



# CITY OF SACRAMENTO

## APPLICATION FOR COMMERCIAL BUILDING PERMIT

41

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

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

PLAN CHECK # 9903707 Insp. Area 2C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2300 Florin Rd, Suite \_\_\_\_\_  
PARCEL # 047-0012-020-000

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>JOHN TLODI</u> Address <u>5972 STOCKTON BLVD</u> <u>SPRINGS</u> Zip <u>95824</u> Phone <u>(916) 422-0223</u> FAX <u>422-1289</u> <u>422-0223</u></p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name _____ Address _____ Zip _____ Phone _____ FAX _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>DIN NGUYEN</u> Address _____ Zip _____ Phone <u>(209) 549-0702</u> FAX _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>Tran Phong</u> Address <u>2300 Florin Rd</u> <u>Suite</u> 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:** Renew the permit of remodeling inside of 2 bathrooms. Old permit was issued on 8/8/97 - Remodel Beauty School

**DBA:** Federico Hair School **VALUATION:** \$ 8,000.00

<b>FLOOD STATUS:</b>				<b>S.C.A.T.</b>						
<b>JOB DESCRIPTION</b>		<b>BLDG</b>	<b>SHEL</b>	<b>APT</b>	<b>TI( )</b>	<b>REM( )</b>	<b>SW</b>	<b>FIRE</b>	<b>ADD</b>	<b>OTH</b>
<b>INSP. DISCIPLINES</b>		<b>BLDG</b>	<b>MECH</b>	<b>PLUMB</b>	<b>ELEC</b>	<b>SITE</b>	<b>FIRE</b>			
<b># Stories</b>	<b>1st flr Area.</b>	<b>Total Area</b>	<b>Use Zone</b>	<b>Occp Group</b>	<b>Const type</b>	<b>Fire Req</b>	<b>Fed Code</b>	<b>Vio. File</b>		
<u>2</u>	<u>4484</u>	<u>5784</u>		<u>B</u>	<u>V-N</u>	<u>None</u>				
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>None</u>	<u>None</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>	
<u>JT</u>	<u>JT</u>									

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

City of Sacramento Development Services Division  
Planning and Zoning Information Request

Project Address: 2300 Florin Rd

Assessor's Parcel Number: 047-0012-020

PREVIOUS USE \_\_\_\_\_

Current Land Use: \_\_\_\_\_

Description of Request/Proposed Use: Remodel

IS THIS A CHANGE OF USE? No

Zoning Designation: C-2- EA 4

Prior Applications for Project Site(P#,Z#,DRPB#): 0

Comments: Interior Remodel. Use ok in EA 4

overlay. Remodel. Includes only additional  
offices. Restroom modification. No additional  
employees. <sup>no</sup> aprtg required.

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: [Signature] 4/19/98

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

MICRO FILM AFTER FINAL

# REVISION ON ACTIVE PERMIT

NEW PLAN CHECK NO: \_\_\_\_\_  
 OLD PC # \_\_\_\_\_

DATE: 7-20-99

● 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? 8/2 x 11 SHEET Yes \_\_\_\_\_ No \_\_\_\_\_

JOB ADDRESS 2300 Florin Rd SUITE: \_\_\_\_\_ PERMIT NO. 9903707

AREA: \_\_\_\_\_ DBA: \_\_\_\_\_

DESCRIPTION OF REVISIONS \_\_\_\_\_

DISCIPLINE	B	L	P	M	E	F	S	R	D
CHECKED BY	<u>64L</u>	<u>64L</u>							
ROUTE TO									
CODE									
HOURS SPENT		<u>15</u>							

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

# 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.
<u>42.50</u>	<u>net</u>

AGENCY	TOT. HRS.	TOTAL FEES
BID		
PW		
PLEASE PAY THIS AMOUNT		<u>42.50</u>

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNER

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed improvement (yes or no) yes

2. I (have/have not) have signed an application for a building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise, and provide the major work.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the work indicated:

Name	Address	Phone	Type of Work
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Signed \_\_\_\_\_

Job Address \_\_\_\_\_ Date 6/3/99

Permit No.: \_\_\_\_\_



# AMERICAN RIVER WELDING CERTIFICATION & INSPECTION



(916) 721-7102  
6192 Shadow Lane  
Citrus Heights, CA 95621

## WELDER AND WELDING OPERATOR QUALIFICATION TEST RECORD

Welder or welding operator's name : Tho - P - Ngo S.S. 586-16-5099  
Welding process: GMAW Manual            Semiautomatic X Machine             
Position : 3G (uphill)  
(Flat, horizontal, overhead or vertical -- if vertical, state whether upward or downward)  
In accordance with procedure specification no. : A2  
Material specification : ASTM A36 M - 1 to M - 1  
Diameter and wall thickness (if pipe) -- otherwise, joint thickness: 3/8"  
Thickness range this qualified :            limited             
**FILLER METAL**

Specification no. A5.18 Classification : E70S-6 F no. 8  
Describe filler metal (if not covered by AWS specification)           

Is backing strip used? Yes  
Filler metal diameter and trade name : linde .035  
Flux for submerged arc or gas for gas  
metal arc or flux cored arc welding 75 % Argon 25 % Carbon Dioxide

### VISUAL INSPECTION (5.12.7)

Appearance Good Undercut            Piping porosity           

### Guided Bend Test Results (5.28.1)

Type	Result	Type	Result
Face	Pass		
Root	Pass		

Test conducted by Frank Ramos Laboratory test no. 126  
per AWS D1.1-94 Test date 02/23/95

We, the undersigned, certify that the statements in this record are correct and that the test welds were prepared, welded, and tested in accordance with the requirements of Section 5, Part C of ANSI/AWS D1.1 94 Structural Welding Code--Steel.

Date tested 02/23/95

Signed by

Frank S. Ramos  
CWI # 90010591 Qualifier

