

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0413427

Insp Area: 1
Thos Bros: 297E4

Site Address: 1901 J ST SAC
Parcel No: 007-0014-015

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

CONTRACTOR
T&M CONST.
PO BOX 1593
ORANGEVALE CA. 95662

OWNER
THE MENIKTAS GROUP
1111 BROADWAY, 22ND FL
OAKLAND, CA 94607

ARCHITECT

Nature of Work: INSTALL NEW ACCESSIBLE CURB CUT RAMP, STRIPING, SIGNAGE AND GUARDRAIL.

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 B License Number 767652 Date 8/17/09 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 _____

PAID
CITY OF SACRAMENTO
AUG 17 2009

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 8/17/09 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 044-00-0015184 Exp Date 10/01/2003

____ (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 8/17/09 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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
 1231 I Street, Suite 200 or 2101 Arena Bl., 200
 Sacramento, CA 95814 Sacramento, CA 95834
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY # _____ **Insp. Area** _____

Applicant to complete all areas down to valuation

ADDRESS 1901 J Street Sac. CA. 95814 Suite _____
PARCEL # _____

<p style="text-align: center;">CONTACT</p> <p>Name <u>Troy Milburn</u> Street Address <u>4664 Rolling Oaks.</u> City/State/Zip <u>Granite Bay</u> Phone <u>916-777-9370</u> FAX _____ E-mail: <u>Troy.milburn@surewest.net</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>767652</u></p> <p>Name <u>T & M Construction</u> Address <u>6253 Main Ave unit E.</u> City/State/Zip <u>Orangevale, CA. 95662</u> Phone <u>916-987-1683</u> FAX <u>916-987-5973</u> E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>George Dedekian</u> Address <u>201 Fourth Street, # 304</u> City/State/Zip <u>Oakland, CA, 94607</u> Phone <u>510-452-0670</u> FAX <u>510-452-0770</u> E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>The Meniktes Group</u> Address <u>1111 Broadway, 22nd Floor</u> City/State/Zip <u>Oakland CA 94607</u> Phone <u>510 267-3512</u> FAX <u>510-839-1796</u> E-mail: <u>michael-meniktes@ml.com</u></p>

→ Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** State Fund
 → **WORKER'S COMPENSATION POLICY #** 00 15184 - 2003 **EXPIRATION DATE:** 10-1-09

NATURE OF WORK IN DETAIL: Accessibility upgrades, Handicap Ramp - Hand Rail, Signage, Repairs

OCCUPANT/TENANT: _____ **VALUATION: \$** 6,000⁰⁰

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

COMMENTS:

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

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 1901 J STREET	APN: 007-0014-015
DRPB AREA / PUD / SPD: CENTRAL CITY	ZONING: C-2-UN
EXISTING LAND USE: COMMERCIAL BUILDING	
PROPOSED USE: FIX HANDICAP PARKING SPACES TO MEET CURRENT CODE, RAMP, STRIPING, SIGNAGE AND HAND RAIL	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER DR PB
Required Planning application must be submitted <i>before</i> project can be submitted for plan check.	
<input type="checkbox"/>	Application(s) IN PROGRESS:
Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.	
<input type="checkbox"/>	Application(s) COMPLETED:
Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period.	
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input type="checkbox"/>	Route to SITE for plan check and inspection.
<input checked="" type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
COMMENTS: TO BRING HANDICAPPED PARKIN SPACES TO CODE DOES NOT ELIMINATE ANY EXISTING PARKING SPACES. NO CHANGE TO USE. NO PLANNING ENTITLEMENTS APPARENT.	
DATE: 08-17-2004	BY: PCALDWELL 