

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

**Permit No: 0011564**

**Insp Area: 2**

**Site Address: 8940 POCKET RD SAC**  
Parcel No: 031-0200-034

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

CONTRACTOR

SUDA INC  
9918 KENT ST  
SUITE 1 95624

OWNER

KLOTZ CORA J/EST OF/GENE L  
OAKBROOK IL  
60521

ARCHITECT

**Nature of Work: ADD EXTRA DRIVE THRU LANE& REDESIGN PARKING ..LANDSCAPING**

**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 B1 License Number 476732 Date 11-27-00 Contractor Signature Bud Nauman

**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 abovementioned property for inspection purposes.

Date 11-27-00 Applicant/Agent Signature Bud Nauman

**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:

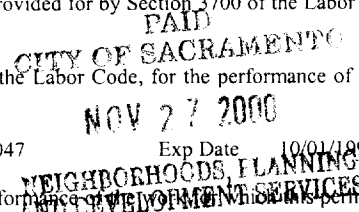
Carrier STATE FUND Policy Number 713-98-0002047 Exp Date 10/01/1999

\_\_\_\_\_, (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 11-27-00 Applicant Signature Bud Nauman

**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.**



**APPLICATION FOR COMMERCIAL BUILDING PERMIT**

**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>0011564</b>	Insp. Area <b>20</b>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 8940 Pocket Road Suite \_\_\_\_\_  
 PARCEL # 031-0200-034

<b>CONTACT</b> Name <u>Terry L. Grayson</u> <sup>Suite 100</sup> Street Address <u>2577 Gold Meadows</u> City/State/Zip <u>Gold River CA 9570</u> Phone <u>(916) 847-4767</u> FAX <u>(916) 985-2584</u> E-mail: <u>gpnsmc@aol.com</u>		<b>LICENSED CONTRACTOR</b> Lic No. # <u>676690</u> Name <u>R. Olsen</u> Address <u>4191 Pioneer Inn Road</u> City/State/Zip <u>Sacramento CA 95826</u> Phone _____ FAX _____ E-mail: _____	
<b>ARCHITECT/ENGINEER</b> Name <u>Treit &amp; Associates</u> Address <u>2880 Sunrise Blvd Suite 206</u> City/State/Zip <u>Rancho Cordova CA 95742</u> Phone <u>(916) 635-2444</u> FAX <u>635-2606</u> E-mail: _____		<b>OWNER</b> Name <u>McDonalds Corp</u> Address <u>3001 Douglas Blvd Suite 300</u> City/State/Zip <u>Roseville CA 95661</u> Phone <u>(916) 739-8669</u> FAX _____ E-mail: _____	

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: Jim Cusack Inc  
 → WORKER'S COMPENSATION POLICY # NO509-59-25 EXPIRATION DATE: 07/31/01

NATURE OF WORK IN DETAIL: Remodel  
PARKING... LANDSCAPING

OCCUPANT/TENANT: McDonalds VALUATION: \$50,000

FLOOD STATUS:		S.C.A.T. <u>X13</u>								
JOB DESCRIPTION		BLDG	SHELL	APT	TI ( )	REM <input checked="" type="checkbox"/>	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC <input checked="" type="checkbox"/>		SITE <input checked="" type="checkbox"/>		FIRE	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
						SPR	ALARM	<u>18</u>	[H]	[Quad]
B	L	P	M	E <input checked="" type="checkbox"/>	F	S <input checked="" type="checkbox"/>		D	PW	UTIL
<u>None</u>	<u>None</u>				<u>None</u>			<u>18</u>		

COMMENTS: '97 violation  
13B2

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

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

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

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

Project Address: 8940 Pocket Rd

Assessor's Parcel Number: 031-0200-034

Previous Use: Mc Donald's

Description of Request/Proposed Use: Add drive-thru lane

Is This a Change of Use? NO

Zoning Designation: HC

Prior Applications for Project Site(P#\_Z#, DRPB#): \_\_\_\_\_

Comments: Must go through site conditions review (w/borg)  
see Attached conditions  
ZOO-116

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: S. Goff \_\_\_\_\_

28 Sep 00

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

**MICROFILM AFTER FINAL**



CITY OF SACRAMENTO  
CALIFORNIA

DEPARTMENT OF  
NEIGHBORHOODS, PLANNING  
AND DEVELOPMENT SERVICES

1231 I STREET  
ROOM 200  
SACRAMENTO, CA  
95814-2998  
PH 916-264-7615

MEMORANDUM OF UNDERSTANDING RELATED TO  
MITIGATION MEASURES, PLANNING CONDITIONS,  
ZONING ORDINANCE PROVISIONS AND/OR SIGN ORDINANCE PROVISIONS

In order to proceed with construction/occupancy of the project located at 8940 Pocket Rd

Plan Check/Permit Number \_\_\_\_\_

I agree that the following Mitigation Measures/Planning Conditions/Zoning Ordinance Provisions/Sign Ordinance Provisions associated with project 200-116 will be fully implemented to the satisfaction of the City of Sacramento by Final Inspection (Date) (File Number)

LIST OF MEASURES/CONDITIONS/PROVISIONS:

- 1) Build per revised plans (with spaces for handicap relocated)
- 2) Any other changes requires Planning Review & approval
- 3) New drive through lanes must conform with Z.O. shading requirements
- 4) Obtain Building permits

The above language shall not be deemed a waiver by the City of Sacramento of any Mitigation Measure, Planning Condition, Zoning Ordinance Provision, or Sign Ordinance Provision applicable to the project whether or not the measure, condition or provision is listed above.

Signature: [Signature] Date: 09/28/00

Name & Title: Lenny L. Bayson Project Manager

Address: 2377 Gold Meadow Way Suite 100 Gold River CA

Phone Number: (916) 947-4767 95670

Reviewed by: Sandra C. Yoffe Date: 27 Sep 00

