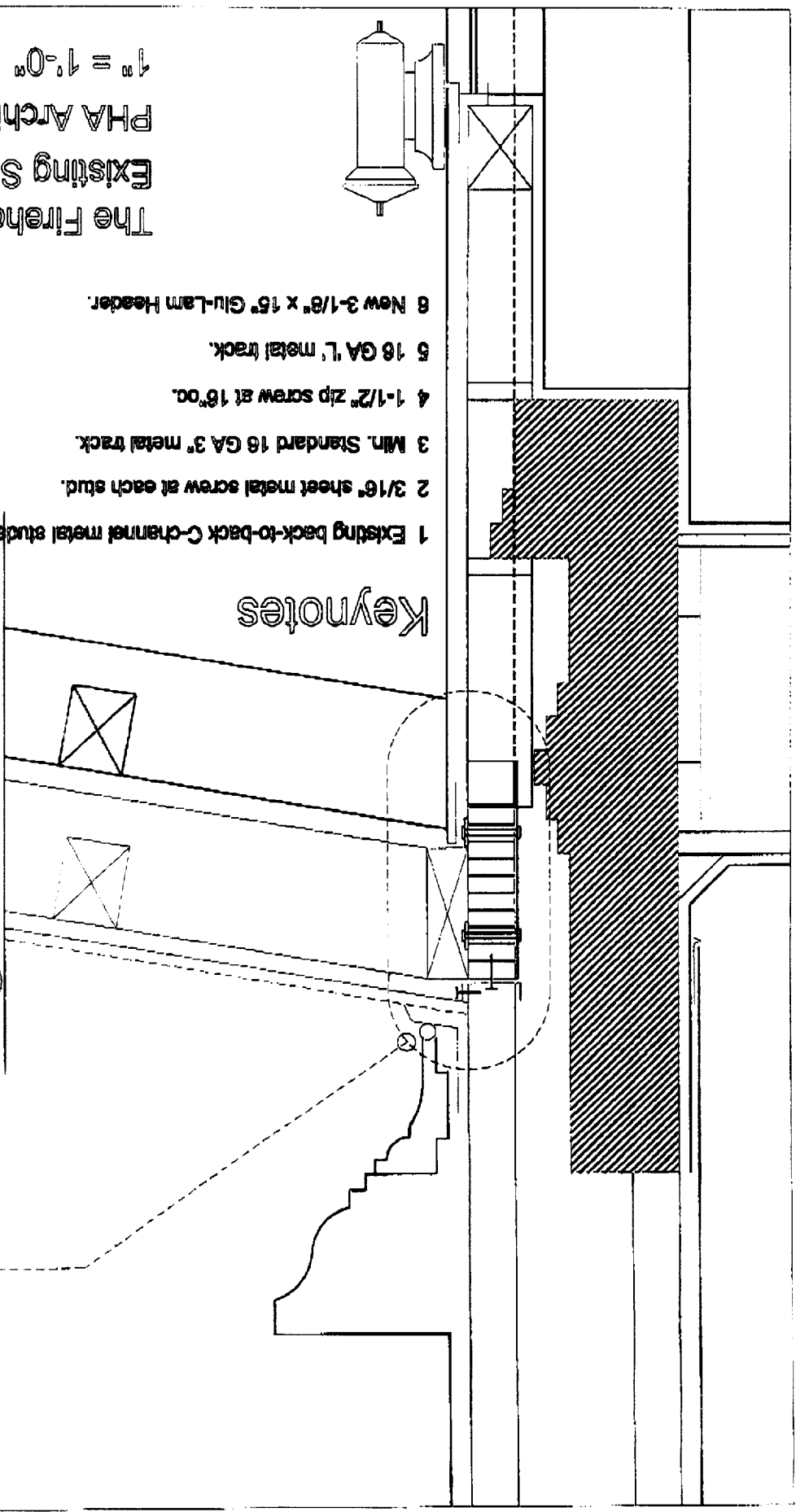
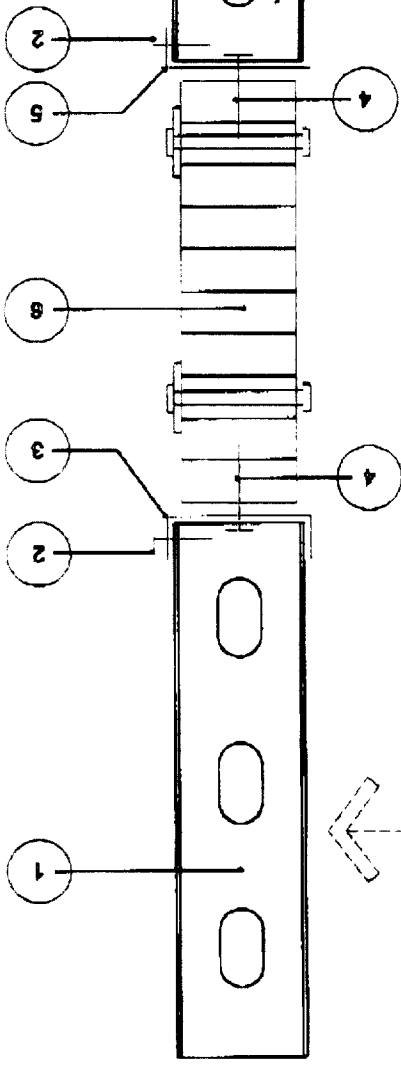
PHA Architects

1" = 1'-0"



- 1 Existing back-to-back C-channel metal studs @ 16" oc.
- 2 3/16" sheet metal screw at each stud.
- 3 Min. Standard 16 GA 3" metal track.
- 4 1-1/2" zip screw at 16" oc.
- 5 16 GA 1" metal track.
- 6 New 3-1/8" x 15" Glu-Lam Header.

Keynotes



O'Connor Freeman & Associates, Inc.

structural engineering services



September 26, 2000

Paul Rife
John F. Otto, Inc.
1717^{2nd} Street
Sacramento, CA 95814

Re: Field Welding: Firehouse Restaurant Remodel
O'Connor Freeman Job Number: E000408

Dear Paul:

You contacted our office regarding the need for special inspection on welding of the steel components for this project. For your information, the welding needed for this project performed within a shop by a certified welder does not need any special inspection. In addition, all the welding performed for this project were designed using half stresses. Therefore, no special inspection is required for either the field or shop welding.

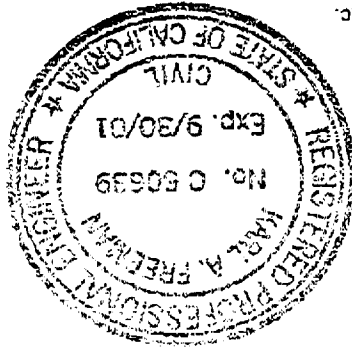
If you should have any further questions or comments please do not hesitate to call.

Sincerely,

O'Connor Freeman & Associates, Inc.

Karl A. Freeman, P.E.

cc: Kenton Russell; PHA Architects, Inc.
File



MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 1-3-01

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

1112 2ND ST.

has been conducted by Inspector LEAVITT


on 1-3-01

00-00355-200⁻¹⁹⁴
Permit Number

Square Footage

TI/OH
Type of Inspection

The system is acceptable by this department.


By: Ross L. Woodman,
Fire Prevention Officer II

00-212
F. D. Reference Number

✓