

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0101783
Insp Area: 3

Site Address: 6750 FLORIN PERKINS RD SAC
Parcel No: 064-0010-049

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

CONTRACTOR

OWNER

ARCHITECT

FLASHBACK AUTO BODY
6750 FLORIN PERKINS RD
SAC CA 94903

Nature of Work: INSTALL 3 EXHAUST BENCHES

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 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 3-8-07 Owner Signature [Signature] as agent for owner

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 3-8-07 Applicant Agent Signature [Signature] as agent for owner

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 _____ Policy Number _____ Exp Date _____

(This section need not be completed if the permit is for a **NEIGHBORHOODS PLANNING AND DEVELOPMENT PROJECT**) 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 3-8-07 Applicant Signature [Signature] as agent for owner

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
BUILDING INSPECTIONS DIVISION
PERMIT SERVICES

PERMIT # 0101783

ADDRESS: 6750 FLOWN PECKINS RD

This application will need one or more of the following items
before it can be issued:

- Owner/Builder Form (legal document)
- Current Certificate of Workers' Comp.
- Hazardous Materials Form (hazmat)
(Orig. in folder, golden-applicant, 2 to fire)
- Letter of Authorization Required to sign by Contractor or Owner
- School Impact Fee (copy of paid receipt)
- HCD Forms (state 445-4782) for Modular/Coaches
- County Regional Sanitation Fee (copy of receipt)
(Deloras Ross @ 827-7th street, Rm 105, window. 10-ph:875-6679)
- Habitat Conservation Plan Fee (Dob Robinson or Farmarz Ansari)
- PERMIT FEES 400 Due
- Driveway Permit \$ _____
(public works)
- Encroachment Permit \$ _____
- Special Conditions (enter computer, mark margin of permit at final, attach
instructions to permit, and 1 copy in each folder, + CUSTOMER COPY)
- Special Inspections XI (1 copy each folder, 1 to CAROLINE)
- Flood Elevation Certificate (1 copy B. Nakashima, 1 in folder)
- Other _____

Spoke w/ Mary

Date Notified 3/5/01 Plans in Bin// 83

Initials Dy AR Processed By: [Signature]

Microfilm @ Final

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: Flashback Auto Body Phone: _____
 Site Address: 6750 Florin Perkins Suite: _____
(Street) (Zip)
 Business Owner/Representative: _____ Phone: _____
 Nature of Business: Body Shop
 Property Owner: _____ 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.

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: Brad Hendler
(Print)
Brad Hendler 3-8-01
(Signature) (Date)

| | |
|--|-------------------------|
| BID Use Only: Plan Ck# _____ Permit # <u>0101783</u> | |
| OK to issue prmt? <input checked="" type="checkbox"/> | F.D. Appr Req'd? Yes No |
| init: <u>SB 380</u> | date: _____ |
| Hold on Certificate of Occupancy? Yes <input checked="" type="checkbox"/> No | |
| Fire Dept. Use Only: | |
| OK to issue permit? ini: _____ | date: _____ |
| OK to issue Certificate of Occupancy? ini: _____ | date: _____ |

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION
 1231 I Street, Rm. 200
 Sacramento, CA 95816 (916) 445-7000 FAX (916) 445-7046

| | |
|----------------------|-----------------------|
| COUNTY: <u>YOUBA</u> | Insp. Area: <u>3C</u> |
|----------------------|-----------------------|

Applicant **MUST** complete ALL Unshaded areas

ADDRESS: 10750 FLORIAN PERKINS RD Suite _____
 PARCEL # _____

OWNER

Name: MARY PERKINS
 Street Address: PO BOX 1043
 City/State/Zip: SACRAMENTO CA 95833
 Phone: 916 352-3200 FAX: 916 352-3200
 E-mail: MSPERKINS@SACRAMENTO.CA.GOV

LICENSED CONTRACTOR Lic No. 40451104

Name: CARL L. WAGAN - Air Filtration Co.
 Address: 250 AIR DOCK PKWY
 City/State/Zip: OCCOUILLE CA 95899
 Phone: 916-331-7111 FAX: 530-533-0179
 E-mail: SALES@AFC-CA.COM

OWNER

Name: Flashback Auto Body
 Address: 10750 FLORIAN PERKINS RD
 City/State/Zip: SACRAMENTO, CA
 Phone: 916-482-1863 FAX _____
 E-mail: _____

INSURANCE CO: _____
 WORKER'S COMPENSATION POLICY: 12345678901234567890 EXPIRATION DATE: 1/1/00

| | | | | | | | |
|---|--|-------------------|--|---|--|------------------------|--|
| NATURE OF WORK IN DETAIL: <u>INSTALLATION OF AIR FILTRATION REACHES</u> | | | | | | | |
| OCCUPANT/tenant: <u>Flashback Auto Body</u> | | | | VALUATION: <u>\$10,000</u> | | | |
| FLOOD STATUS: _____ | | S.E. _____ | | REMARKS: _____ | | FIRE ADD: <u>(OTH)</u> | |
| JOB DESCRIPTION: _____ | | APT. _____ | | SITE: _____ | | FIRE: _____ | |
| INSPECTION DISTRICT: _____ | | PLUMB: _____ | | ELECTRICAL: _____ | | SITE: _____ | |
| F. Stories: _____ | | Const type: _____ | | Foot Cade: _____ | | Vio. File: _____ | |
| _____ | | _____ | | _____ | | [H] [Qual] | |
| _____ | | _____ | | _____ | | PW UTIL | |
| _____ | | _____ | | _____ | | _____ | |
| COMMENTS: _____ | | | | | | | |
| _____ | | | | | | | |
| _____ | | | | | | | |
| REGIONAL SALES: _____ | | | | HEALTH DEPARTMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| _____ | | | | FIRE DEPARTMENT: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID CP
AIRFI-1

DATE (MM/DD/YY)
02/15/01

PRODUCER

North Valley Insurance Agency
120 Independence Circle, #F
Chico CA 95973
Phone: 530-345-9849 Fax: 530-345-9857

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

Air Filtration Company Inc.
250 Airport Parkway
Oroville CA 95965

INSURER A: **Everest National Insurance Co**
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------|--|----------------|----------------------------------|-----------------------------------|--|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ |
| | EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | 3900007791-011 | 01/01/01 | 01/01/02 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1000000 E.L. DISEASE - EA EMPLOYEE \$ 1000000 E.L. DISEASE - POLICY LIMIT \$ 1000000 |
| | OTHER | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Contractors License #404511

CERTIFICATE HOLDER

N

ADDITIONAL INSURED: INSURER LETTER:

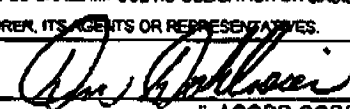
CANCELLATION

CONTRACT

 Contractors State License Board
 PO Box 26000
 Sacramento, CA 95826

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **10** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

Don Dahlmeier



ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR ME
AIRFI-1

DATE (MM/DD/YY)
11/21/00

PRODUCER
InterWest Ins. Serv. Inc./LH&A
License #0B01094
P.O. Box 8110
Chico CA 95927
Phone: 530-895-1010 Fax: 530-895-3165

INSURED

Air Filtration Co., Inc.
250 Airport Pkwy
Oroville CA 95965

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURER A: **Northwestern Pacific Indemnity**
INSURER B: **Vigilant Insurance**
INSURER C:
INSURER D:
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|----------|---|---------------|----------------------------------|-----------------------------------|-------------------------------------|--------------|
| B | GENERAL LIABILITY | 3535-91-53 | 11/08/00 | 11/08/01 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | FIRE DAMAGE (Any one fire) | \$ Included |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | MED EXP (Any one person) | \$ 10,000 |
| | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | |
| | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | <input type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN EA ACC | \$ |
| | | | | | AUTO ONLY: AGG | \$ |
| A | EXCESS LIABILITY | 7976-01-05 | 11/08/00 | 11/08/01 | EACH OCCURRENCE | \$ 1,000,000 |
| | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE | \$ 1,000,000 |
| | <input type="checkbox"/> DEDUCTIBLE | | | | Retention | \$ 0 |
| | RETENTION \$ | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATU-TORY LIMITS | OTH-ER |
| | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| | OTHER | | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

If certificate of insurance is desired please contact the Named Insured or InterWest Insurance Services/Lindo, Hanna & Abbott at 1-800-873-3725 or 530-895-1010. Certificate Holder requirements include the name of the additional insured and their address to issue.

CERTIFICATE HOLDER

N

ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

SAMPLE-1
SAMPLE CERTIFICATE ONLY
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXX CA XXXXX

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

Keith Schuler
Keith Schuler