

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0110675

Insp Area: 1

Thos Bros: 297E4

Site Address: 1119 21ST ST SAC

Parcel No: 007-0092-024

Sub-Type: COM

Housing (Y/N): N

CONTRACTOR

OWNER

MYRON A SIDIE
686 WOODLAKE DR
SACRAMENTO CA 95815

ARCHITECT

Nature of Work: DANCE PERMIT REQUIREMENT COMPLIANCE

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 08/20/01 Contractor Signature Myron Sidie

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 08/20/01 Owner Signature Myron Sidie

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 08/20/01 Applicant/Agent Signature Myron Sidie

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

(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 08/20/01 Applicant Signature Myron Sidie

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 # _____	Insp. Area _____
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1119 21st Street, Sacto. Calif 95814 Suite _____
 PARCEL # _____

<p style="text-align: center;">CONTACT</p> Name <u>MYRON a. Sidie</u> Street Address <u>686 Woodlake Dr</u> City/State/Zip <u>Sacto Calif</u> Phone <u>916-448-0706</u> FAX <u>916-448-2000</u> E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>MYRON A Sidie</u> Address <u>686 Woodlake Dr</u> City/State/Zip <u>Sacto Calif</u> Phone <u>916-448-0706</u> FAX <u>916-448-2000</u> E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Fund
 → WORKER'S COMPENSATION POLICY # 1599696-00 EXPIRATION DATE: Jan 2002

NATURE OF WORK IN DETAIL: Core case trap - Makeup air/existing
numerous fix it problems air duct

OCCUPANT/TENANT: VALUATION: \$ 4000.00

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

COMMENTS: _____

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

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) _____ 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:

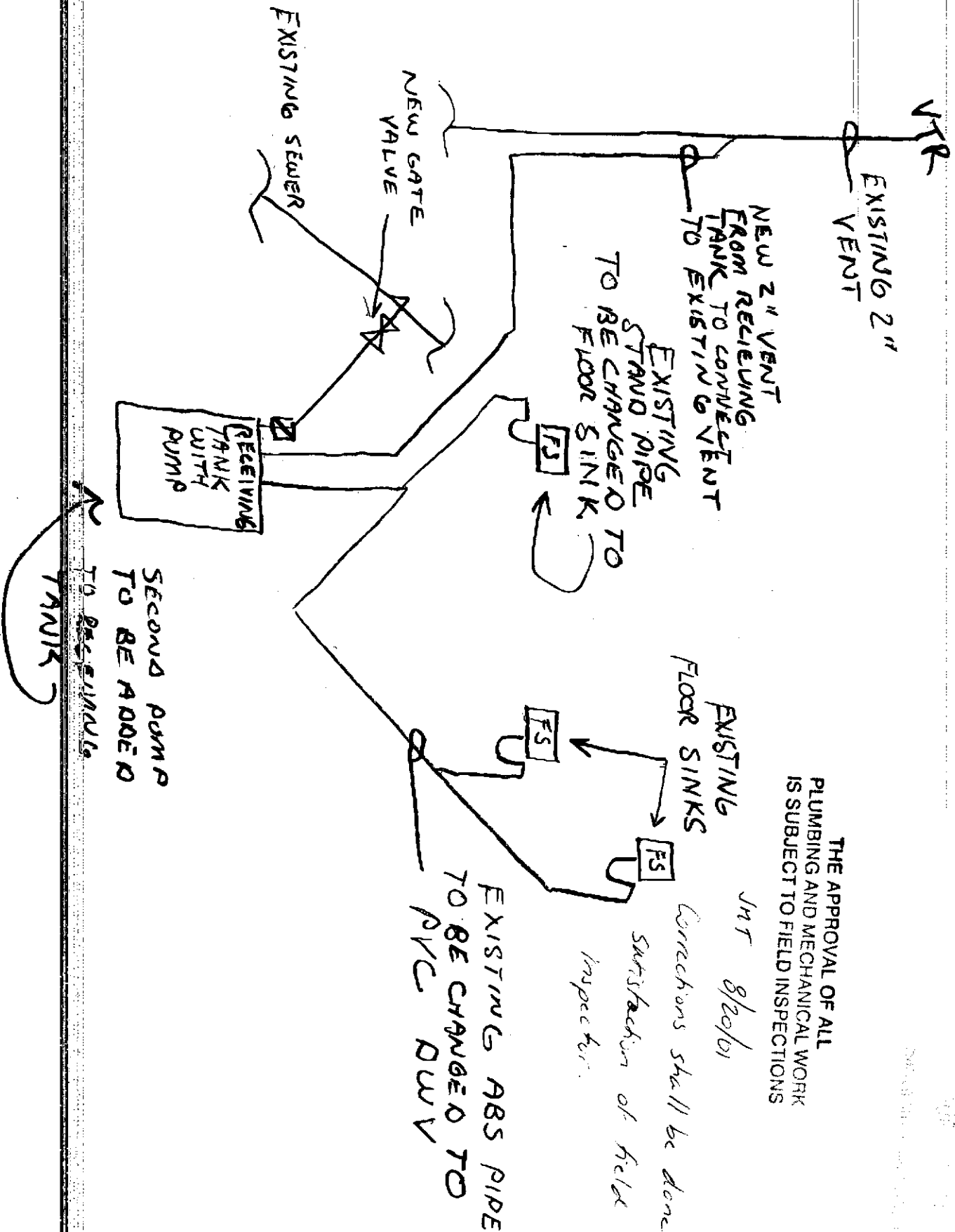
Name	Address	Phone	Type of work

Signed Morgan & Baker

Job Address 1129 21ST STREET

Permit No: 0110675

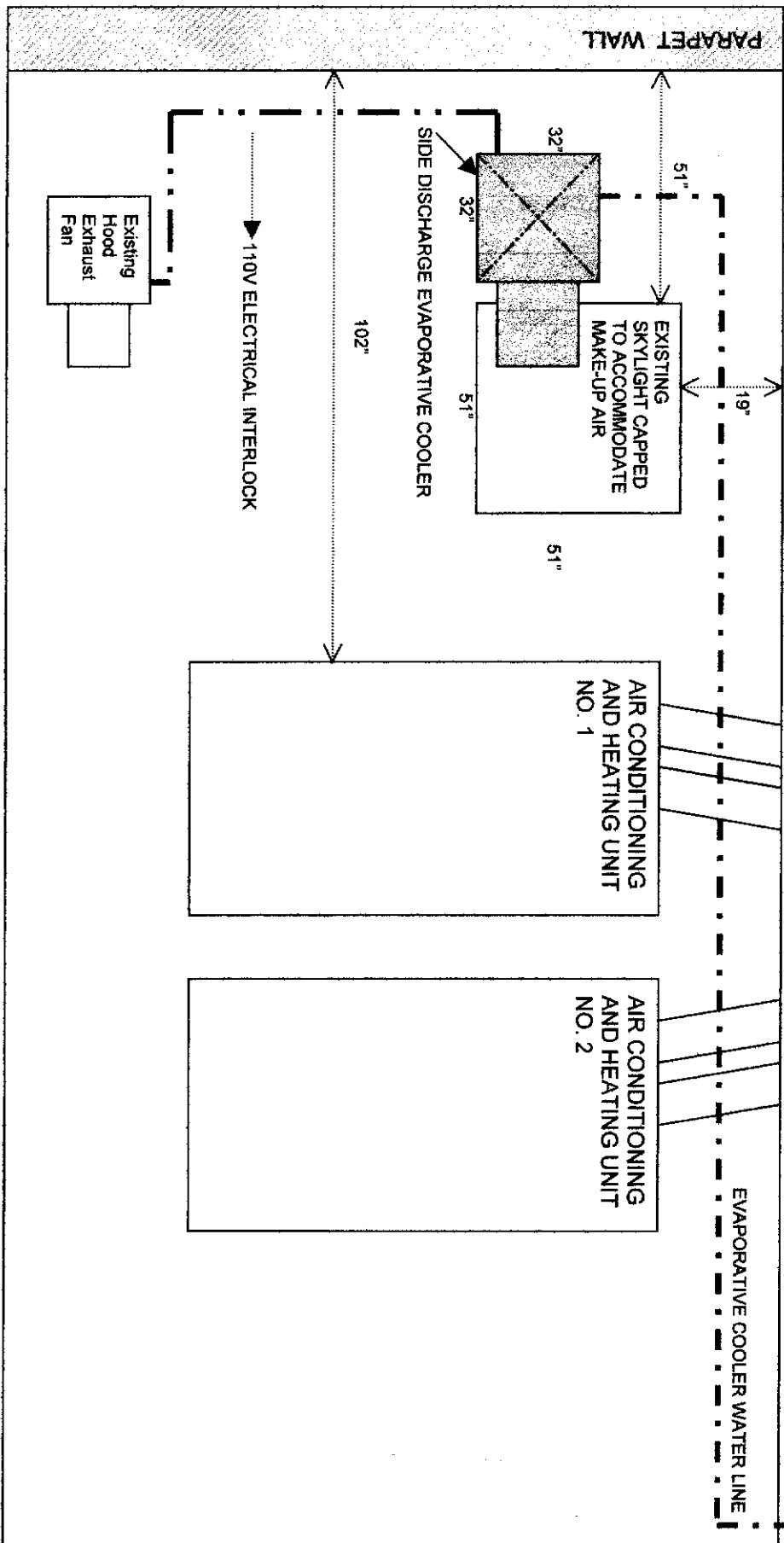
REPAIRS TO EXISTING SYSTEM



Proposed Modifications to: 1119 21st Street – Sacramento

ROOF-TOP MAKE-UP AIR FOR KITCHEN: INSTALLATION AND LOCATION

THE APPROVAL OF ALL
PLUMBING AND MECHANICAL WORK
IS SUBJECT TO FIELD INSPECTIONS





2081-A Rene Avenue
Sacramento, CA 95838
PH (916) 920-3733
FAX (916) 920-5214

Club 21
1119 21st Street
Sacramento, CA. 95814

9/6/01

Attention: Terry Sidie, Owner
& : Richard Heinz, City Inspector

AIR BALANCE OF HOOD & MUA UNIT

Existing hood 7'6" x 48 = 30 Square Feet
Code calls for 100CFM per square foot x 30 = 3000 CFM
Exhaust fan name plate was not readable.
Motor HP $\frac{3}{4}$ 230 1 PH. 7.8 FLA
Exhaust duct 12" Fan set at 3000 CFM at 1.5 SP

MUA Unit (New)
Master Cool M/N MC-636
230 1 PH 1-HP 8.3 FLA.
Unit capable of 3675 at .1 SP
Set at 3000 CFM

Terry, please feel free to call if you need any additional information.

Respectfully,
Carson Mechanical, Inc.

Timothy E. Carson, President

Microbotics @ Equal



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

SACRAMENTO COUNTY - ENVIRONMENTAL HEALTH DIVISION

OFFICE (916) 875-8440 • FAX (916) 875-8513

WATER CUSTOMER INFORMATION		ASSEMBLY INFORMATION	
NAME: <u>Club 21</u>		TYPE <u>RP</u>	SIZE <u>1/2"</u> MFG <u>Watts</u>
MAIL ADDRESS: <u>1119 21st Street</u>		MODEL <u>0090T</u>	SERIAL NO.: <u>134726</u>
CITY, STATE ZIP: <u>Sacramento, CA 95816</u>		<input type="checkbox"/> EXISTING - REFERENCE NO.:	
CARE OF:		<input type="checkbox"/> REPLACEMENT - OLD ASSEMBLY SERIAL NO.:	
<input type="checkbox"/> MAILING ADDRESS CORRECTION REQUESTED		<input checked="" type="checkbox"/> NEW - PLUMBING PERMIT NO.: <u>Internal</u>	
SERVICE ADDRESS: <u>1119 21st Street</u>		CITY:	
WATER PURVEYOR: <u>city</u>		IF APPLICABLE, METER NO.:	
ASSEMBLY LOCATION: <u>in basement rear wall</u>		(Please use dimensions and reference Lot Lines, Property Lines, Curb or other permanent features)	

INITIAL TEST	DOUBLE CHECK VALVE ASSEMBLY			PRESSURE VACUUM BREAKER	
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE	AIR INLET VALVE	CHECK VALVE
HELD AT: <u>8.9</u> PSID	HELD AT: _____ PSID	OPENED AT: <u>3.4</u> PSID	OPENED AT: _____ PSID	OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	HELD AT: _____ PSID
LEAKED <input type="checkbox"/>	CLOSED TIGHT (RP) <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED UNDER 2.0 PSID OR DID NOT OPEN <input type="checkbox"/>	OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) DIAPHRAGM <input type="checkbox"/> 4) FLOAT <input type="checkbox"/> 5) OTHER <input type="checkbox"/>	LEAKED <input type="checkbox"/> 1) CLEANED <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) MODULE <input type="checkbox"/> 4) OTHER <input type="checkbox"/>
REPAIR	1) CLEANED <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) EXERCISED <input type="checkbox"/> 3) DISC(S) <input type="checkbox"/> 4) SPRING <input type="checkbox"/> 5) DIAPHRAGM(S) <input type="checkbox"/> 6) SEAT(S) <input type="checkbox"/> 7) O-RING(S) <input type="checkbox"/> 8) MODULE <input type="checkbox"/> 9) OTHER <input type="checkbox"/>			
TEST AFTER REPAIR	HELD AT: _____ PSID	HELD AT: _____ PSID	OPENED AT: _____ PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID

INITIAL TEST	TEST AFTER REPAIR
START TIME: <u>8:15 am</u>	START TIME: _____
END TIME: <u>8:35 am</u>	END TIME: _____
DATE: <u>9-4-01</u>	DATE: _____

ASSEMBLY: PASSED FAILED TAG NO.: AK1540
 * If FAILED, please notify appropriate water purveyor within 24 hours!

MAIL ORIGINAL TO: ATTN: CROSS-CONNECTION CONTROL
 COUNTY OF SACRAMENTO
 ENVIRONMENTAL HEALTH DIVISION
 8475 JACKSON ROAD, SUITE 240
 SACRAMENTO CA 95826-3904

COMMENTS:

SACRAMENTO COUNTY CERTIFICATION NUMBER: 246

PLEASE PRINT YOUR NAME: R. Merrill
Robert Merrill
 Signature of Tester