

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

**Permit No: 9905678**  
**Insp Area: 2**

**Site Address: 6500 MACK RD SAC**  
Parcel No: 117-0330-002

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

CONTRACTOR  
HENDERSON CONSTRUCTION  
2680 FERRIS ST  
STOCKTON, CA 95205

OWNER  
BURTIS CORPORATION  
LOS ANGELES CA  
95823

ARCHITECT

**Nature of Work:** NEW FUEL DISPENSER UNITS & KEY PADS, CONCRETE GARBAGE CONTAINERS & CANOPY LTS

**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.

X License Class A 412 B License Number 721376 Date 9-8-79 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 above mentioned property for inspection purposes.

Date 9-8-79 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 FERRISMENT CO/MP Policy Number W08403501 Exp Date 5/1/2000

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.

X Date 9-8-79 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.**

### City of Sacramento Development Services Division Planning and Zoning Information Request

Project Address: 6500 MACLE Rd

Assessor's Parcel Number: 117 330 002

PREVIOUS USE \_\_\_\_\_  
Current Land Use: EAS STATION (E)

Description of Request/Proposed Use: changing dispensers

IS THIS A CHANGE OF USE? \_\_\_\_\_

Zoning Designation: C2

Prior Applications for Project Site(P#,Z#,DRP#): \_\_\_\_\_

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

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: [Signature] 5-11-99

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

MICHAEL [Signature]

**CITY OF SACRAMENTO**  
**APPLICATION FOR COMMERCIAL BUILDING PERMIT**

DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION  
 1231 I Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 9905678C Insp. Area 2C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 6500 MACK ROAD Suite \_\_\_\_\_  
 PARCEL # 117 330 002

<b>CONTACT</b>		<b>LICENSED CONTRACTOR</b> Lic No. # _____	
Name <u>LUPE RENTERIA</u>		Name <u>NYD</u>	
Address <u>1401 HAYWARD DR #140 WS 95691</u>		Address _____	
Phone <u>372-2100</u> FAX <u>371-9202</u>		Phone _____ FAX _____	
E-mail <u>lupe-renteria@hotmail.com</u>		E-mail _____	
<b>ARCHITECT/ENGINEER</b>		<b>OWNER</b>	
Name <u>MAJORS</u>		Name <u>TUSCO MARKETING COMPANY</u>	
Address <u>1401 HAYWARD DR #140 WS 95691</u>		Address <u>PO BOX 52084 PHOENIX AZ 85072</u>	
Phone <u>372-2100</u> FAX <u>371-9201</u>		Phone <u>(602) 200-4521</u> FAX _____ <i>DISCONNECTED</i>	
E-mail _____		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: PLEASE SEE ATTACHED  
NEW FUEL DISPENSER UNITS, GARBAGE UNITS, CANOPY LIGHTING, DISPENSER  
KEY PAD

OCCUPANT/TENANT: DENNIS CAMPBELL VALUATION: \$23,000

FLOOD STATUS: _____		S.C.A.T. _____							
JOB DESCRIPTION	BLDG	SHELL	APT	TI ( )	REM (X)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	MECH	<u>PLUMB</u>	<u>ELEC</u>	SITE	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File
						SPR	ALARM	<u>13</u>	[H] [Quad]
<u>B</u>	<u>L</u>	<u>P</u>	M	<u>E</u>	F	S	<u>D</u>	PW	UTIL
		<u>13</u>		<u>13</u>			<u>SD</u>		

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

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

**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: TOSCO 26 SERVICE STATION #5579 Phone: 689-1076  
 Site Address: 6500 MACK ROAD SACRAMENTO Suite: \_\_\_\_\_  
(Street) (Zip)  
 Business Owner/Representative: MAJORS - LUPE BENTERIA Phone: 372-2100  
 Nature of Business: GAS STATION / SERVICE STATION  
 Property Owner: TOSCO CORPORATION Phone: (602) 200-4521  
 Address: P.O. BOX 52084 Suite: \_\_\_\_\_  
(Street)  
PHOENIX AZ 85272  
(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

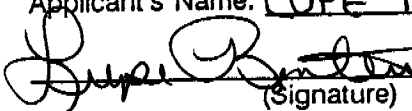
If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.

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: LUPE BENTERIA  
(Print)  
 5/1/99  
(Signature) (Date)

BID Use Only: Plan Ck# _____ Permit # <u>990567A</u> OK to issue prmt? <input checked="" type="checkbox"/> <u>5/1/99</u> D. Appr Req'd? <input checked="" type="checkbox"/> Yes No <small>init date</small>	
Hold on Certificate of Occupancy? <input checked="" type="checkbox"/> Yes No	
Fire Dept. Use Only: OK to issue permit? init _____ date _____ OK to issue Certificate of Occupancy? init _____ date _____	