

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

**Permit No: 9712345**

**Insp Area: 1**

**Site Address: 901 K ST SAC**

**Sub-Type: REM**

**Parcel No: 0060101021**

**Housing (Y/N): N**

**CONTRACTOR**

**OWNER**

**ARCHITECT**

CAPITAL PLAZA HALLS  
1025 9TH ST #201  
SACRAMENTO CA

95814

Phone:

Phone:

Phone:

**Nature of Work: REMODEL/ALTERATION TO (E) RESTAURANT**

**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.)

\_\_\_\_\_, 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 9/03/97 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 \_\_\_\_\_

\_\_\_\_\_, (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 \_\_\_\_\_ Applicant Signature \_\_\_\_\_

CITY OF SACRAMENTO  
SEP 03 1997  
BUILDINGS INSPEC.

**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 BUILDING PERMIT**  
**DEPARTMENT OF PLANNING AND DEVELOPMENT**  
**BUILDING INSPECTION DIVISION**

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

ADDRESS 901 'K' ST. P.C. # 5309  
 PARCEL # 006-0101-001-0000 SUITE # 2503 AREA # 1C

CONTACT TRONG NGUYEN  LICENSED CONTRACTOR  
 NAME PAAMELA SEDGER OR NAME O/B  
 ADDRESS Bldg ADDRESS \_\_\_\_\_  
 ZIP \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ PHONE \_\_\_\_\_  
 FAX: ( ) \_\_\_\_\_

ARCH./ENG.  OWNER/~~OWNER~~  
 NAME \_\_\_\_\_ NAME WORLD OF GOOD TASTES  
 ADDRESS \_\_\_\_\_ ADDRESS 8109-1 FRUITRIDGE RD  
 ZIP \_\_\_\_\_ ZIP 95800  
 PHONE \_\_\_\_\_ PHONE 916) 386-1515

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE?  YES  NO  
 NATURE OF WORK IN DETAIL: REMODEL / ADDITION TO  
EXISTING RESTAURANT

D.B.A. LA BOY  VALUATION \* 75,000  
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS A-99  S.C.A.T.  
 JOB DESCR. BLDG SHEL APT TI( ) REM( ) SW FIRE ADD OTH

INSP. DISCIPLINES  BLDG  MECH  PLUMB  ELEC  SITE  FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	USE ZONE	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FED CODE	VIO. FILE
		<u>958</u>						
B	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	S	<u>D</u>	R

COMMENTS:  
Not Express

WORKERS COMP POLICY # COMPANY

EXP. DATE

DATE \_\_\_\_\_

JOB ADDRESS \_\_\_\_\_ PLAN CHECK # \_\_\_\_\_

USE	FT2	X	(\$/FT2	-	T.I.(COST)	
_____	_____	_____	_____	_____	_____	= \$ _____
_____	_____	_____	_____	_____	_____	= \$ _____
_____	_____	_____	_____	_____	_____	= \$ _____
Site Work	_____	_____	_____	_____	_____	= \$ _____

PLAN CHECK FEES PAID \_\_\_\_\_ TOTAL VALUATION = \$ 175,000

PHASE OF WORK (PARTIAL PERMITS ONLY) \_\_\_\_\_ PREPARED BY \_\_\_\_\_

\_\_\_\_ FINAL FEE WORKSHEET \_\_\_\_ PRELIMINARY FEE ESTIMATE (SUBJECT TO CHANGES)

WORKERS' COMP: \_\_\_\_\_

CARRIER: \_\_\_\_\_

# PERMIT FEE WORKSHEET

BLDG. PERMIT FEE	<u>880</u>	HOUSING TRUST FUND FEE	_____
PLAN CHECK FEES DUE	<u>00</u>	<input type="checkbox"/> NATMAS <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
S.M.I.	<u>15.75</u>	LANDSCAPE FEE	<u>50</u>
CONST. EXCISE TAX	_____	FIRE FEE .02/SF	_____
CITY BUSINESS LICENSE	<u>30.00</u>	PARTIAL PERMIT FEE	_____
FLOOD REVIEW FEE	<u>17.00</u>	ENGINEERING FEE	_____
HAZMAT FEE	<u>17.00</u>	WATER DEVELOPMENT FEE	_____
SCHOOL IMPACT PROC. FEE	_____	SEWER DEVELOPMENT FEE	_____
ADDRESS FEE	_____	RESIDENTIAL CONST. TAX	_____
PERMIT PROCESSING FEE	_____	GRADING REVIEW FEE	<u>150 or 300</u>
TOTAL PERMIT PROCESSING	= _____	BELL AVE. FEE	_____
TECHNOLOGY SURCHARGE	<u>63.42</u>	F.B.A.	_____
SUBTOTAL	_____	POCKET AREA BRIDGE FEE	_____
SCHOOL FEES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO, DTBA	_____	QUIMBY PARK FEE	_____
CO. REGIONAL SANITATION FEES	_____	SUBTOTAL	_____
<input type="checkbox"/> YES <input type="checkbox"/> NO, DTBA - COMMENTS _____	_____		

TOTAL FEES \_\_\_\_\_

TAPS  
 SEP. PERMITS

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

**RECITALS**

A. The undersigned have contracted for construction of the improvements located at 901 K St. 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.

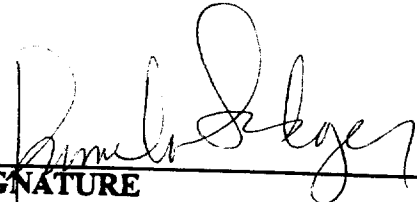
2. **Assumption of Risk.** The undersigned expressly assume the risk that the Improvements may be subject to flood-related property damage.

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: 9/03/97

  
SIGNATURE

PAMELA SEDGER  
Title of Signatory if Signing for an Entity

WORLD OF GOOD TASTE  
Name

8109-1 FRUITRIDGE RD  
Address  
SAC CA 95823

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Title of Signatory if Signing for an Entity

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

**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: LA BOU Phone: \_\_\_\_\_  
 Site Address: 901 K<sup>th</sup> St SAC, CA Suite: \_\_\_\_\_  
(Street) (Zip)  
 Business Owner/Representative: WORLD OF GOOD TREES Phone: 386-1575  
 Nature of Business: Remodel Rest Pam  
 Property Owner: Western Dev. - Moe Phone: 447-5232  
 Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
(Street)  
 \_\_\_\_\_  
(City) (State) (Zip)

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

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   
 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No

**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: PAMELA SENTER  
(Print)  
*Pamela Senter* (Signature) 09/05/97 (Date)

BID Use Only: Plan Ck# <u>9712345C</u> Permit # <u>5309C</u>
OK to issue prmt? <input checked="" type="checkbox"/> <u>9-3-97</u> <small>init date</small> F.D. Appr Req'd? Yes No
Hold on Certificate of Occupancy? Yes No
Fire Dept. Use Only:
OK to issue permit? <small>init</small> _____ <small>date</small> _____
OK to issue Certificate of Occupancy? <small>init</small> _____ <small>date</small> _____