

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0011976
Insp Area: 1

Site Address: 1011 10TH ST SAC
Parcel No: 006-0103-020 **BASEMENT**

Sub-Type: REM
Housing (Y/N): N

CONTRACTOR
M P ALLEN
9807 FAIR OAKS BL.
FAIR OAKS, CA 95628

OWNER
CALIF. RET. ASSOC.
1011 10TH ST
SACRAMENTO CA 95828

ARCHITECT

Nature of Work: CONVERT VAULT INTO OFFICES. INTERIOR ONLY. NO EXTERIOR WORK ON THIS PERMIT.

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.

X License Class B License Number 705570 Date 1/10/01 Contractor Signature G. Suto (Agent)

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 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: _____
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.

X Date 1/10/01 Applicant/Agent Signature Guy Suto (Agent)

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.

X 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 STATE COMPENSATION INS FUND Policy Number 23823800 Exp Date 04/01/2001

(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.

X Date 1/10/01 Applicant Signature Guy Suto (Agent)

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.

COUNTY SANITATION DISTRICT NO. 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE *Permits*
 PERMIT AND CALCULATION SHEET *Permit No. 1-10-01*

APPLICATION NO: _____ BLDG PERMIT NO: **CITY**

GENERAL INFORMATION

THIS PERMIT GOOD ONLY WHEN
 VALIDATED BY THE CASHIER
 1/11/01 1-10-01

266605

THIS PERMIT TO CONNECT EXPIRES
 ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION

BUILDING USE

INSPECTION	RESIDENTIAL	SF	<input type="checkbox"/>	MF	<input type="checkbox"/>	UNITS
GSD-1						
SROSD		433.0				
CONSTRUCTION						
IN-LIEU						
TOTAL FEE						433.00

APN: **006-0103-020**

DESCRIPTION/
 SUBDIVISION _____ LOT: _____

PROPERTY ADDRESS **1011 10th St.**

OWNER **CALIFORNIA RESTAURANT ASSOC.**

MAILING ADDRESS **1011 10th St.**

CITY-STATE-ZIP **SACRAMENTO, CA 95814** PHONE _____

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

APPLICANT SIGNATURE

CONSOLIDATED UTILITY BILLING USE ONLY

[Signature]

ACCT _____ INPUT _____ START _____

INSPECTOR'S COPY

APPLICATION FOR COMMERCIAL BUILDING PERMIT

ALL THIS PACKET GOES IN INSPECTION FOLDER.

**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION**

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

ACTIVITY # 001976	Insp. Area IC
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Applicant **MUST** complete **ALL Unshaded areas**

ADDRESS 1011 10th St
PARCEL # 006 0103 020

BASEMENT
Suite **ALLEY**
OUT TO BID

CONTACT Name <u>Dennis Greenbaum</u> Street Address <u>700 Alhambra</u> City/State/Zip <u>Sacto</u> Phone <u>4429275</u> FAX <u>4440190</u> E-mail:		LICENSED CONTRACTOR Lic No. # Name <u>MPL</u> <u>MP ALLEN</u> Address City/State/Zip <u>Sacto</u> Phone <u>904 5000 GREG</u> FAX E-mail:	
ARCHITECT/ENGINEER Name <u>Greenbaum & Assoc</u> Address <u>700 Alhambra</u> City/State/Zip <u>Sacto, CA 95816</u> Phone <u>4429275</u> FAX <u>4440190</u> E-mail:		OWNER Name <u>Calif Rest. Assoc</u> Address <u>1011 10th St</u> City/State/Zip <u>Sacto</u> Phone <u>4475973</u> 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: interior remodel OFFICE BASEMENT
Also exterior entry
Return approval
Convert Vault into
offices INTERIOR ONLY
per Greenbaum

OCCUPANT: ORA VALUATION: 5000

FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(X)	SW	FIB	ADD	OTH	
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SEI	FIRE				
# Stories	1st Floor	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y (N)	Fed Code	Vio. File			
2		1742		B	II FR	Y (N)	15	[H] [Quad]			
									PW	UTIL	

COMMENTS: THIS PROJECT AREA
Historic Bldg
Historic Bldg ALL EXTERIOR WORK

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

Date of Request: 1-8-01
By: BT

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 1011 10th St.

Assessor's Parcel Number: 006 0103 020

Previous Use: OFFICE

Description of Request/Proposed Use: Interior remodel - Adding doors on rear.

Is This a Change of Use? _____

Prior Applications for Project Site(P#, Z#, DRPB#): _____
Zoning Designation: C3
Plaza PK Center Area

Comments: I am not clear on change proposed applicant / owner needs to talk to Randy + Phyllis

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. [Signature] 1-8-01

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

MICROFILM AFTER FINAL

From: Randy Lum
To: Barbara Larsen
Date: 1/9/01 10:01AM
Subject: Re: 1011 10TH ST CLEANUP EXTERIOR IN ALLEY

Per our conversation this morning, we will need a preservation staff review application for the exterior work. Interior work can be approved by you in advance of the preservation review. Elevation drawings and photos of the existing building exterior and adjacent properties on the alley will need to accompany the standard staff review application form that I provided to you.

>>> Barbara Larsen 01/08/01 02:22PM >>>

CONVERTING A VAULT IN THE BASEMENT TO OFFICES INCL EXIT DOOR/WINDOW CHANGES TO EXTERIOR ENTRY OF BLDG FACING THE ALLEY. PERMIT #00-11976. READY TO ISSUE. THEY SAID IT WAS INTERIOR ONLY SO WE MISSED SENDING IT TO PLANNING. HOWEVER IT SHOWS WORK ON THE EXTERIOR ENTRY. PLEASE SEE ME ASAP FOR COMMENTS.

CC: Vincent Marsh



Sacramento County Regional Sanitation District
9660 Ecology Lane
Sacramento, California
95827-3881

JANUARY 9, 2001
RECEIVING FAX: 916-264-7046
SENDING FAX: 916-875-6253

TO: BARBARA LARSEN
CITY OF SACRAMENTO

FROM: DOLORES ROSS
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

RE: SEWER FACILITY IMPACT FEES
1011 - 10th St.

APN: 006-0103-020
Plan Check # 001976

The Sewer Facility Impact Fees due for the conversion of 1,742 sq. ft. of vault / storage area on the basement level of the building at 1011 - 10th Street to office use are as follows:

Impact to Sacramento Regional County Sanitation District \$ 433

The above fees are effective through February 28, 2001. If you have any questions regarding the above, please feel free to call me at 875-6679.

This fee is also subject to adjustment if the data supplied is changed.

www.srcsd.com

e-mail: rossd@SacCounty.net

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: CALIFORNIA RESTAURANT ASSOC. Phone: _____
 Site Address: 1011 TENTH ST. Suite: _____
(Street) ROB FINLEY (Zip) Phone: _____
 Business Owner/Representative: _____
 Nature of Business: ASSOCIATION
 Property Owner: CRA Phone: _____
 Address: — SAME — Suite: _____
(Street)

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: GREG SORRENTO
(Print)
Greg Sorrento (Signature) 1/10/01 (Date)

BID Use Only: Plan Ck# <u>0011976</u> Permit # <u>0011976</u> OK to issue prmt? <input checked="" type="checkbox"/> <u>01/10/01</u> F.D. Appr Req'd? <input checked="" type="checkbox"/> No <small>init date</small>	
Hold on Certificate of Occupancy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Dept. Use Only: OK to issue permit? init _____ date _____ OK to issue Certificate of Occupancy? init _____ date _____	

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT
FROM: Troy Malaspino
Fire Marshal
SUBJECT: FIRE SYSTEM INSPECTION

DATE: 3-28-01

A final inspection of the newly installed fire system at:

1011 10TH ST

Has been conducted by Inspector

J HANSON

On


3-28-01

00-11976
Permit Number

1742 #
Square Footage

REMODEL
Type of Inspection

They system is acceptable by this department.


By: Ross L. Woodman,
Fire Prevention Officer II

TI 934
F.D. Reference Number