

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0421121

Insp Area: 1
Thos Bros: 297E4

Site Address: 2100 J ST SAC
Parcel No: 007-0091-011

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

CONTRACTOR
AMERICAN TECHNOLOGIES INC
1801 BELL AVE
SACRAMENTO CA 95838

OWNER
FST METHODIST CHURCH OF
2100 J ST
SACRAMENTO, CA 95816

ARCHITECT

Nature of Work: REPAIR VEHICLE DAMAGED EAST WALL OF DETACHED RETAIL BUILDING

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 571784 Date 12-28-04 Contractor Signature [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor's 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 12-28-04 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 2904

Carrier COMMERCE/INDUSTRY INSURANCE Exp Date 08/01/2005

(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 12-28-04 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 # <u>0421121</u> | Insp. Area |
|-------------------------------------|-------------------|

Applicant to complete all areas down to valuation

ADDRESS _____ **Suite** _____
PARCEL # _____

| | | | |
|--|---|--|---|
| CONTACT | | LICENSED CONTRACTOR Lic No. # <u>571784</u> | |
| Name <u>David Sferrazza</u> | Street Address <u>1801 Bell av</u> | Name <u>American Technologies</u> | Address <u>1801 Bell av</u> |
| City/State/Zip <u>Sacramento Cal 95838</u> | Phone <u>416-5987</u> FAX <u>614-7995</u> | City/State/Zip <u>Sacramento Cal 95838</u> | Phone <u>416-5957</u> FAX <u>614-7995</u> |
| E-mail: _____ | | E-mail: _____ | |
| ARCHITECT/ENGINEER | | OWNER | |
| Name <u>Apx</u> | Address <u>9668 Snowberry way</u> | Name _____ | Address _____ |
| City/State/Zip <u>Orangevale Cal 95662</u> | Phone <u>988-6770</u> FAX _____ | City/State/Zip _____ | Phone _____ FAX _____ |
| E-mail: _____ | | E-mail: _____ | |

→ Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** National Union Fire Insurance Co of Pittsburgh Pa
 → **WORKER'S COMPENSATION POLICY #** WC 6436563-CC **EXPIRATION DATE:** _____

NATURE OF WORK IN DETAIL: Remove and replace section of exterior elevation with same like kind and quality per city code

OCCUPANT/TENANT: _____ **VALUATION: \$** 17.K

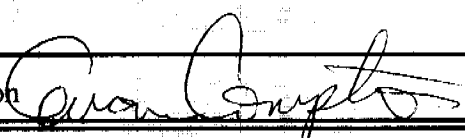
| | | | | | | | | | | |
|-------------------------------|--------------------------|-------------------------------|--------------------------------|------------------------------|---------------------------------|----------------------------------|-----------------------------|-------------------------------|------------------------------|--------------------------------|
| 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"/> |
| INSPECTION DISCIPLINES | | BLDG | MECH | PLUMB | ELEC | SITE | FIRE | | | |
| # 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 | | |

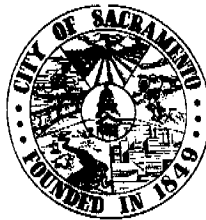
COMMENTS:

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: 2100 J Street | | APN: 007-0091-001 |
| DRPB AREA / PUD / SPD: Central City DR, Listed Historic Structure | | ZONING: C-2 MC |
| EXISTING LAND USE: Retail building | | |
| PROPOSED USE: Repair damaged wall | | |
| <p>PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:</p> | | |
| <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 checked="" type="checkbox"/> | Application(s) COMPLETED: OTC Approval from Preservation (Approved 12-28-04) Building permit must conform to approved plans and comply with all conditions of approval. | |
| <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 checked="" 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 type="checkbox"/> | Preliminary review ONLY ; the information on this form must be reviewed again and confirmed at the time of building permit submittal. | |
| COMMENTS: No change in lot coverage or setbacks. Must meet the conditions in the OTC Preservation approval. No other planning issues are apparent. | | |
| DATE: December 28, 2004 | BY: Evan Compton  | |



PLANNING & BUILDING
DEPARTMENT
CITY OFFICES @ 13TH & I STREETS
(916) 264-5543 Fax

CITY OF SACRAMENTO
CALIFORNIA

PRESERVATION OFFICE
1231 I STREET, RM 200
SACRAMENTO, CA 95814
(916) 808-5962 Phone

CERTIFICATE OF APPROPRIATENESS
Preservation Director's hearing and Minor projects

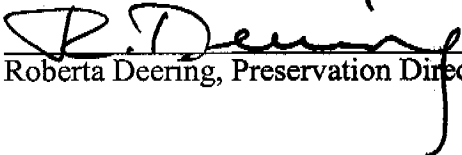
File Number: Over the Counter Applicant/Owner: Dave Sferrazzo
Address: 2100 J Street Date Filed: December 28, 2004
Classification: Non-Contributing Structure on Date Approved: December 28, 2004
Landmark Parcel
Staff Contact: Ellen A. Schmidt, 808-5962

Project Description: Repair damaged wall with siding to match existing.

Findings of the Preservation Director/Office: The Preservation Director has determined the project to be consistent with the Secretary of Interior's Standards and the goals and policies of Chapter 15.124 of Title 15 of the Sacramento City Code.

The Preservation Director has reviewed the proposed project, and approves it with the following conditions of approval:

1. Repair damaged exterior wall with siding to match existing in dimension and lap;
2. New siding shall be smooth surfaced and painted or pre-finished to match color of surrounding siding;
3. The scope of work is limited to the above items. No other exterior work is allowed.


Roberta Deering, Preservation Director

12-28-04
Date

THIS IS NOT A PERMIT TO COMMENCE WORK OR CHANGE OF OCCUPANCY. PERMITS FROM THE BUILDING DIVISION (AND ANY OTHER APPROPRIATE AGENCIES) MUST BE SECURED BEFORE WORK IS STARTED OR OCCUPANCY IS CHANGED.