

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0104060

Insp Area: 3

Thos Bros: 317F1

Site Address: 3101 33RD ST SAC

Parcel No: 013-0292-003

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

OWNER

WILLIAMS  
9935 NORTH HAZEL RD  
STOCKTON, CA 95212

ARCHITECT

Nature of Work: REMODEL TO BEAUTY SALON

**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);

BW 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 for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_

BW Date 10-8-01 Owner Signature [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.

BW Date 10-8-01 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 \_\_\_\_\_

PAID  
CITY OF SACRAMENTO

BW (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.

BW Date 10-8-01 Applicant Signature [Signature]

NEIGHBORHOODS, PL  
DEVELOPMENT SE

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

ACTIVITY # <span style="font-size: 1.5em; font-family: cursive;">0104060</span>	Insp. Area <span style="font-size: 1.5em; font-family: cursive;">3C</span>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 3101 33rd St Suite \_\_\_\_\_  
 PARCEL # \_\_\_\_\_

<p style="text-align: center;"><b>CONTACT</b></p> Name <u>Bill Williams</u> Street Address <u>9935 N Hazel Rd</u> City/State/Zip <u>Stockton Ca</u> Phone <u>209 931 0247</u> FAX <u>(209) 948-2346</u> E-mail: _____	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;"><b>OWNER</b></p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: \_\_\_\_\_  
 → WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: remodel to beauty salon

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 10,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req <u>Y/N</u>	Fed Code	Vio. File		
				<u>B</u>		SPR	ALARM	<u>15</u>	[H]	[Quad]
<u>B</u>	<u>1</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	S	D	PW	UTIL	
					<u>13 BJT</u>			<u>TMR/24</u>		

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

REGIONAL SANITATION FEES?  Yes  No      HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 0104060  
 ADDRESS: 3101 33<sup>rd</sup> ST  
 Commercial     Residential



ACCEPTED by (Staff):  
 \_\_\_\_\_

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	3	JT	9/4/01	3	JT	9/26/01	13	JT	10/03/01
STRUCTURAL	13	JT	9/4/01						
MECHANICAL/PLUMBING	3	JMT	9/4/01	3	JMT	9/26/01	13	JMT	10/3/01
ELECTRICAL	3	JM	8/7/01	3	JM	9/26/01	13	JM	10/3/01
FIRE	13	BJF							
PLANNING									

STAFF COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Request: 5.9.01  
By: Mike Santoro  
engineer.

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 013-0292-003

Assessor's Parcel Number: 3101 ~~30~~ 33rd Street

Previous Use: Grocery Store (based on land use)

Description of Request/Proposed Use: T.J.'s Survey card  
for proposed Beauty Salon.

Is This a Change of Use? No - still retail/commercial use.

Prior Applications for Project Site (P#, Z#, DRPB#): DR 94-137 C-2 Day Pres. Des. Rev. Area

Comments: This ~~part~~ site has no parking for commercial building. (Note - there is a residential component existing) to this property - no changes are proposed for residential compo-

Are There Any Planning Issues?: (circle one) YES NO (none)

- \* Staff Site Plan Check Required? (Circle one) YES NO
- \* ~~Field Inspection~~ Required? (Circle one) YES NO
- \* Design Review/Preservation Required?: (Circle one) YES NO\*

The previous original (retil 1:250) land uses required

Planning Review by/Date: in May 5.9.01.

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

No\* exterior modifications with this proposal.

MICROFILM AFTER FINAL

more parking than the ~~pro~~ proposed use -

Therefore, no planning entitlement for parking would be required.

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

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

Signed [Signature]

Job Address 3101 77th ST

Permit No: 010460

**MECHANICAL DISTRIBUTION SUMMARY** PERFORMANCE USE ONLY **MECH-5**

PROJECT NAME	DATE
SITE ADDRESS 3101 33 <sup>RD</sup> Street, Sacramento, CA	PERMIT NUMBER

**VERIFIED DUCT TIGHTNESS BY INSTALLER**

DUCT LEAKAGE REDUCTION Pressurization Test Results (Aerosol or Manual Sealing) CFM @ 25 PA

Measured Values
Test Leakage (CFM)
Fan Flow
If Fan Flow is Calculated as 400 cfm/ton x number of tons, or as 21.7 x Heating Capacity in Thousands of Btu/hr, enter calculated value here
If Fan Flow is Measured, enter measured value here
Leakage Fraction = Test Leakage / (Calculated or Measured Fan Flow)
Check Box for Pass or Fail (Pass = 6% or less of Leakage Fraction) <input type="checkbox"/> Pass <input type="checkbox"/> Fail

Tests Performed	Signature	Date	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name)
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**HERS RATER COMPLIANCE STATEMENT**

BUILDING TESTED Pressurization Test Results (Aerosol or Manual Sealing) CFM @ 25 PA  
 As the HERS rater providing diagnostic testing and field verification, I certify that the building identified on this form complies with the diagnostic tested compliance requirements as checked on this form.

Supply Duct R-value	(R-value 4.2 or greater)
Return Duct R-value	(R-value 4.2 or greater)

- Distribution system is fully ducted (i.e. does not use building cavities as plenums or platform returns in lieu of duct)
- Where cloth backed, rubber adhesive duct tape is installed, mastic and drawbands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks at duct connections.
- Minimum Requirements for Duct Leakage Reduction Compliance Credit

Measured Values
Test Leakage (CFM)
Fan Flow
If Fan Flow is Calculated as 400 cfm/ton x number of tons, or as 21.7 x Heating Capacity in Thousands of Btu/hr, enter calculated value here
If Fan Flow is Measured, enter measured value here
Leakage Fraction = Test Leakage / (Calculated or Measured Fan Flow)
Check Box for Pass or Fail (Pass = 6% or less of Leakage Fraction) <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail

Tests Performed	Signature	Date	HERS Rater (Name)
Duct Test	[Signature]	3-20-02	Susan McGarry

COPY TO: Building Department, HERS Provider (if applicable), and Building Owner at Occupancy  
 Nonresidential Compliance Form January 01