

**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 3-8-01 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 3-8-01 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 3-8-01 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 FLOREN 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?	init: _____ date: _____

**APPLICATION FOR COMMERCIAL BUILDING PERMIT**

**CITY OF SACRAMENTO**  
**DEVELOPMENT SERVICES DIVISION**  
**PERMIT SERVICES SECTION**  
 1231 I Street, Rm. 200  
 Sacramento, CA 95816 (916) 491-7000 FAX (916) 491-7046

COUNTY: <u>COCONINO</u>	Insp. Area: <u>3C</u>
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*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: SALEM, OR 97301  
 Phone: 503-352-3200 FAX: 503-352-3200  
 E-mail: MSPERKINS@GMAIL.COM

**LICENSED CONTRACTOR** Lic No. # 40451104

Name: CARL L. WAGAN - Air Filtration Co.  
 Address: 250 AIR DOCK PKWY  
 City/State/Zip: COONVILLE, CA 95824  
 Phone: 909-331-3111 FAX: 909-331-3111  
 E-mail: SALES@AFC-CA.COM

**ADDITIONAL CONTACTS**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**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: 1/1/10

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: _____	
_____		_____		_____		PW: _____	
_____		_____		_____		UTIL: _____	
COMMENTS: _____							
_____							
_____							
REGIONAL SALES: _____				HEALTH DEPARTMENT: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
_____				FIRE DEPARTMENT: <input type="checkbox"/> Yes <input checked="" 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

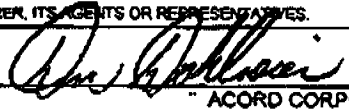
INSURER A: **Evezeat National Insurance Co**  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

**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								
	<b>GENERAL LIABILITY</b> <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 \$								
	<b>AUTOMOBILE LIABILITY</b> <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) \$								
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$								
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	3900007791-011	01/01/01	01/01/02	<table border="1"> <tr> <td><input checked="" type="checkbox"/> WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1000000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1000000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1000000</td> </tr> </table>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$ 1000000	E.L. DISEASE - EA EMPLOYEE	\$ 1000000	E.L. DISEASE - POLICY LIMIT	\$ 1000000
<input checked="" type="checkbox"/> WC STATUTORY LIMITS	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	ADDITIONAL INSURED: INSURER LETTER:	CANCELLATION
<b>Contractors State License Board</b> 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 <b>10</b> 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
	<input type="checkbox"/> 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 CERTIFICATE ONLY  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXX CA XXXXX

SAMPL-1

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