

CITY OF SACRAMENTO

Permit No: 9802151

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 1628 K ST SAC

Sub-Type: TI

Parcel No: 0060124012

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

REDEVELOPMENT AGENCY/CITY OF SACRAMENTO
SACRAMENTO, CA

95809

Phone:

Phone:

Phone:

Nature of Work: CAFE AND HAIR SALON AND POSSIBLE OUTSIDE DINNING

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 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 or 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 or she did not build or improve for the purpose of sale.)

X 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 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.

Date 4/28/98 Applicant/Agent Signature Pamela Wade

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 NO employees Policy Number

(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 4/28/98 Applicant Signature Pamela Wade

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 CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address 1628 K STREET Permit No. 98-02151

Building Use Cafe/Hair Salon 1st Fl (DMA; K-Lee Galleria) Occupancy B

Building Owner Redevelopment Agency Construction Type V 1hr

Owner Address _____ Sprinkled Yes () No

Portion of Building Occupied 100% Area 1,942 Sq. Ft.

Date Issued 1-15-99 By RON PECCI Sign B City Building Official CHIEF BUILDING INSPECTOR

~~Printed~~ RON PECCI ~~Signature~~ _____

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code as adopted per Title 9 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE

COUNTY SANITATION DISTRICT NO. 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

SEWER IMPACT FEE

PERMIT AND CALCULATION, SHEET 4/28/98

APPLICATION NO: 608 Missy BLDG PERMIT NO: 071

GENERAL INFORMATION

THIS PERMIT GOOD ONLY WHEN
 VALIDATED BY THE CASHIER

DEPT 26 SEWERWATER
 RECEIPT 642557 034 \$4,263.00

242715 APP 2898
 THIS PERMIT TO CONNECT EXPIRES
 ONE YEAR FROM DATE OF ISSUANCE

| FEE CALCULATION | | BUILDING USE | |
|------------------|-------------|-----------------------------|--|
| INSPECTION | | RESIDENTIAL | COMMERCIAL USE |
| CSD-1 | <u>==</u> | SF <input type="checkbox"/> | MF <input checked="" type="checkbox"/> |
| SRCSD | <u>4263</u> | | UNITS |
| CONSTRUCTION | | | |
| IN-LIEU | | | |
| TOTAL FEE | 4263 | | |

APN: 006-0124-002 & 005

DESCRIPTION/
 SUBDIVISION

PROPERTY ADDRESS 1628+1630 K Street.

OWNER Pamela Wade

MAILING ADDRESS 40 Bay 162924

CITY-STATE-ZIP SAC, CA 95814 PHONE (916) 498-9212

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

APPLICANT SIGNATURE Pamela Wade

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____
 SET REVERSE SIDE INSPECTOR'S COPY

REVISION ON ACTIVE PERMIT

NEW PLAN CHECK NO: 5893

DATE: 8-12-98

- This sheet is to be used only when a permit has been issued, is still active, and the applicant wishes to make changes to the existing approved plans.
- All revisions clouded? Yes _____ No _____

JOB ADDRESS 1628 K St. SUITE: _____ PERMIT NO. 98-02151

AREA: _____ DBA: _____

DESCRIPTION OF REVISIONS Revision to eliminate
sales from plan
cate to remain

| | | | | | | | | | |
|-------------|---|-----------|------------|------------|-----------|------------|-------------|---|----------|
| DISCIPLINE | B | <u>L</u> | <u>P</u> | <u>M</u> | <u>E</u> | <u>F</u> | S | R | <u>D</u> |
| CHECKED BY | | | <u>MMB</u> | <u>MMB</u> | <u>GM</u> | <u>JF</u> | <u>NONE</u> | | |
| ROUTE TO | | | | | | | | | |
| CODE | | <u>13</u> | <u>13</u> | <u>13</u> | <u>13</u> | <u>13</u> | | | |
| HOURS SPENT | | <u>.5</u> | <u>.5</u> | <u>.5</u> | <u>1</u> | <u>0.5</u> | | | |

CONTACT: Pamela Wade

ADDRESS: PO BOX 162926
SAC, CA 95816

PHONE: (415) 425-6981

OF PLANS SUBMITTED: _____ SUBMITTED TO: _____

I understand that I am responsible for all plan check fees that I incur during the course of this additional plan check and that any approved plans not claimed and paid for within 3 months of notification will be disposed of and an invoice procedure for the amount due will be initiated. I further understand that an unclaimed revision may result in delay of final approval for the subject project.

Applicant Signature _____

Date _____

| | |
|---------------|----------|
| DATE NOTIFIED | PLAN BIN |
| | |

| | |
|-------------|-----|
| APPLIC. FEE | PD. |
| | |

| | | |
|------------------------|-----------|------------|
| AGENCY | TOT. HRS. | TOTAL FEES |
| BID | | |
| PW | | |
| PLEASE PAY THIS AMOUNT | | |



**City of Sacramento Development Services Division
Planning and Zoning Information Request**

Project Address: 1628 K St.

Assessor's Parcel Number: 006-0124-004 085

Description of Request: Was permitted for hair salon + cafe
Now wants to not do ~~salon~~ ~~cafe~~ + expand cafe
into adjacent space

Zoning Designation: C-2

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

Comments: cafe permitted w/ 21
seats 1 space per 3 seats

Are There Any Planning Issues?: (Circle One) YES NO

Planning Review Required? (Circle One) YES NO

Design Review/ Preservation Required?: (Circle One) YES NO

Planning Review by/Date: W. Tibour

For a list of items that must be reviewed by Planning, please see reverse side of this form.

**CITY OF SACRAMENTO
APPLICATION FOR BUILDING PERMIT**

**DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES DIVISION**

1231 I Street, Rm. 200
Sacramento, CA 95814

(916) 264-7619 FAX 264-7046

→ Applicant must complete ALL Unshaded areas ←

| | |
|------------|--------------|
| PC # _____ | AREA # _____ |
|------------|--------------|

ADDRESS _____ Suite _____

PARCEL # _____

| | | | |
|---|--|--|--|
| <p align="center">CONTACT</p> <p>Name _____ Address _____ Zip _____ Phone _____ FAX _____</p> | | <p align="center">LICENCED CONTRACTOR Lic No. # _____</p> <p>Name _____ Address _____ Zip _____ Phone _____ FAX _____</p> | |
| <p align="center">ARCHITECT/ENGINEER</p> <p>Name _____ Address _____ Zip _____ Phone _____ FAX _____</p> | | <p align="center">OWNER/TENANT</p> <p>Name _____ Address _____ Zip _____ Phone _____ FAX _____</p> | |

→ Will the permittee have any employees on the jobsite? Yes No

→ If yes, **WORKER'S COMPENSATION POLICY #** _____ **EXPIRATION DATE:** _____

NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: _____

DBA: _____ **VALUATION:** _____

| | | | | | | | | | | |
|--------------------------|----------------------|-------------------|-----------------|-------------------|-------------------|----------------------|--------------|-----------------|------------------|------------|
| FLOOD STATUS: | | | | S.C.A.T. | | | | | | |
| JOB DESCRIPTION | | BLDG | SHEL | APT | TI() | REM() | SW | FIRE | ADD | OTH |
| INSP. 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 | | | |
| B | L | P 10 | M 10 | E | F | None | | D | R | |

COMMENTS: *Provide Health Dept Plans.*

REGIONAL SANITATION FEES? Yes No **HEALTH DEPARTMENT?** Yes No

CITY OF SACRAMENTO
APPLICATION FOR BUILDING PERMIT
DEPARTMENT OF PLANNING AND DEVELOPMENT
BUILDING INSPECTION DIVISION
 1231 I Street, Room 200
 Sacramento, CA 95814
 (916) 264-7619 FAX 264-7046

9802151

ADDRESS 1628 K St. P.C. # 5893
 PARCEL # 006-0124-012 SUITE # _____
 AREA # TC

CONTACT
 NAME GERARD WING
 ADDRESS 1718 THIRD ST # 201
SACTO, CA ZIP 95814
 PHONE 441-0686 FAX: (916) 325-4838

TB9 **LICENSED CONTRACTOR Lic#**
 NAME NR Holmes Homes
 ADDRESS _____
 PHONE() - _____ ZIP _____
 FAX() - _____

ARCH./ENG.
 NAME SH2A INC ARCHITECTS
 ADDRESS 1718 THIRD ST # 201
SACTO, CA ZIP 95814
 PHONE 441-0686 (916) 325-4838

OWNER
 NAME _____
 ADDRESS _____
 PHONE() - _____ ZIP _____
 FAX() - _____

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE? YES NO

NATURE OF WORK IN DETAIL: COMMERCIAL TENANT
IMPROVEMENT - FIRST TIME - OPENS UP TO 1630 K ST -
K-ZEE GALLERIES, PC # 5776.
Cafe and Hair salon + possible outside dining

D.B.A. K-ZEE CAFE & SALON VALUATION 79,855.04
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS _____ S.C.A.T. _____

JOB DESCR. BLDG SHEL APT TI(X) REM() SW FIRE ADD OTH
 INSP. DISCIPLINES BLDG MECH PLUMB ELEC SITE FIRE

| # OF STORIES | AREA 1ST FL. | TOTAL AREA | OCCUP. GROUP | CONST. TYPE | FIRE SPRINK. | FIRE ALARM | FED CODE | VIO. FILE |
|--------------|--------------|------------|--------------|-------------|--------------|------------|----------|-----------|
| | | 1942 | | Vt sprk | Y/N | Y/N | 18 | |
| B | L | P | M | E | F | S | D | R |

1st time
T.1

1st. COMMENTS: Co. Submit plans Health Dept.

Call Co. Regional Simulation

\$ Value Labor + Materials



**City of Sacramento Development Services Division
Planning and Zoning Information Request**

Project Address: 11028 K St

Assessor's Parcel Number: 006-0124-004 + -005

Description of Request: Construct cafe +
bar salon.

Zoning Designation: C-2

Prior Applications for Project Site(P#,Z#,DRPB#): 298-002

Comments: file approved. See
attachments for conditions.

Are There Any Planning Issues?: (Circle One) YES NO

Planning Review Required? (Circle One) YES NO

Design Review/ Preservation Required?: (Circle One) YES NO

Planning Review by/Date: Hilary Perry

3-18-98

For a list of items that must be reviewed by Planning, please see reverse side of this form.



DEPARTMENT OF
NEIGHBORHOODS, PLANNING
AND DEVELOPMENT SERVICES

CITY OF SACRAMENTO
CALIFORNIA

1231 I STREET
ROOM 200
SACRAMENTO, CA
95814-2998

PLANNING
916-264-7158
FAX 916-264-7046

ZONING ADMINISTRATOR'S REVIEW
MINOR DEVIATION TO SPECIAL PERMIT

FILE: Z98-002

PREVIOUS FILE NUMBERS: P93-149

PROJECT ADDRESS: 1628 and 1630 K Street (D3, Area 1)

APN: 006-0124-004, 005

APPLICANT'S NAME & ADDRESS: SH2A Inc. Architects (Gerard Wing); 1718 Third Street #201; Sacramento, CA 95814

COMMENTS:

On December 9, 1993, the Planning Commission approved numerous entitlements including a Special Permit to construct a project exceeding 40,000 square feet in the General Commercial (C-2) zone (P93-149). The project included a 129 unit Single Room Occupancy Residential Hotel (SRO) with a ground floor cafe and a Variance to waive one parking space. Any additions or modifications to the previously approved project requires a Modification of the Special Permit.

The applicant is requesting to locate a hair salon in a portion of space that was previously approved for the cafe. The salon will occupy 450 square feet on the west side of the ground floor. The parking requirement will be one space (one space for 500 square feet of commercial) and ~~the cafe was scheduled to have seven spaces and now will be limited to six spaces or 18 seats.~~ The previous staff report discussed the extensive available street parking. Staff supports the modification of the Special Permit because the addition is minor, the use is allowed within the C-2 zone, and adequate parking will be available.

ACTION:

The Zoning Administrator approves the requested minor deviation to the project subject to the

following conditions:

1. Size and location of the proposed hair salon shall conform to the plans submitted. Any exterior modifications will require Design Review approval.
2. The applicant shall obtain all necessary building permits prior to commencing construction.
3. Any other changes or additions shall require additional Planning review and approval.
4. The cafe shall be limited to 18 seats due to parking requirements. Additional seats will require additional planning entitlements.

APPROVED ON: JANUARY 23, 1998

PREPARED BY: _____

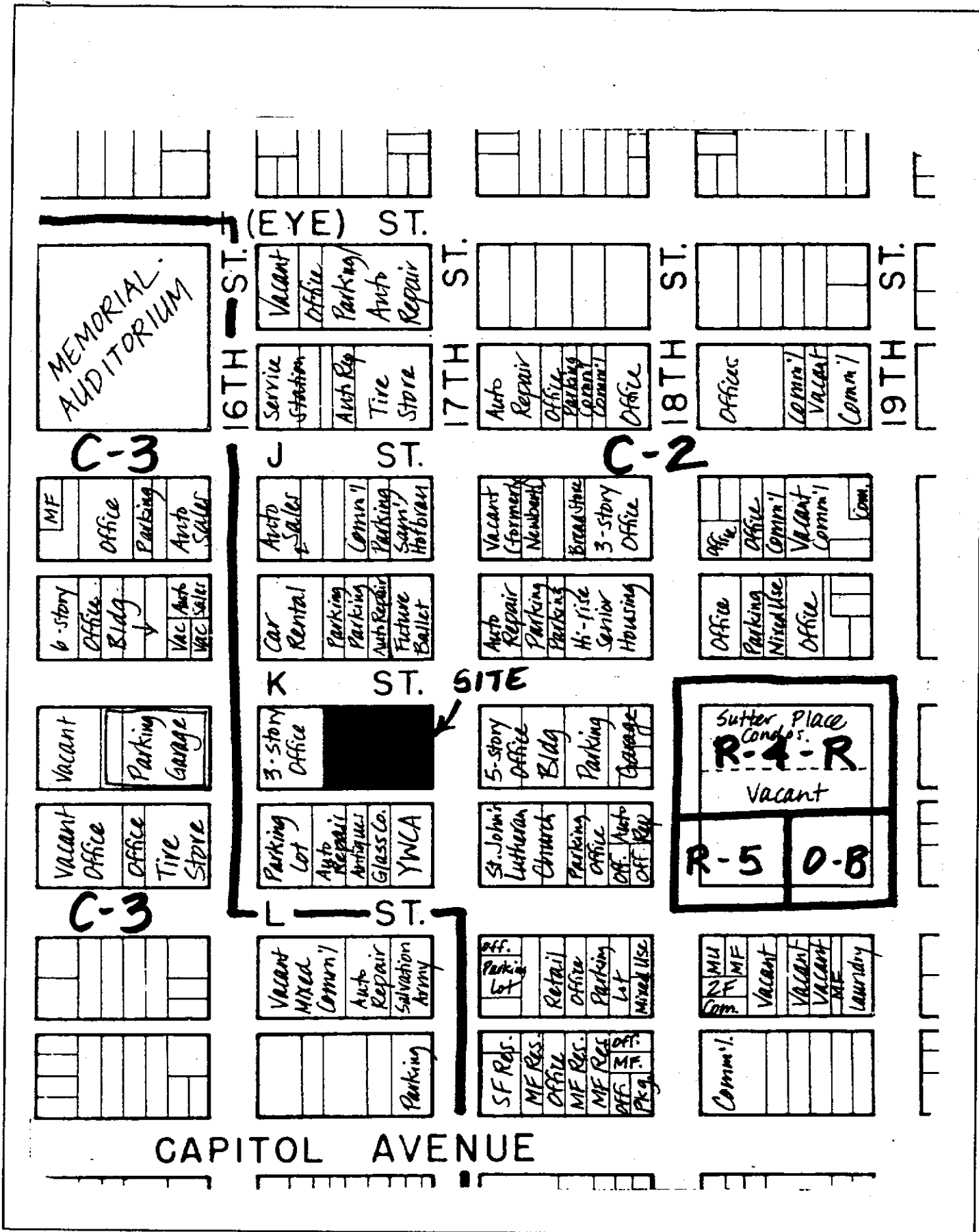
Sandra L. Yope
Sandra L. Yope
Associate Planner

APPROVED BY: _____

Joy Patterson
Joy Patterson
Zoning Administrator

**cc: File (Original)
 Applicant
 Z Log Book**

Z98-002



VICINITY & ZONING MAP

Z 98 002

CITY OF SACRAMENTO
PERMIT ASSISTANCE

JAN 12 1993

RECEIVED

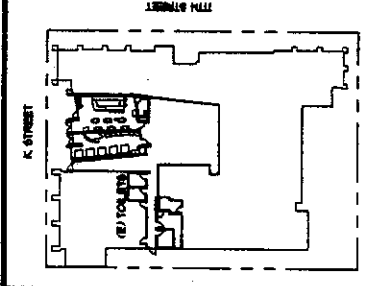
S&A
ZINC
ARCHITECTS
710 West Street
Sacramento, CA
(916) 441-4444
FAX: (916) 441-4444
Henry & Barbara, Jr., AIA
Henry & Barbara, AIA

EXHIBIT A

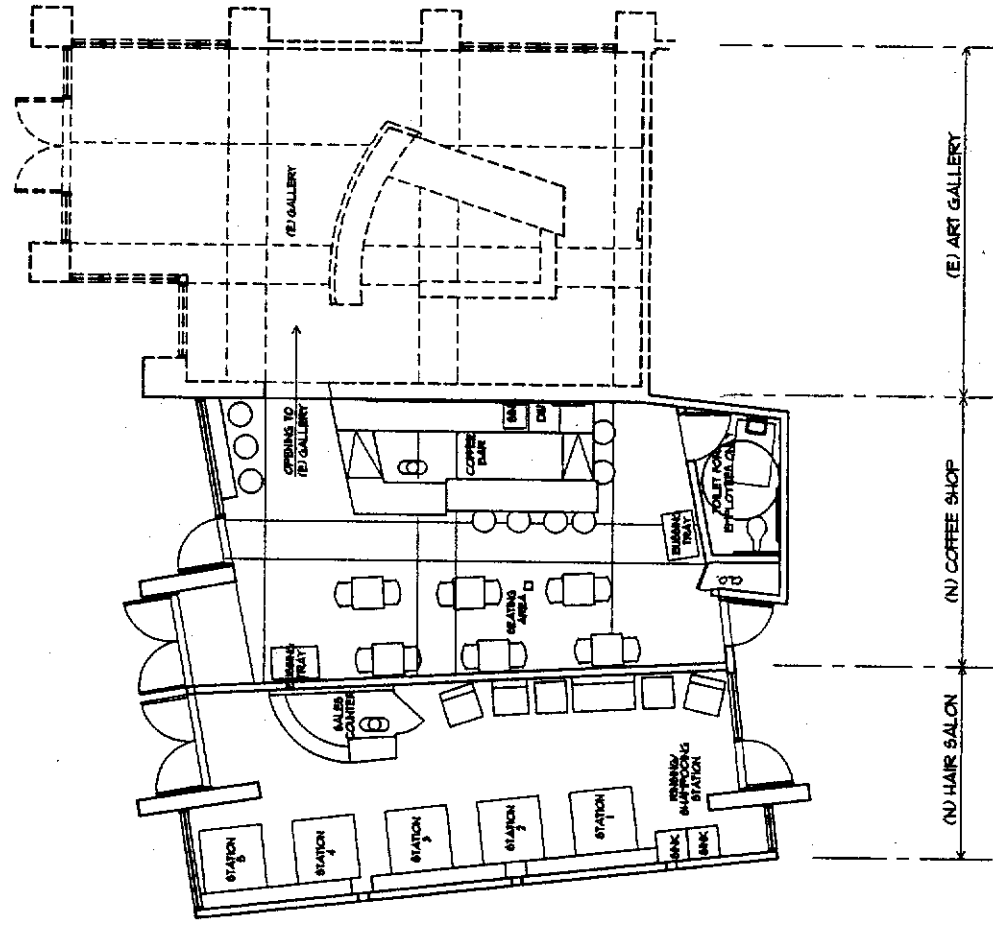
K-ZEEF CO
AND
HAN
CO
1528 K ST
SACRAMENTO, CA

PROJECT: XXX
DATE: 1-9-93
SHEET: A-2

NOTE:
PROJECT IS SUBJECT TO PERMITS ONLY
AND DOES NOT CALL FOR ANY CHANGES TO THE
EXISTING ELEVATION



SITE PLAN
NOT TO SCALE



FLOOR PLAN
SCALE: 1/4" = 1'-0"

298-002

**(SUBSTANTIAL IMPROVEMENTS)
AGREEMENT REGARDING
THE RISK OF FLOODING**

RECITALS

- A. The undersigned have contracted for construction of the improvements located at _____ and described in the attached building permit (the "Improvements").
- B. The undersigned expressly acknowledge that the Improvements may be subject to flooding hazards due to their location in a 100-year floodplain, as described in the Flood Insurance Rate Map dated November 15, 1989, ("FIRM"), prepared by the Federal Emergency Management Agency ("FEMA").
- C. The undersigned acknowledge that they have read the Notice to Building Permit Applicants Regarding the Risk of Flooding attached as Exhibit "B."
- D. Despite the potential for flood damage, the undersigned intend that the Improvements be constructed even though they will not be at least one foot above the 100-year floodplain elevation levels identified in the Preliminary Work Map dated January, 1989, prepared by the U.S. Army Corps of Engineers.
- E. The undersigned acknowledge that the City of Sacramento (the "City") recommends obtaining flood insurance for the Improvements.

AGREEMENT

In consideration of the issuance of a building permit for construction of the Improvements, the undersigned agree as follows:

1. **Flood-Related Property Damage.** For purposes of this Agreement, the term "flood-related property damage" shall mean any property damage due to flooding resulting from an overtopping out of the channels of the Sacramento River, American River, Dry Creek, Arcade Creek or Morrison Creek levee systems or a break in those levee systems.
2. **Assumption of Risk.** The undersigned expressly assume the risk that the Improvements may be subject to flood-related property damage.
3. **Waiver of Property Damage Claims.** The undersigned unconditionally waive any flood-related property damage claim asserting liability on the part of the City, or its officers, agents or employees premised on the issuance of a permit for the Improvements,

9. Succession. The undersigned expressly intend that the obligations contained herein shall run with the Improvements and shall bind their respective heirs, assignees and successors in interest.

10. Termination. All of the obligations set forth in this Agreement shall terminate at such time as FEMA determines that the area in which the Improvements are located has attained at least 100-year flood protection.

DATED: 4/28/98

Pamela Wade
SIGNATURE

Owner

Title of Signatory if Signing for an Entity

Pamela Wade
Name

1628 K St
Address

SAC CA 95874

SIGNATURE

Title of Signatory if Signing for an Entity

Name

Address



2007
for 2005-407
**MICRO
FILM**

10555 Old Placerville Road
Sacramento, CA 95827
Phone: (916) 368-4488
FAX: (916) 368-4480

MECHANICAL AND ELECTRICAL ENGINEERING SERVICES

September 8, 1998

11/6/98
OK DVer

Mr. Henry Rhetta, AIA
SH2A Inc. Architects
1718 Third Street, Suite 201
Sacramento, CA 95814

Ref: K ZEE at Cafe 20th and K street SEC 98133

Dear Henry:

This letter is to document our conversation with Mr. Neil Richardson, NRM Homes.

Sheet E-2 shows panel C being fed with four 3/0 copper. The panel is actually fed with four 4/0 aluminum. The four 4/0 ~~copper~~ *ALUMINUM* installation complies with the National Electrical Code.

Please accept this letter as a change to existing conditions shown on the plans.

Please call with any questions.

Sincerely,



Rickert Henriksen, PE
President

cc: Mr. Neil Richardson, NRM Homes, fax: 979-1283



DATE: April 24, 1998
PAGES: one

RECEIVING FAX : 264-7046

SENDING FAX : (916) 875-6253

TO: **GREG JOHNSON**
CITY OF SACRAMENTO

PHONE NUMBER: 875-6679

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

SUBJECT: SEWER FACILITY IMPACT FEES
1628 - 1630 "K" Street

APN: 006-0124-002
through 006-0124-005

The Sewer Facility Impact Fees due for a 630 sq. ft. cafe, a 5-station hair salon and a 850 sq. ft art gallery on the first floor of a 200-unit hotel on the above parcels are as follows:

| | |
|------------|---------|
| Inspection | \$0 |
| CSD-1 Fee | \$0 |
| SRCSD Fee | \$4,263 |
| | <hr/> |
| | \$4,263 |

This fee is based upon information supplied by the architect, Gerard Wing, and is subject to adjustment if the data supplied is changed.

cc: Gerard Wing
SH2A Architects
fax: 325-4838

9802151