

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0103359  
Insp Area: 1

Site Address: 917 9TH ST SAC  
Parcel No: 006-0042-001

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

**CONTRACTOR**  
HEBIG CONSTRUCTION CO.  
273 CIMMARON CR  
FOLSOM CA 95630

**OWNER**  
CITY OF SACRAMENTO  
915 I ST RM 12  
SACRAMENTO CA 95814

**ARCHITECT**  
GORDON H. CHONG & ASSOCIATES  
1030 G ST  
SAC, CA. 95814

Nature of Work: T1 FOR RESTAURANT INCLUDING NEW HOOD & EQUIPMENT

**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, C.V.C.)

Lender's Name N/A 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 B License Number 448322 Date 4/10/01 Contractor Signature [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 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.

Date 4/10/01 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 STATE FUND Policy Number 1056028-02 Exp Date 1/1/02

(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 4/10/01 Applicant Signature [Signature]

**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.**



Cert. No. 2634

**INDEPENDENT TEST & BALANCE OF AUBURN**

Independent Test & Balance of Auburn, Inc.  
1660 Crockett Road  
Auburn California 95603  
(530) 745-9818 Fax (530) 745-9820  
Contractor's License # 609064

Completion Date

April 2, 2002

Job No. 1608

Air System Balance Report

Job Name/Location: Café Soleil  
917 9<sup>th</sup> Street  
Sacramento California

Tested By:

*Tom C. Bice, Jr.*  
Tom C. Bice, Jr.  
TOM BICE, JR.  
CERTIFICATE  
2634





INDEPENDENT TEST & BALANCE OF AUBURN

ITB JOB # 1608

SECTION 2 PAGE 2

FAN & OUTLET TEST DATA

LOCATION CAFE SOLEIL 917 9TH STREET SACRAMENTO CALIFORNIA SYSTEM HOOD EXHAUST FAN

MOTOR NAMEPLATE DATA
MFG DAYTON FR
HP I V 115 FLA 15.0
PH I SF 1.25 RPM 1725
SHEAVE DATA
DIA IVP3.75 SHAFT 5/8
ADJ MIN MED
MAX X FIXED

Table with 4 columns: DATA ITEM, TEST 1, TEST 2, TEST 3. Rows include VOLTS, AMPS, BHP, FAN RPM, SP-, SP+, TSP ESP, FILTER SP, CFM TOTAL, CFM RA, CFM OA.

FAN NAMEPLATE DATA
MFG CAPTIVE AIRE
MODEL MCA 16FA
TYPE
SIZE

SHEAVE DATA FAN
DIA AK5.4 SHAFT 3/4 HUB
BELTS 1-AX26
STARTER SIZE
HEATERS

FAN DESIGN DATA
OSA TSP 1.0 BHP
CFM 2750 ESP RPM 1103

Main test data table with columns: ROOM, OPENING (NO., TYPE, SIZE), FACTOR, DESIGN (FPM, CFM), TEST 1 (FPM, CFM), TEST 2 (FPM, CFM), TEST 3 (FPM, CFM). Includes data for 4 EA. FILTERS 16x16 and 2 EA. FILTERS 16x20.

REMARKS: MOTOR CHANGED ON TEST #3.

# CAPTIVEAIRE

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DATE : March 22, 2002

FAX :

TO : George

PHONE :

FROM : Matt Eidson

RE :

TOTAL PAGES SENT :

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## MESSAGE BOX

George,

Dusty from Yaffee faxed over a cutsheet on the U.L. card for Café Soliel. I had sent him the wrong one so I am now sending you the correct one. Sorry for any problems this may have caused and if you have any questions please contact us at numbers listed below.

Thank You,  
Stephen J. Holbrook

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CAPTIVE-AIRE SYSTEMS, INC  
3400 Mt. Diablo Blvd., Suite 207  
Lafayette, CA 94549

Voice (800)610-3456  
Phone(925)962-1999  
Fax (925)962-1998



CAPTIVE-AIRE SYSTEMS INC  
 MR L LUDDY  
 112 WHEATON DR  
 YOUNGSVILLE NC 27596

Your most recent listing is shown below. Please review this information and report any inaccuracies to the UL Engineering staff member who handled your Assignment.

YVCW January 2, 1998  
 Exhaust Hoods Without Exhaust Dampers

CAPTIVE-AIRE SYSTEMS INC

MH12108 (R)  
 (Continued from C card)

MODEL	4-20	348	—	400
NECS, CNELES				
DPAL, CDPL				
DELS, CDELS				
WOL, CWOL				
NPL, CNPL				
NEL, CNEL				
DPAL, CDPAL				
DELS, CDELS				
KA	5-8.87	100	100	2-2
→ 2ND, CSND, SND-UL	4-24	228	—	100
3RD, CSND, SND-SL, SND-S	4-24	284	—	800
SWFL, CSWFL, SWFL-SL, CSWFL-S	4-24	218	—	400
SWFL, CSWFL, SWFL-SL, CSWFL-S	4-24	282	—	800

Replaces MH12108D dated June 2, 1986.  
 29376005 88508 Underwriters Laboratories Inc.®

(Cont. on E card)  
 81V0270676  
 164

For information on placing an order for UL Listing Cards in a 3 x 5 inch card format, please refer to the enclosed ordering information.

UNDERWRITERS LABORATORIES INC.

A not-for-profit organization dedicated to public safety and committed to quality service

333 Pingree Road  
 Northbrook, Illinois 60062-8288, USA  
 708/271-8800  
 Telex: 8302143343  
 FAX No. (708) 271-8128

1288 West Wacker Drive  
 Naperville, Illinois 60563-2067, USA  
 518/271-8200  
 Telex No. 63550  
 FAX No. (518) 271-8131

1855 Scott Blvd.  
 Santa Clara, California 95050-4169, USA  
 408/985-2400  
 FAX No. (408) 298-3255

12 Laboratory Drive  
 P.O. Box 1348  
 Raleigh, North Carolina  
 North Carolina 27602-1348, USA  
 919/875-7000  
 Telex No. 8302143343  
 FAX No. (919) 875-7000

# 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 # <u>01-03359</u>	Insp. Area <u>1C</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 917 9th street Suite       
 PARCEL #     

<p style="text-align: center;"><b>CONTACT CITY of Sacramento</b></p> Name <u>Sue Akiyama / Downtown Dept</u> Street Address <u>1030 15th St. #250</u> City/State/Zip <u>Sacramento, CA 95814</u> Phone <u>264-7730</u> FAX <u>264-8161</u> E-mail: <u>sakiyama@cityofsacramento.org</u>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>    </u></p> Name <u>LIEBLO CONSTRUCTION</u> Address <u>273 CIMMARON Way</u> City/State/Zip <u>Folsom, CA 95630</u> Phone <u>    </u> FAX <u>    </u> E-mail: <u>    </u>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name <u>Gordon H. Chong &amp; Partners</u> Address <u>1030 G Street</u> City/State/Zip <u>Sacramento, CA 95814</u> Phone <u>442-3230</u> FAX <u>442-3249</u> E-mail: <u>    </u>	<p style="text-align: center;"><b>OWNER</b></p> Name <u>CITY of SACRAMENTO</u> Address <u>915 I Street</u> City/State/Zip <u>Sacramento CA 95814</u> Phone <u>    </u> FAX <u>    </u> E-mail: <u>    </u>

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

NATURE OF WORK IN DETAIL: T.I. for restaurant, drywall, paint, electrical hood exhaust, install equip. install  
PHASE II RESTAURANT REMODEL PHASE I  
incl Hood & Equipment See 0013706  
 OCCUPANT/TENANT: Cafe Soleil VALUATION: \$ 25,000

FLOOD STATUS: <u>    </u>		S.C.A.T. <u>    </u>							
JOB DESCRIPTION	BLDG	SHELL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES	<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input checked="" type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File	
<u>1</u>		<u>610</u>		<u>B</u>	<u>YN</u>	<u>Y</u>	<u>1B</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>B</u>	<u>B</u>	<u>S</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>

COMMENTS: Do NOT express per Jim TEFFORD

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

COUNTY SANITATION DISTRICT NO. 37  
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT  
**SEWER IMPACT FEE**  
 PERMIT AND CALCULATION SHEET

APPLICATION NO: CITY BLDG PERMIT NO: SWD2001-00178

GENERAL INFORMATION: THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER

THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE  
 269662 4/6/01

FEE CALCULATION	BUILDING USE
INSPECTION	RESIDENTIAL <input type="checkbox"/> SF <input type="checkbox"/> 4AF <input type="checkbox"/>
CSD-1	COMMERCIAL USE <input checked="" type="checkbox"/>
SRCSD	CAFE
CONSTRUCTION	DEC SOL41L.
IN-LIU	
<b>TOTAL FEE</b>	

APN: 006 0042 001

DESCRIPTION / SUBDIVISION LOT:

PROPERTY ADDRESS 917 9TH ST.

OWNER ~~THE~~ Cafe Solil

MAILING ADDRESS 917 9TH ST.

CITY-STATE-ZIP SACRAMENTO PHONE 444-6400

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

APPLICANT SIGNATURE Due Bergeron for Cafe Solil

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT \_\_\_\_\_ INPUT \_\_\_\_\_ START \_\_\_\_\_



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) \_\_\_\_\_

2. I (have/have not) \_\_\_\_\_ 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: *equipment installation*

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

City SACRAMENTO Telephone 446-7748

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 917 9th Street

Permit No: 0103359

**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: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Site Address: 917 - 9th St Suite: \_\_\_\_\_  
 (Street) (Zip)  
 Business Owner/Representative: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_  
 Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 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: \_\_\_\_\_  
 (Print)  
 \_\_\_\_\_ 4-6-01  
 (Signature) (Date)

BID Use Only: Plan Ck# _____ Permit # _____ OK to issue prmt? Y _____ F.D. Appr Req'd? Yes No init date _____	
Hold on Certificate of Occupancy? Yes No	
Fire Dept. Use Only: OK to issue permit? ini _____ date _____ OK to issue Certificate of Occupancy? init _____ date _____	