

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0312653
Insp Area: 1
Thos Bros: 297 D5

Site Address: 1423 R ST SAC
Parcel No: 006-0287-013

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

CONTRACTOR
EDDINGS COMMERCIAL CONTRACRORS
4745 COUGHLIN PARKWAY STE 100
RENO NEVADA 89509

OWNER
6061 GREYSTONE PL
GRANITE BAY, CA 95746

ARCHITECT
EMPIRE EVENTS, LLC

Nature of Work: TI IN EXISTING SHELL FOR BAR/NIGHT CLUB 10,772 SF

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 566327 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.)

____ 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 1-29-04 Owner Signature [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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 1-29-04 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 in 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 STAR INS. CO Policy Number WC0158976 Date 03/31/2004

(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 1-29-04 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.

PAID
CITY OF SACRAMENTO
JAN 29 2004
NORTH PERMIT CENTER

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy
For Information Contact (916) 264-5716

Building Address: 1417 R ST Permit No.: 0312653
Building Use: NIGHTCLUB DBA: EMPIRE NIGHTCLUB Occupancy: M
Building Owner: EMPIRE EVENTS LLC Construction Type: VHR
Owner Address: GRANITE BAY, CA Sprinkled? Yes No
Portion of Building Occupied: T.I. Area: 10772 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

4/9/04
Date

Nicholas Brubaker
By: (Print) Sign

DENNIS RICHARDSON
CHIEF BUILDING OFFICIAL

[TCO approvals: SLG,PWC,NRB]

CBC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address:	<u>1417 R STREET</u>	Permit No.:	<u>0312653</u>
Building Use:	<u>NIGHTCLUB</u>	Occupancy:	<u>A2-1</u>
Building Owner:	<u>EMPIRE EVENTS LLC</u>	Construction Type:	<u>V-1HR</u>
Owner Address:	<u>6061 GREYSTONE PL. GRANITE BAY, CA. 95746</u>	Sprinkled?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Portion of Building Occupied:	<u>EMPIRE NIGHTCLUB</u>	Area:	<u>10,772</u> Sq. Ft.
06-08-2004	RICHARD HEINS		DENNIS RICHARDSON
Date	By: (Print)	Sign	CHIEF BUILDING OFFICIAL

[Finaled By:CP,MG,SG,MSK,PWC]

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 Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
 1231 I Street, Suite 200 or 2101 Arena Bl., 200
 Sacramento, CA 95814 Sacramento, CA 95834
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY # 0312653	Insp. Area IC
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Applicant to complete all areas down to valuation

ADDRESS 1423 R STREET Suite _____
PARCEL # 006-0287-013

<p style="text-align: center;">CONTACT</p> <p>Name <u>DAVID EDWARDS</u> Street Address <u>1109 22ND ST.</u> City/State/Zip <u>SACRAMENTO, CA 95816</u> Phone <u>916-4685</u> FAX <u>447-4685</u> E-mail: <u>dave @ vrilakasarchitects.com</u></p> <p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Same as above</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name <u>TBD</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p> <p style="text-align: center;">OWNER</p> <p>Name <u>Empire Events LLC</u> Address <u>6061 Greystone Pl.</u> City/State/Zip <u>Granite Bay, CA 95746</u> Phone _____ FAX _____ E-mail: _____</p>
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→ Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** _____

→ **WORKER'S COMPENSATION POLICY #** _____ **EXPIRATION DATE:** _____

NATURE OF WORK IN DETAIL: Tenant improvement in an existing shell for a bar & nightclub


OCCUPANT/TENANT: Empire Club **VALUATION: \$** 250,000

FLOOD STATUS						S.C.A.T.			
JOB DESCRIPTION BLDG <input type="checkbox"/> SHELL <input type="checkbox"/> APT <input type="checkbox"/> TI () <input type="checkbox"/> REM () <input type="checkbox"/> SW <input type="checkbox"/> FIRE <input type="checkbox"/> ADD <input type="checkbox"/> OTHER <input type="checkbox"/>									
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE	FIRE	
# Stories	1 st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File
B 1	L	P 2	M	E 3	F 4	SPR	ALARM	D	PW UTIL
						S	S		

COMMENTS:

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

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 1423 R Street	APN: 006-0287-013
DRPB AREA / PUD / SPD: Central City DR	ZONING: RMX-SPD
EXISTING LAND USE: Vacant industrial building	
PROPOSED USE: Tenant Improvement for a bar/nightclub in an existing shell.	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER DR PB Required Planning application must be submitted <i>before</i> project can be submitted for plan check.
<input type="checkbox"/>	Application(s) IN PROGRESS: Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.
<input checked="" type="checkbox"/>	Application(s) COMPLETED: P02-062, P99-061, Z01-171, DR99-081 Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period.
<input type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input checked="" type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
COMMENTS: Plans must comply with all conditions of approval.	
DATE: 8-22-03	BY: Lindsey Alagozian 

RECEIPT
ENVIRONMENTAL MANAGEMENT DEPARTMENT
ENVIRONMENTAL HEALTH

RECEIVED FROM: Empire Events LLC DATE: 8/22/03

ADDRESS: 6061 GreyStone Place

AMOUNT RECEIVED: \$ 629.00 CHECK NO.: 109 CASH CREDIT CARD

FACILITY NAME: Empire Club

FACILITY ADDRESS: 1423 R 57.

CASE NO.: _____

IN FEE SUMMARY

REVENUE DESCRIPTION: (KEY 33)

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

SIGNATURE: Sheba

COST CTR.	REVENUE	ORDER #	AMOUNT
6206202304	96964301	E32142	\$ 629.00
6206202304	96964403	E32143	\$
6206202304	96964302	E32142	\$
6206202304	92929018	E32131	\$
6206202304	96964402	E32142	\$

R STREET PROPERTY
1401 28TH STREET
SACRAMENTO, CA 95816

1096

90-78/1211

DATE 1/28/04

PAY TO THE ORDER OF Sac Regional County Sanitation District \$ 14,972.00
Fourteen thousand nine hundred seventy two & 00/100 DOLLARS



Response Road Office
1651 RESPONSE RD.
SACRAMENTO, CA 95815
1-800-488-2265

[Signature]

FOR

⑈001096⑈ ⑆121100782⑆ 245018106⑈



Sacramento Regional County Sanitation District
10545 Armstrong Avenue
Suite 101
Madison, California
95605

Office: (916) 876-6100
Fax: (916) 876-6101

www.srccd.com



County Sanitation District 1

PERMIT SERVICES:
Sewer Fees,
Permitting Information,
Sewer Service Locations
www.csd-1.com
Technology in balance with nature

OK 1-29-04
COUNTY SANITATION DISTRICT 1
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE
PERMIT AND CALCULATION

APPLICATION NO.:	BLDG PERMIT <u>SWD 2004-00068</u>
GENERAL INFORMATION <u>City of Sac</u>	THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER
	THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE

ISSUED
JAN 29 2004
[Signature]

FEE CALCULATION		BUILDING USE	
INSPECTION		RESIDENTIAL SF <input type="checkbox"/> MF <input type="checkbox"/>	
CSD-1		COMMERCIAL USE	
SRCSD <u>6.47 ESD</u>	<u>14,972</u>	<u>10,772 #</u>	
CONSTRUCTION			
IN-LIEU			
TOTAL FEE	# 14,972		

APN: 006-0287-019

DESCRIPTION/SUBDIVISION _____ LOT: _____

PROPERTY ADDRESS 1423 "R" St

OWNER THE EMPIRE CLUB

MAILING ADDRESS _____

CITY-STATE-ZIP _____ PHONE _____

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

APPLICANT SIGNATURE *[Signature]*

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____

ECC eddings commercial contractors
 2742 CALLETON WAY, SUITE 8100, DALLAS, TX 75243

REQUEST FOR INFORMATION

ECC Job No: 15TH & R MIXED USE PROJECT
 Tel: 916 447-4144 Fax: 916 447-4143

Yes Yes RFI No: _____ Date: 2-23-04

Occupancy: Checkboxes and instructions of the following items:

Project: 15TH & R **DESCRIPTION**

Location	Comments	Submittals
<u>ELEVATOR @ GALERIA</u>	_____	_____
Spec. Ref: _____	_____	_____
Issued By: <u>D. EDWARDS</u>	_____	_____
Date: <u>POINT 2 643 4040</u>	_____	_____
Asn: <u>JASPER / BRAD</u>	_____	_____
PLEASE RESPOND BY: _____	_____	_____

ELEVATOR PENTHOUSE STEPPING WAS BUILT PER 1/24.2
W/ 1/2" X 3'-0" STRAPS @ EA. END. DETAIL 12/24.0 SHOWS
1/2" X 4'-0" STRAPS & THE INSPECTOR WANTS THOSE EVERY
WHERE. PLEASE CONFIRM THAT THE 3'-0" LONG STRAPS ARE
APPROPRIATE ON ALL 4 PENTHOUSE WALLS.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	COST IMPACT
<input type="checkbox"/>	<input type="checkbox"/>	POSSIBLE COST IMPACT
<input type="checkbox"/>	<input type="checkbox"/>	SCHEDULE IMPACT

RESPONSE: CS16 X 3'-0" STRAP OKAY

CHECK HERE IF ADDITIONAL COMMENTS ARE ATTACHED TO THIS FORM

CC: FR _____
 TOTAL PAGES: ()

COUNTY OF SACRAMENTO
 ENVIRONMENTAL MANGEMENT DEPARTMENT
 ENVIRONMENTAL HEALTH DIVISION
 8475 JACKSON RD, STE 240
 SACRAMENTO CA 95826-3904
 (916) 875-8440 • FAX (916) 875-8513

BACKFLOW ASSEMBLY TEST REPORT

WATER PURVEYOR: _____

IF APPLICABLE, WATER METER NO.: _____

ASSEMBLY INFORMATION		
TYPE: <u>RP</u>	SIZE: <u>1/2"</u>	MFG: <u>WATTS</u>
MODEL: <u>009 QT</u>	SERIAL NO.: <u>27620</u>	
<input type="checkbox"/> EXISTING ⇒ REFERENCE NO.: _____		
<input type="checkbox"/> REPLACEMENT ⇒ OLD ASSEMBLY SERIAL NO.: _____		
<input checked="" type="checkbox"/> NEW ⇒ PLUMBING PERMIT NO.: _____		
TYPE OF SERVICE: DOMESTIC <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE <input type="checkbox"/>		

FACILITY	BUSINESS NAME: <u>Empire Night Club</u>	SITE PHONE: <u>2147-4144</u>
	SITE ADDRESS: <u>1417 R ST</u>	CITY: <u>SAK</u>
ASSEMBLY LOCATION: <small>(Please use dimensions and notations for chase, property lines, curb, and/or other permanent features.)</small> INTERNAL <input checked="" type="checkbox"/> <u>in Water heater Room in soda</u> <small>(Please provide details such as name of room, end of room, unit / suite number)</small>		
OWNER / MANAGEMENT	HOME OR PERSONAL INFORMATION IS NOT GIVEN ON PUBLIC RECORD SEARCHES. ARE THE ADDRESS AND THE PHONE NUMBER BELOW FOR YOUR HOME OR BUSINESS? HOME: <input type="checkbox"/> BUSINESS: <input checked="" type="checkbox"/> MAILING ADDRESS CORRECTION REQUESTED <input type="checkbox"/>	
	OWNER / CONTACT NAME (ATTN): <u>Colin Harkins</u>	PHONE: <u>331-1367</u>
	MANAGEMENT NAME (C/O): <u>Plumbing Connection Inc.</u>	CELL PHONE: <u>496-1925</u>
	MAILING ADDRESS: <u>11440 Sunrise Gold Rd</u>	FAX NUMBER: <u>859-0210</u>
	CITY, STATE, & ZIP: <u>Rancho Cordova, CAL. 95744</u>	OTHER: _____

TEST RESULTS INFORMATION

	DOUBLE CHECK VALVE ASSEMBLY	REDUCING PRESSURE ASSEMBLY	ORF VALVE	CHECK VALVE	ATMOSPHERIC VENT
	NO.	NO.	NO.	NO.	NO.
INITIAL TEST	HELD AT: <u>9:3</u> PSID	HELD AT: _____ PSID	OPENED AT: <u>5:1</u> PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID
	LEAKED <input type="checkbox"/>	CLOSED TIGHT (RP) <input checked="" type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED UNDER 2.0 PSID OR DID NOT OPEN <input type="checkbox"/>	OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	LEAKED <input type="checkbox"/>
REPAIRS	1) CLEANED <input type="checkbox"/> REPLACED: _____ 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: _____ 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) EXERCISED <input type="checkbox"/> REPLACED: _____ 3) DISC(S) <input type="checkbox"/> 4) SPRING <input type="checkbox"/> 5) DIAPHRAGM(S) <input type="checkbox"/> 6) SEAT(S) <input type="checkbox"/> 7) O-RING(S) <input type="checkbox"/> 8) MODULE <input type="checkbox"/> 9) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: _____ 2) DISC <input type="checkbox"/> 3) DIAPHRAGM <input type="checkbox"/> 4) FLOAT <input type="checkbox"/> 5) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> REPLACED: _____ 2) DISC <input type="checkbox"/> 3) MODULE <input type="checkbox"/> 4) OTHER <input type="checkbox"/>
RETEST	HELD AT: _____ PSID	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/>	OPENED AT: _____ PSID	OPENED AT: _____ PSID	HELD AT: _____ PSID

INITIAL TEST	RETEST
START TIME: <u>5:32</u>	START TIME: _____
END TIME: <u>5:43</u>	END TIME: _____
DATE: <u>3-25-04</u>	DATE: _____

COMMENTS: _____

ASSEMBLY: PASSED FAILED TAG NO.: AO3754
 If FAILED, please mail the test report to the County and notify the appropriate water purveyor within 24 hours!

PLEASE MAIL ORIGINAL TO THE COUNTY OFFICE

FREEZE BAG? FREEZE CAGE?

THOMAS GUIDE MAP, PAGE - GRID: _____

SAC COUNTY TESTER NUMBER: 116
 PLEASE PRINT YOUR NAME: Anthony E. New 02
 SIGNATURE: [Signature]