

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 9903267

Insp Area: 3

Site Address: 3840 STOCKTON BL SAC

Parcel No: 014-0294-008

Sub-Type: ACOM

Housing (Y/N): N

CONTRACTOR

OWNER

ADAMS GEORGIA JOANN  
1340 44TH ST  
SACRAMENTO CA 95819

ARCHITECT

Nature of Work: EXTERIOR FACADE RENOVATION

**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 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.)

A 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 April 8, 1999 Owner Signature Georgia Adams

**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 April 8, 1999 Applicant/Agent Signature Georgia Adams

**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 \$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 April 8, 1999 Applicant Signature Georgia Adams

**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.**

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

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

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

Project Address: 3840 Stockton Blvd -

Assessor's Parcel Number: 014-0294-008

Previous Use: 2 story commercial bldg

Description of Request/Proposed Use: facade enhancement.

Is This a Change of Use? no

Prior Applications for Project Site(P#, Z#, DRPB#): DR99-016 Zoning Designation: ~~DR99-016~~ C2 Oak Park Des. Rev.

Comments: Comply with all requirements of Design Review DR99-016. Modification of windows @ east elevation ok. including doors.

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: D. Decker 10/3/02 DR99-016 OK R. Van

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

MICROFILM AFTER FINAL

# PERMIT SUMMARY DOCUMENT

Bldg Commercial  
READY

Address: **3840 STOCKTON BL SAC** Date Issued: Area: 3

Permit #: **0011856** Thomas Bros: 316H4 873

Location:

APN: 014-0294-008

Owner: ADAMS GEORGIA JOANN  
1340 44TH ST  
SACRAMENTO CA  
95819

Contractor:

Phone:

Phone:

JOB DESCRIPTION: EXTERIOR FACADE IMPROVEMENTS ONLY: COMPLETE WORK ON EXPIRED PERMIT 9903267

DBA:

Occupancy: B	Change of Use: N	Zoning: ??
Const Type:	Sub-Type: REM	DR: Oak Park
Fire Sprinkler?: N	Activity Code: Z2	Fed Code: 15
Flood Zone: NR	Cert Req'd: N	Balance: \$192.16

VALUATION: \$3,600.00 Sq. Ft: 0 Reg San: \$0.00 School Fees Req'd: Y or N

BLDG Y MECH N PLBG N ELEC Y SITE Y FIRE N

	<u>BLDG</u>	<u>L/S</u>	<u>MECH</u>	<u>PLBG</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>	<u>UTIL</u>	<u>PW</u>
Cycle 1	JST	JST	JMT	JMT	GMC		LMB		
Cycle 2									
Cycle 3									
Cycle 4									

CONDITIONS: Cond: X16  
CRP - Design Review

**APPLICATION FOR COMMERCIAL BUILDING PERMIT**

BINDER  
FOLOSER

**CITY OF SACRAMENTO**  
DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

1231 I Street, Rm. 200  
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # <b>0011856</b>	Insp. Area <b>3H</b>
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**Applicant MUST complete ALL Unshaded areas**

ADDRESS 3840 STOCKTON BOULEVARD Suite A-B-C  
PARCEL # 014-0294-008

<p align="center"><b>CONTACT</b></p> <p>Name <u>GEORGIA ADAMS</u> Street Address <u>1340-44 STREET</u> City/State/Zip <u>SACRAMENTO CALIF. 95819</u> Phone <u>916-451-9204</u> FAX <u>916-927-1745</u> E-mail: <u>(my business fax)</u></p>		<p align="center"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name <u>T.O.</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	
<p align="center"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>TED WALKER ARCHITECT</u> Address <u>P.O. BOX 189681</u> City/State/Zip <u>SAC. CA 95819</u> Phone <u>916-448-2204</u> FAX <u>916-448-2204</u> E-mail: _____</p>		<p align="center"><b>OWNER</b></p> <p>Name <u>GEORGIA ADAMS</u> Address <u>1340-44 STREET</u> City/State/Zip <u>SACRAMENTO CALIF 95819</u> Phone <u>916-451-9204</u> FAX <u>916-927-1745</u> E-mail: _____</p>	

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

NATURE OF WORK IN DETAIL: COLOR COAT FRONT OF BUILDING AFTER INSTALLING STYROFOAM WINDOW AND DOOR TRIM AND BUILDING FRAM. INSTALL TILES IN FRONT OF BUILDING UNDER WINDOWS, COLOR COAT OF FACADE & INSTALL IMPROVEMENTS ON W SUB PAVES AND ONE GFI RECOMPLATE - EXPIRED PERMITS, 9903267

OCCUPANT/TENANT: VACANT AT PRESENT VALUATION: \$ 3600.00

FLOOD STATUS:		S.C.A.T. <u>XIG</u>							
JOB DESCRIPTION	BLDG	SHELL	APT	TI( )	REM( <u>X</u> )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	MECH	PLUMB	<u>ELEC</u>	<del>MECH</del>	FIRE		
# Stories	1st firArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N	Fed Code	Vio. File	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>B</u>	<u>F</u>	SPR   ALARM	<u>15</u>	[H] [Quad]	
						<del>SPR</del>	<u>D</u>	PW	UTIL
							<u>SMB</u>		

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

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: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Site Address: 3840 STOCKTON BOULEVARD, SACRA 95820 Suite: \_\_\_\_\_  
(Street) (Zip)  
 Business Owner/Representative: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_  
 Property Owner: GEORGIA J. ADAMS Phone: \_\_\_\_\_  
 Address: 1340 44 STREET Suite: \_\_\_\_\_  
SACRAMENTO CALIF 95819  
(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: GEORGIA J. ADAMS  
(Print)  
Georgia J. Adams 1-16-01  
(Signature) (Date)

BID Use Only:	Plan Ck# _____	Permit # <u>0011856</u>
OK to issue prmt?	<input checked="" type="checkbox"/> <u>SEP 16</u> init date	F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Fire Dept. Use Only:		
OK to issue permit?	init _____ date _____	
OK to issue Certificate of Occupancy?	init _____ date _____	

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) \_\_\_\_\_

2. I (have/have not) \_\_\_\_\_ signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name TBA Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name TBA Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

Signed George J. Adams

Job Address 3840 STOCKTON BLV.

Permit No: 0011856