

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0013490

Insp Area: 4

Site Address: 1000 ARDEN WY SAC

Parcel No: 277-0144-027

EXISTING SHOWROOM

Sub-Type: NOTHR

Housing (Y/N): N

CONTRACTOR

DEVAULT CONST.
241 BRIGGS RANCH DR
FOLSOM CA 95630

OWNER

SHATTUCK MICHAEL W/HOLLY R
2145 TEVIS RD
SACRAMENTO CA 95825

ARCHITECT

Nature of Work: NEW FACADE ON EXISTING BUILDING (SHOWROOM)

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 _____ Contractor 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 _____ Applicant/Agent 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 COMPENSATION INS FUND Policy Number 1325552-99 Exp Date 10/01/2001

____ (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.

Date _____ Applicant 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
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

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

ACTIVITY # 0013490 Insp. Area 4C

Applicant **MUST** complete **ALL Unshaded areas**

ADDRESS 1000 Arden Way, Sacramento CA State _____
 PARCEL # 277.0144.027

<p style="text-align: center;">CONTACT</p> <p>Name <u>Chris Flatt</u></p> <p>Street Address <u>1055 Old Placerville Road</u></p> <p>City/State/Zip <u>Sac. CA 95827</u></p> <p>Phone <u>916 366 5566</u> FAX <u>916 366 6266</u></p> <p>E-mail: <u>cflatt@flewellin-moody.com</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic. No. # _____</p> <p>Name <u>Jeff DeVault</u></p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Flewellin & Moody</u></p> <p>Address <u>1055 Old Placerville Road</u></p> <p>City/State/Zip <u>Sac. CA 95827</u></p> <p>Phone <u>916 366 5566</u> FAX <u>916 366 6266</u></p> <p>E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>Mike Shattuck</u></p> <p>Address <u>1000 Arden Way</u></p> <p>City/State/Zip <u>Sac CA</u></p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>

Will permittee have any employees on the job site? No Yes → **INSURANCE CO.:** _____
WORKER'S COMPENSATION POLICY # _____ **EXPIRATION DATE:** _____

NATURE OF WORK IN DETAIL: new facade on showroom bldg.

OCCUPANT/TENANT: Harley Davidson **VALUATION:** \$ 5000.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION:		BLDG	SHELL	APT	TR	REMO	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SIKE	FIRE			
# Stories	sq. ft. area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y	Fire Req. N	Via. File [H]	Via. File [Quad]	
<u>1</u>	<u>1000</u>	<u>1000</u>	<u>M</u>	<u>B</u>	<u>F</u>	<u>Y</u>	<u>N</u>	<u>[H]</u>	<u>[Quad]</u>	
<u>B</u>	<u>L</u>	<u>F</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>[H]</u>	<u>PW</u>	<u>UTIL</u>	

COMMENTS:

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

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # _____
 ADDRESS _____
 Commercial Residential



ACCEPTED BY (SIGN) _____

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Staff	Staff	Date	Staff	Staff	Date	Staff	Staff	Date
FIRESAFETY	3	YL	11/13/00	13	YL	12/6/00			
STRUCTURAL	3	YL	11/13/00	13	YL	12/6/00			
MECHANICAL/PLUMBING									
ELECTRICAL									
FIRE									
PLANNING									

STAFF COMMENTS: _____



DEPARTMENT OF
NEIGHBORHOODS, PLANNING
AND DEVELOPMENT SERVICES

CITY OF SACRAMENTO
CALIFORNIA

1231 I STREET
ROOM 200
SACRAMENTO, CA
95814-2904

DEVELOPMENT SERVICES
DIVISION

916-264-7619
FAX 916-264-7046

EXHIBIT 1

I have read and am familiar with the contents of the City's Standard
Owner-Builder Notification and Owner-Builder Verification, as required by
California Health and Safety Code Section 19830 and 19831. I authorize my
agent(s) FLEWELLING & MOODY
to sign the Owner-Builder Verification on my behalf.

Signature

[Handwritten Signature]

Print Name

M. SHATTUCK

Address

1000 ARDEN WAY

SACRAMENTO, CA 95815

Telephone

916.929.4680

Date of Request: _____

By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 1000 ARDEN WY

Assessor's Parcel Number: 277.0144.027

Previous Use: EXISTING MOTORCYCLE DEALERSHIP

Description of Request/Proposed Use: NEW FACADE
(TO EXIST. BUILDING)

Is This a Change of Use? NO

Zoning Designation: M-1-LI

Prior Applications for Project Site(P#, Z#, DRPB#): 799-030 (LLM); DR 99-043

Comments: North Sac. Redevelopment Design Review;
previous design review approval (DR 99-043)
has already approved this work.
(checked by Luis Sanchez)

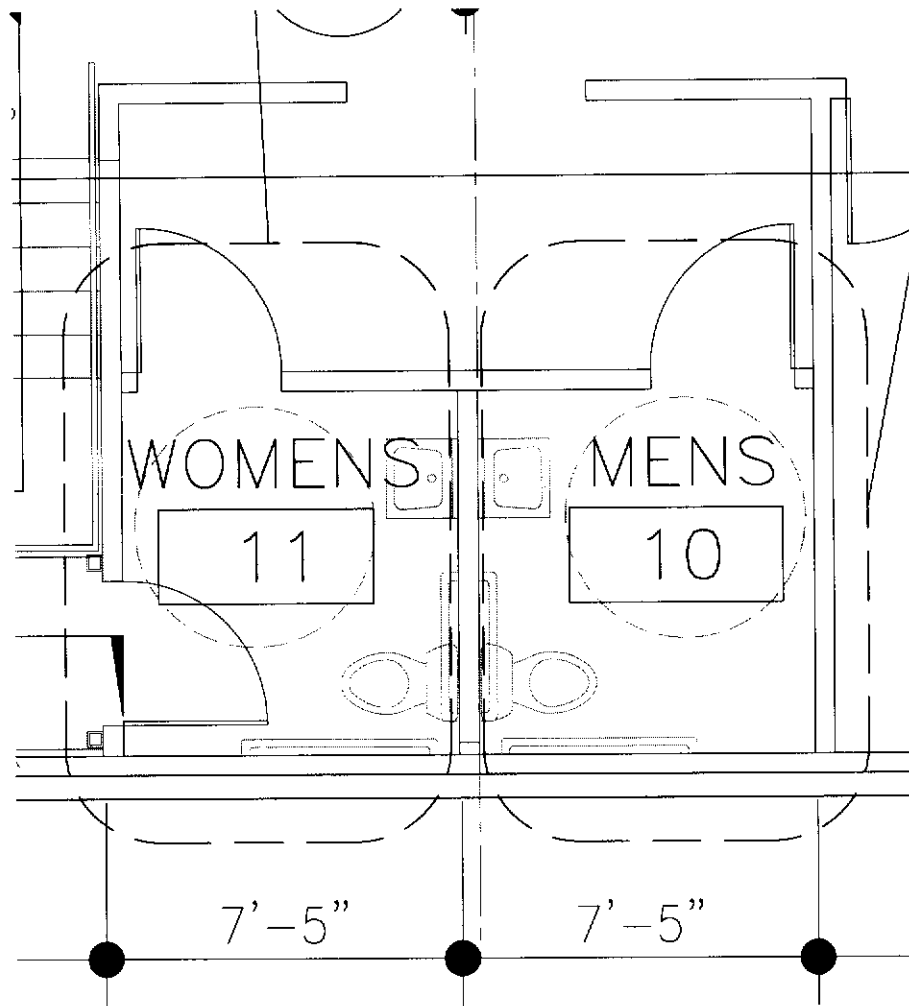
Are There Any Planning Issues?: (circle one) YES NO

- * Staff Site Plan Check Required? (Circle one) YES NO
- * Field Inspection Required? (Circle one) YES NO
- * Design Review/Preservation Required?: (Circle one) YES NO

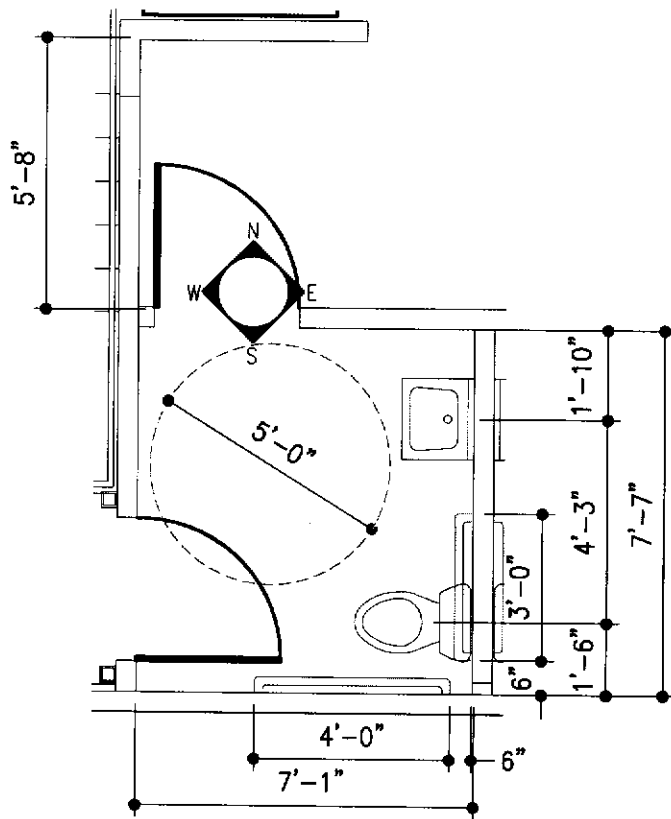
Planning Review by/Date: PHIL REED 11/8/00

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

MICROFILM AFTER FINAL



HCP RESTROOM UNDER
SEPARATE PERMIT.



(N) WOMEN'S RESTROOM

SCALE: 1/4"=1'-0"

MENS RR OPPOSITE HAND

1
A6.0