

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0100930**  
**Insp Area: 1**

**Site Address: 1501 16TH ST SAC**  
Parcel No: 006-0234-003

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

CONTRACTOR  
MCKINLEY CO  
11437 SUNRISE GOLD CR # E  
RANCHO CORDOVA, CA 95742

OWNER  
STATE OF CALIFORNIA  
650  
SACRAMENTO CA 95814

ARCHITECT  
CARLILE RICHARD D  
1800 27TH ST  
SACRAMENTO CA 95816

**Nature of Work: RERSTAUANT REMODEL 2185 SQFT**

**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 793386 Date 3-22-01 Contractor Signature Robert D Butterfield

**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 3 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 3-22-01 Applicant/Agent Signature Robert D Butterfield

**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 AMERICAN STATE Policy Number 01000000000000000000 Exp Date 07/01/01

\_\_\_\_ (This section need not be completed if the permit is for \$100 or less) I certify that I am not the owner of the property for 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 3-22-01 Applicant Signature Robert D Butterfield

**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.**

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 1501 - 16<sup>TH</sup> ST Permit No. 0100930

Building Use: RESTAURANT Occupancy: B

Building Owner: STATE OF CALIF. Construction Type: IFR

Owner Address: \_\_\_\_\_ Sprinkled?  Yes  No

Portion of Building Occupied: SUITE 109 Area: 2185 Sq. Ft.

10/30/01 Willie Harris DENNIS RICHARDSON  
Date By:Print Sign CITY BUILDING OFFICIAL

[ Finald By:DRP,DLV,NRB,MJG,CP ]

*This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.*

**POST IN A CONSPICUOUS PLACE**

**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: 70605 / BASKIN RIBBINS Phone: 916 421 0828  
 Site Address: 1501 - 16TH ST Suite: \_\_\_\_\_  
 (Street) (Zip)  
 Business Owner/Representative: STEVE BUTTERFIELD Phone: 916 635-2999  
 Nature of Business: SANDWICHES & ICE CREAMING SHOP  
 Property Owner: JFL PROPERTIES Phone: 916 443-5300  
 Address: 2206 K ST Suite: 3  
 (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: ROBERT B. BUTTERFIELD  
 (Print)  
Robert Butterfield (Signature) 3-22-01 (Date)

BID Use Only: Plan Ck# <u>110012</u> Permit # <u>110050</u> OK to issue prmt? <input checked="" type="checkbox"/> <u>3-22-01</u> F.D. Appr Req'd? Yes No init date _____	
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 _____	

COUNTY SANITATION DISTRICT NO. 13  
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT  
**SEWER IMPACT FEE**  
 PERMIT AND CALCULATION SHEET

APPLICATION NO:  
 GENERAL INFORMATION

BIDG PERMIT NO. *SPW1001-00111*  
 THIS PERMIT GOOD ONLY WHEN  
 VALIDATED BY THE CASHIER

*467031*  
 THIS PERMIT TO CONNECT EXPIRES  
 ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION

BUILDING USE

INSPECTION	RESIDENTIAL	SP	MF	UNITS
CSD-1				
SRCSD				
CONSTRUCTION				
IN-LIEU				
<b>TOTAL FEE</b>				<b>24,040</b>

APN: *006-0224-028*

DESCRIPTION/  
 SUBDIVISION

PROPERTY ADDRESS *1501 16th Street* H 169

OWNER *SHASTA BROWNTOWN*

MAILING ADDRESS

CITY-STATE-ZIP *SACRAMENTO CA 95814* PHONE

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE *[Signature]* *3/21/01*

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT INPUT START

# 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 # <span style="font-size: 2em; font-family: cursive;">01-00 930</span>	Insp. Area <span style="font-size: 2em; font-family: cursive;">11</span>
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Applicant MUST complete ALL Unshaded areas

ADDRESS 1507 16th ST Suite # 109  
 PARCEL # 006-0234-028

<p style="text-align: center;"><b>CONTACT</b></p> Name <u>BOB BUTTBART-IRLD</u> Street Address <u>11437 SUNRISE GOLD CIRCLE #A</u> City/State/Zip <u>RANCHO C</u> Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>783380</u></p> Name <u>MCKINLEY COMPANY</u> Address <u>11437 SUNRISE GOLD CIRCLE #A</u> City/State/Zip <u>RANCHO CORDOVA CA, 95742</u> Phone <u>916 635-2999</u> FAX <u>635 8096</u> E-mail: <u>BOB MCKINLEY COMPANY.COM</u>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER C9236</b></p> Name <u>ARKTAGRAF, INCORPORATED</u> Address <u>1300 27th STREET</u> City/State/Zip <u>SACRAMENTO, CALIF.</u> Phone <u>916 736-6920</u> FAX _____ E-mail: _____	<p style="text-align: center;"><b>OWNER</b></p> Name <u>RAHED INVESTMENT, INC. SOY MOHAN</u> Address <u>24 WATERSHORE CIR</u> City/State/Zip <u>SACRAMENTO, CA, 95831</u> Phone <u>421 0828</u> FAX <u>421 0858</u> E-mail: _____

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: AMERICAN INTERSTATE INSURANCE  
 → WORKER'S COMPENSATION POLICY # COWCLA 152619 EXPIRATION DATE: 6-30 01

NATURE OF WORK IN DETAIL: RESTAURANT PERMITS

CONDITIONS: 207; 199

OCCUPANT/TENANT: TOGOS - Baskin Robbins VALUATION: \$ 42,214<sup>00</sup>

FLOOD STATUS: <u>LR</u>		S.C.A.T. <u>0</u>								
JOB DESCRIPTION		BLDG	SHELL	APT	TI ( )	REM ( <u>✓</u> )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y/N</u>	Fed Code	Vio. File		
<u>3</u>	<u>2185</u>	<u>2185</u>		<u>B</u>	<u>1</u>	<u>Y</u>	<u>18</u>	[H]	[Quad]	
<u>(P)</u>	<u>(L)</u>	<u>(P)</u>	<u>(M)</u>	<u>(E)</u>	<u>(F)</u>	<u>(S)</u>	<u>D</u>	PW	UTIL	

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REGIONAL SANITATION FEES  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

7046

Date of Request: \_\_\_\_\_

By: \_\_\_\_\_

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

X Project Address: 1501 16TH SUITE 109 STREET AT Q ST

Assessor's Parcel Number: 006-0234-~~028~~ 028 & 029

(former 0011-005 & 019-023)

Previous Use: exist. commercial bldg.

X Description of Request/Proposed Use: remodel to Togo's/  
Baskin Robbins restaurant

Is This a Change of Use? NO

Zoning Designation: C-2

Prior Applications for Project Site(P#, Z#, DRPB#): 798-120; 799-010  
(LLM) (UM)

Comments: \_\_\_\_\_

Central City D.R.; Store Front Street Ord. 99-030;  
work limited to interior work only; signage  
will be subject to D.R.; CADA project, may submit for T.I.

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 ABOVE

Planning Review by/Date: PHIL REED 1/22/01

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

MICROFILM AFTER FINAL

**RECEIPT  
ENVIRONMENTAL MANAGEMENT DEPARTMENT  
ENVIRONMENTAL HEALTH**

RECEIVED FROM: McKinley Comp. DATE: 1/23/01  
 ADDRESS: 11437 Sunrise Gold Cir. Suite E Rancho Cordova, CA 95742  
 AMOUNT RECEIVED: \$ 482.00 CHECK NO.: 12306  CASH  CREDIT CARD  
 FACILITY NAME: Togo's / Baker Robbins  
 FACILITY ADDRESS: 1501 16th Street Suite #109  
 CASE NO.: \_\_\_\_\_

IN FEE SUMMARY

REVENUE DESCRIPTION: (KEY 33)

COST CTR.	REVENUE	ORDER #	AMOUNT
6206202304	96964301	E32142	\$ 482.00
6206202304	96964403	E32143	\$
6206202304	96964302	E32142	\$
6206202304	92929018	E32131	\$
6206202304	96964402	E32142	\$

- PLAN REVIEW - FOOD
- PLAN REVIEW - NOISE
- PLAN REVIEW - POOLS
- PUBLIC POOL FEE (CONSTRUCTION INSPECTIONS)
- PLAN REVIEW - TENTATIVE PLOT APPROVAL

SIGNATURE: \_\_\_\_\_

REVISED 10/25/00  
W:\DATA\FORMS\EHD\RECEIPT

White - Cashier

Yellow - Customer

Pink - Environmental Management Department



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

**JANUARY 17, 2001**  
**RECEIVING FAX: 916-635-8096**  
**SENDING FAX: 916-875-6253**

**TO: TOGO'S**  
C/O MCKINLEY CO.

**FROM: DOLORES ROSS**  
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

**RE: SEWER FACILITY IMPACT FEES**  
**1501 - 16th St. # 109**

**APN: 006-0234-028**  
**Plan Check \_\_\_\_\_**

The Sewer Facility Impact Fees due for a 2,185 sq. ft. TOGO'S at the above address are as follows:

Impact to Sacramento Regional County Sanitation District      \$ 24,040

The above fees are effective through February 28, 2001. If you have any questions regarding the above, please feel free to call me at 875-6679.

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

[www.srcsd.com](http://www.srcsd.com)  
e-mail [rossd@SacCounty.net](mailto:rossd@SacCounty.net)



**McKinley Company**  
*Design-Build Construction*  
License. #522174

11437 Sunrise Gold Circle, Suite E  
Rancho Cordova, CA 95742  
(916) 635-2999 FAX (916) 635-8096

**Commercial Construction**  
**Tenant Improvements ♦ Restaurants**

# Facsimile Transmittal

Date: January 22, 2001  
12:42 PM

To: **Sac City**  
Atten: **Bob**  
Fax#: **916-264-7046** 4101 or 1902  
From: **Steve Butterfield**  
Re: **16th and O st Togo's Sewer Fees**  
Pages sent: **2** (Includes this Page)

[xxxx] URGENT  FOR REVIEW  PLEASE COMMENT  PLEASE REPLY

Comments:

Please see the attached sewer fees for the above name project. ☺

Thank you,

**Steve Butterfield**

The information contained in the following page(s) may be of a confidential nature and is not to be conveyed to any person, other than the addressee without prior consent of the sender.



10555 Old Placerville Road  
Sacramento, CA 95827-2603  
Phone: (916) 368-4488  
FAX: (916) 368-4460  
A California Corporation  
www.saceng.com

MECHANICAL, ELECTRICAL & FIRE PROTECTION ENGINEERING SERVICES

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## FAX TRANSMITTAL

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DATE: May 1, 2001  
TO: ARKTEGRAFF, INC  
PHONE: 916-736-6920  
FAX: 916-736-6924  
ATTN.: Randy Williams  
FROM: Elias Hermosillo (elias@saceng.com)  
PROJECT: BASKIN ROBBINS/TOGOS (SEC #00457)  
RE: INSULATION

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Randy:

Since the field inspector is not requiring insulation and the codes do not require insulation on the hot water system. The contractor has the option to install the insulation. Note #6 on sheet P-1 is for energy conservation only and does not have to be installed since the farthest run for hot water is under 50 ft.

Please call if you have any questions.

Elias Hermosillo  
Mechanical Designer

*sk NRB*

**MEMORANDUM**

**SACRAMENTO FIRE DEPARTMENT**

**TO:** BUILDING DEPARTMENT

**DATE:** 5-7-01

**FROM:** Troy Malaspino  
Fire Marshal

**SUBJECT: FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

1521 16<sup>th</sup> ST

Has been conducted by Inspector

C. PACE

On

5-3-01

00-13172-799  
Permit Number

1,367  
Square Footage

Remodel w/ sprinklers  
Type of Inspection

They system is acceptable by this department.

R. Woodman  
By: Ross L. Woodman,  
Fire Prevention Officer II

7I-968  
F.D. Reference Number

