

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0013706
Insp Area: I

Site Address: 917 9TH ST SAC
Parcel No: 006-0042-001

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

CONTRACTOR

OWNER
CITY OF SACRAMENTO
915 I ST RM 12
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: ADD VANILLA SHELL 190 SQ FT TO KITCHEN AND 256 SQ FT PATIO COVER.PHASE 1

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 449220 Date 3/21/01 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 abovementioned property for inspection purposes.

Date 3/21/01 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 SAAFE FUND Policy Number on file 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 3/21/01 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.

NOT EXPRESS

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 # 0013706 Insp. Area

Applicant MUST complete ALL Unshaded areas

ADDRESS 917 9th Street Suite _____
PARCEL # 006-0042-001

CONTACT DOWNTOWN
Name SUE AKIYAMA DEVELOPMENT
Street Address 1030 15th Street #250
City/State/Zip SACTO 95814
Phone 264-7730 FAX 264-8161
E-mail: sakiyama@cityofsacramento

LICENSED CONTRACTOR Lic No. # _____
Name _____
Address _____
City/State/Zip _____
Phone _____ FAX _____
E-mail: _____

ARCHITECT/ENGINEER
Name GORDON H. CHONG & PARTNERS
Address 1030 G STREET
City/State/Zip SACTO 95814
Phone 442-3230 FAX 442-3249
E-mail: cwilson@GHP.com

OWNER
Name CITY OF SACRAMENTO
Address 915 I STREET
City/State/Zip SACTO CA 95814
Phone _____ FAX _____
E-mail: _____

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

NATURE OF WORK IN DETAIL: ADD 190 SQ. FT. KITCHEN & 256 SQ. FT. OF COVERED PATIO. (Kitchen is shell only; new sq footage - SEPARATE T.I package for kitchen to be submitted in future.

OCCUPANT/TENANT: * COPY OF T.I. attached for reference. VALUATION: \$ 90,000

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 flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File		
				B	F	SPR	ALARM	18	[H]	[Quad]	
(B)	(L)	(P)	(M)	(E)	(F)	(S)		D	PW	UTIL	

COMMENTS: will return w TI info for reference / SEB

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



REQUEST FOR SEWER FEE QUOTE

DATE	NUMBER OF PAGES		
11-20-2000			
FROM City of	REQUESTOR	FAX	PHONE
SACRAMENTO	SUE AKIYAMA	264-8131	
TO SRCSD Customer Service	RESPONDER	FAX	PHONE
		875-6253	

URGENT -- Applicant is in office or ready to pay permit

If urgent, call 875-6820 to notify an Engineering employee that you faxed a request.
 Press zero to speak to the operator.

NOT URGENT -- Applicant has requested informal quote

Applicant	NAME	PHONE
	SUE AKIYAMA	264-7730
Property	ASSESSOR'S PARCEL NUMBER(S)	PROPERTY ADDRESS
	006-0042-001	917 9TH ST
Project	PLAN CHECK / BUILDING PERMIT NO	(mark all that apply)
		New construction Remodel Change in use
	USE	CURRENT // PREVIOUS PLANNED
	SQUARE FOOTAGE	CURRENT // PREVIOUS PLANNED
		RESTURANT
		ADD 190 SQ FT KITCHEN & 256. SQ FT COVERD PATIO

02/27/2001 08:42 9162648337

ARCHITECTS

WATER SUPPLY TEST - DEPARTMENT OF UTILITIES

1395 35TH AVENUE SACRAMENTO, CA. 95822 PHONE: 916/264-1430 FAX: 916/264-1497	TEST NO: <u>01-23</u> ✓ FILE NO: <u>R01-023</u> COMPLETE DATE: <u>3/8/01</u> PC# ANALYSIS FEE: \$90.00 DATE PAID: <u>N/A</u> FIELD TEST FEE: \$360.00 DATE PAID: <u>N/A</u>
CONTACT PERSON: <u>Dana Gard</u>	PHONE NO: <u>264-2668</u> FAX NO: <u>264-8337</u>
COMPANY: <u>City of Sacto. Public Works</u>	CELL PHONE NO: ✓
COMPANY ADDRESS: <u>927 10th Street</u>	STREET ADDRESS OF TEST: <u>917 9th Street</u>
PURPOSE OF TEST: <u>Flu Flow Pressure</u>	ASSESSOR'S PARCEL NUMBER: <u>006-004-043</u>

The undersigned agrees to the following items and conditions:

- (1) The street address shown above is correct.
- (2) Water supply data is developed from several sources of information which may include water supply test data, pipe network computer models, and continuous pressure recording stations. The design water supply data given below is to be used for design purposes.
- (3) Although the water supply data reported herein is believed to be accurate, the City makes no warranty, guaranty, certification or other representation of any kind that such data is accurate or correct, or that the pressures and/or flow rates reported herein are or will be maintained. The undersigned agrees that the City, its officers and employees shall not be liable for any damages of any kind resulting from the use of or reliance upon the water supply data reported herein by the undersigned or by any third party.
- (4) If the undersigned desires to witness the water supply test performed by the City, please check the box below:
 I want to witness this water supply test, which will be scheduled at the convenience of the Department of Utilities.
- (5) If the undersigned elects to hire a licensed engineer, at the undersigned's sole expense, to witness and certify the water supply test performed by the City, please check the box below:
 At my expense, I will arrange for a licensed engineer to witness and certify this water supply test, which will be scheduled at the convenience of the Department of Utilities.

Print Name: Dana Gard Signature: Dana Gard Date: 2/27/01

ENGINEERING REQUEST DATE: 3/1/01 DATE OF TEST: 3/2/01 TIME OF TEST: 10:00

WATER MAIN SIZE: 8" / 6" TEST CONDUCTED BY: Perrone, Cedeno, Steellinc

	HYDRANT NO.	MAP PAGE	STATIC PRES. (PSI)	RESIDUAL PRES. (PSI)	PILOT PRES. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT		CALC. FLOW @ PRES. (G.P.M.)	FLOW @ 20 PSI (G.P.M.)
							C ₁	C ₂		
RESIDUAL	<u>13</u>	<u>126</u>	<u>49</u>	<u>21</u>						
FLOWED	<u>17</u>	<u>126</u>			<u>8</u>	<u>4 1/2</u>	<u>0.90</u>	<u>0.83</u>	<u>1276</u>	
FLOWED	<u>214</u>	<u>126</u>			<u>8</u>	<u>4 1/2</u>	<u>0.90</u>	<u>0.83</u>	<u>1276</u>	
FLOWED									<u>TOTAL 2552</u>	<u>2602</u>
FLOWED										

- THE WATER SUPPLY TEST DATA IS NOT TO BE USED FOR THE DESIGN OF DOMESTIC WATER SYSTEMS.
- (STATIC PRES. - RESIDUAL PRES.) / (STATIC PRES. - 20 PSI) IS LESS THAN 25%. THEREFORE, THESE RESULTS ARE ONLY VALID FOR FLOWS NOT EXCEEDING _____ G.P.M.

	ACTUAL	DESIGN (1)
STATIC PRESSURE	<u>49</u> PSI	<u>47</u> PSI
RESIDUAL PRESSURE	<u>21</u> PSI	<u>19</u> PSI
TOTAL FLOW @ RESIDUAL	<u>2600</u> G.P.M.	<u>2600</u> G.P.M.
TOTAL FLOW @ 20PSI	<u>2600</u> G.P.M.	<u>2500</u> G.P.M.

(1) The Design Water Supply Data reflects fluctuations and future demands on the water distribution system. It is to be used for design purposes.

10/12/99

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: Liebig Const Co Phone: (916)-985-2271
 Site Address: 917 9th St SACRO, CA Suite: _____
(Street) (Zip)
 Business Owner/Representative: GLENN C. LIEBIG Phone: SAME
 Nature of Business: Addition to CAFE SOCIETY
 Property Owner: CITY OF SACRO Phone: _____
 Address: _____ Suite: _____
(Street) (City) (State) (Zip)

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: GLENN C. LIEBIG
(Print)
Glenn C. Liebig 2/20/02
(Signature) (Date)

BID Use Only: Plan Ck# <u>21576</u> Permit # <u>21576</u> OK to issue prmt? <u>Y</u> <small>init date</small> F.D. Appr Req'd? Yes No Hold on Certificate of Occupancy? Yes No	
Fire Dept. Use Only: OK to issue permit? <small>init</small> _____ <small>date</small> _____ OK to issue Certificate of Occupancy? <small>init</small> _____ <small>date</small> _____	



Sacramento County Regional Sanitation District
 9660 Ecology Lane
 Sacramento, California
 95827-3881

MARCH 20, 2001
RECEIVING FAX: 264-7046
SENDING FAX: 875-6253

TO: WHOM IT MAY CONCERN

FROM: DOLORES ROSS
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

RE: SEWER FACILITY IMPACT FEES APN: 006-0042-001
917 Ninth St.

There are Sewer Facility Impact Fees due for the expansion of the restaurant, Cafe Del Sol, within Cesar Chavez Park. The fees are based upon an addition to the kitchen area of 190 sq. ft. and are as follows:

Impact to Sacramento Regional County Sanitation District \$ 2,147

The above can be made payable to the County of Sacramento, paid at 827 Seventh St., Room 105, Window 11, and are effective through April 27, 2001.

If you have any questions regarding the above, please feel free to call me at 875-6679.

cc: Willie Harris
 City of Sacramento

This fee is also subject to adjustment if the data supplied is changed.

www.srcsd.com
 e-mail: rossd@SacCounty.NET

Date of Request: 11/8/00
By: _____

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

Project Address: 917 9th Street

Assessor's Parcel Number: 006-0042-001

Previous Use: RESTAURANT

Description of Request/Proposed Use: RESTAURANT - expansion

Is This a Change of Use? NO

Prior Applications for Project Site(P#, Z#, DRPB#): ~~92~~ PB99-028 Zoning Designation: C3

Comments: see PB99-028

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

} see PB99-028

Planning Review by/Date: D. May 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

CITY OF SACRAMENTO
 BUILDING INSPECTION DIVISION
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

0013706

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1. Business Name: Liebig Const. Co. Phone: (916)-985-3271
 Site Address: 917 9th St SACRO, CA. Suite: _____
(Street) (Zip)
 Business Owner/Representative: GLENN C. LIEBIG Phone: SAME
 Nature of Business: Addition to CAFE JOURNAL
 Property Owner: City of SACRO, 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.

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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 ___

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Applicant's Name: GLENN C. LIEBIG
(Print)
Glenn C. Liebig 3/20/01
(Signature) (Date)

BID Use Only: Plan Ck# <u>0013706</u> Permit # <u>0013706</u> OK to issue prmt? <input checked="" type="checkbox"/> <u>RB 3-21-01</u> F.D. Appr Req'd? Yes No <small>init date</small>	
Hold on Certificate of Occupancy? Yes No	
Fire Dept. Use Only: OK to issue permit? init _____ date _____ OK to issue Certificate of Occupancy? init _____ date _____	

Krazan & ASSOCIATES, INC.

GEOTECHNICAL ENGINEERING • ENVIRONMENTAL ENGINEERING
CONSTRUCTION TESTING & INSPECTION

May 6, 2002

KA No. 36-01023
★ Permit No. 0013706

Mr. Ron Yasui
City of Sacramento, Dept. of Public Works
2101 Arena Boulevard, Ste. 200
Sacramento, CA. 95834

RE: **CERTIFICATE OF COMPLETION**
Caesar Chavez Café Addition
917 9th Street
Sacramento, CA.


Dear Mr. Yasui:

In accordance with your request and authorization, we have performed special testing and inspection activities on the Concrete, Reinforcement, Field and Shop Welding operations for the above-referenced project.

We certify that, to the best of our knowledge, the requirements of the 1997 Uniform Building Code and the approved plans and specifications have been complied with, insofar as the portion of the aforementioned inspections requiring special inspection under UBC Section 306, except for those deviations previously reported. A guarantee that the contractor has necessarily constructed the structure in full accordance with the plans and specifications is neither intended nor implied.

If you have any questions or if we can be of further assistance, please do not hesitate to contact our office.

Respectfully submitted,
KRAZAN & ASSOCIATES, INC.


Shawn Baker
Project Manager
Testing & Inspection Division

SBvjh
cc herewith



Dean Alexander
Civil Engineer
RCE No. 34274

