

CITY OF SACRAMENTO

Permit No: 9811247

1231 I Street, Sacramento, CA 95814

Insp Area: 3

Site Address: 6540 STOCKTON BL SAC

Sub-Type: REM

Parcel No: 0390171008

SUITE 1B

Housing (Y/N): N

CONTRACTOR

BURROWS DJ  
3501 CONTEMPO

OWNER

MOFTAKAR REZA H/JAMES G MC CO  
8808 BLUFF LN  
FAIR OAKS CA 95628

ARCHITECT

Nature of Work: ADD STRUCTURAL SUPPORT TO EXISTING PARTIAL HEIGHT PARTITION WALL - INSTALL SHAMPOO SINK

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 B1 License Number 288105 Date 11/10/98 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 above mentioned property for inspection purposes.

Date 11/10/98 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 \_\_\_\_\_ Exp Date \_\_\_\_\_

NO (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 11/10/98 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.

**City of Sacramento Development Services Division  
Planning and Zoning Information Request**

Project Address: 6540 STOCKTON BLVD

Assessor's Parcel Number: 039-0171-045

Current Land Use: ~~B~~ Shopping Center

Description of Request/Proposed Use: C-2R

1000 sq ft portion of center to  
be used as a Barber shop

Zoning Designation: \_\_\_\_\_

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

Comments: Based on information provided  
(see reverse calculation), adequate  
parking is provided. The  
use is allowed.

Are There Any Planning Issues?: (Circle One) YES  NO

Site Plan Check Required? (Circle One) YES  NO

Design Review/ Preservation Required?: (Circle One) YES  NO

Planning Review by/Date: H. J. P. 11.10.96

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

**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: Cong Hau S Tyki Phone: 364-8434  
 Site Address: 2540 STOCKTON Blvd Suite: 1B  
(Street) (Zip)  
 Business Owner/Representative: TRAN TROY Phone: \_\_\_\_\_  
 Nature of Business: Hau sltst  
 Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ 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: TRAN TROY  
(Print)  
[Signature] 11/10/98  
(Signature) (Date)

BID Use Only: Plan Ck# <u>1247</u> Permit # <u>98-11247</u> OK to issue prmt? <input checked="" type="checkbox"/> <u>11-10-98</u> F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <small>init date</small>	
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Fire Dept. Use Only: OK to issue permit? ini' ___ date ___ OK to issue Certificate of Occupancy? init ___ date ___	

# MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 12-4-98

From: Gordon Duncan,  
Fire Marshal

Subject: **FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

6540 STOCKTON BLVD

has been conducted by Inspector R. LA FOREST

on 12-3-98.

98-11247-C

Permit Number

1287 sq

Square Footage

Remodel

Type Inspection

The system is acceptable by this department.

R. Woodman

By: Ross L. Woodman,  
Fire Prevention Officer II

98-292

F. D. Reference Number

CITY OF SACRAMENTO  
APPLICATION FOR [REDACTED] BUILDING PERMIT

98-11247C

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

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

PLAN CHECK # \_\_\_\_\_ Insp. Area \_\_\_\_\_

Applicant MUST complete ALL Unshaded areas this page only

ADDRESS 6540 STOCKTON BLVD Suite 1B  
PARCEL # 039-0171-008

<b>CONTACT</b> Name <u>D. Burrows</u> Address <u>3501 Conner Dr</u> <u>40 2</u> Zip <u>95826</u> Phone <u>916-364-7434</u> FAX _____		<b>LICENSED CONTRACTOR</b> Lic No. # <u>288105</u> Name <u>DAN BURROWS</u> Address <u>3501 Conner Dr</u> <u>40 2</u> Zip <u>95826</u> Phone <u>916-364-7434</u> FAX _____	
<b>ARCHITECT/ENGINEER</b> Name _____ Address _____ Zip _____ Phone _____ FAX _____		<b>TRAN TRAV OWNER</b> Name <u>Cong Hair Style</u> Address <u>6540 Stockton Blvd</u> <u>40 2</u> Zip <u>95823</u> Phone _____ FAX _____	

→ 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: Add structural support to existing partial height partition wall. Install sink for shampoo

DBA: Cong's Hair Style VALUATION: 1950.00

FLOOD STATUS:			S.C.A.T.							
JOB DESCRIPTION		BLDG	SHEL	APT	TI( )	REM(X)	SW	FIRE	ADD	OTH
INSP. DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. YN	Fed Code	Vio. File		
B	<u>L</u>	<u>13</u>	<u>M</u>	<u>B</u>	<u>VN</u>	<u>YN</u>				
	<u>13</u>	<u>13</u>				<u>Spr</u>	<u>Alarm</u>			

COMMENTS: 11-10-98

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

**City of Sacramento Development Services Division  
Planning and Zoning Information Request**

Project Address: 6540 STOCKTON BLVD

Assessor's Parcel Number: 039-0171-045

Current Land Use: ~~IS~~ Shopping Center

Description of Request/Proposed Use: C-2R

1000 sq ft portion of center to  
be used as a Barber shop

Zoning Designation: \_\_\_\_\_

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

Comments: Based on information provided  
(see reverse calculation), adequate  
parking is provided. The  
use is allowed.

Are There Any Planning Issues?: (Circle One) YES  NO

Site Plan Check Required? (Circle One) YES  NO

Design Review/ Preservation Required?: (Circle One) YES  NO

Planning Review by/Date: H. W. [Signature] 11.10.96

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 Site Address: 6540 STOCKTON Blvd Suite: 1B  
(Street) (Zip)  
 Business Owner/Representative: TRAN TROY Phone: \_\_\_\_\_  
 Nature of Business: Hau Style  
 Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
(Street)

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

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

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(Print)  
[Signature] 11/14/98  
(Signature) (Date)

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OK to issue permit? ini' _____ date _____
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# MEMORANDUM

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Date: 12-4-98

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By: Ross L. Woodman,  
Fire Prevention Officer II

98-292

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CITY OF SACRAMENTO  
APPLICATION FOR XXXXXXXXXX BUILDING PERMIT

98-11247C

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PERMIT SERVICES SECTION

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

PLAN CHECK # _____	Insp. Area _____
--------------------	------------------

Applicant **MUST** complete ALL Unshaded areas this page only

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PARCEL # 039-0171-008

<p align="center"><b>CONTACT</b></p> <p>Name <u>D J Burrows</u> Address <u>3501 Conyers Dr</u> <u>So. Ca</u> Zip <u>95824</u> Phone <u>916-364-7434</u> FAX _____</p>	<p align="center"><b>LICENSED CONTRACTOR</b> Lic No. # <u>288105</u></p> <p>Name <u>DAN Burrows</u> Address <u>3501 Conyers Dr</u> <u>So. Cal</u> Zip <u>95826</u> Phone <u>916-364-7434</u> FAX _____</p>
<p align="center"><b>ARCHITECT/ENGINEER</b></p> <p>Name _____ Address _____ Zip _____ Phone _____ FAX _____</p>	<p align="center"><b>TRAN TRAY OWNER</b></p> <p>Name <u>Cong Hair Style</u> Address <u>6540 Stockton Blvd</u> <u>So. Cal</u> Zip <u>95823</u> Phone _____ FAX _____</p>

→ Will the permittee have any employees on the jobsite?  Yes  No

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INSP. DISCIPLINES		<u>BLDG</u>	MECH	<u>PLUMB</u>	ELEC	SITE	<u>FIRE</u>		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>YN</u>	Fed Code	Viol. File	
B	<u>L</u>	<u>P(13)</u>	<u>M</u>	B	VN	<u>Spr</u> Alarm			
	<u>(B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z)</u>								

COMMENTS: 11-10-98

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No