

CITY OF SACRAMENTO

Permit No: 0508996

1231 I Street, Sacramento, CA 95814

Insp Area: 3

Thos Bros: 318D5

Site Address: 5941 POWER INN RD SAC

Sub-Type: REM

Parcel No: 027-0360-014

Housing (Y/N): N

CONTRACTOR  
DON DIXON  
8675 HICKORY LEAF  
ORANGEVALE, CA 95662

OWNER  
WOLF JOSEPH W/BONNIE P  
1541 CALYPSO DRIVE  
APTOS, CA 95063

ARCHITECT  
BETTY WOO  
216 LINDA PL  
DAVIS CA 95616

Nature of Work: CONVERT EXISTING OFFICE AREA TO ADA RESTROOMS & INSTALL SAND OIL INTERCEPTOR

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.

X License Class B License Number 352766 Date \_\_\_\_\_ Contractor Signature Donald Dixon

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 \_\_\_\_\_

PAID  
CITY OF SACRAMENTO  
JUN 24 2005

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 a 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.

X Date 6-23-05 Applicant/Agent Signature Donald Dixon

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 1704898-02 Exp Date 04/01/2006

(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.

X Date 6-23-05 Applicant Signature Donald Dixon

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**  
**PLANNING & BUILDING DIVISION**  
**PERMIT SERVICES SECTION**  
 (916) 808-2534 FAX: (916) 808-7046

<b>ACTIVITY #</b> <span style="font-size: 1.5em; font-family: cursive;">0508996</span>	<b>Insp. Area</b> <span style="font-size: 2em; font-family: cursive;">3</span>
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*Applicant MUST complete ALL Unshaded Areas*

**ADDRESS:** 5941 Power Inn Rd. **Suite:** —

**PARCEL #:** 027-0360-014

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name: <u>Jaci Barrett</u>                  Street Address: <u>199 N. Sunrise Ave</u>                  City/State/Zip: <u>Roseville CA 95661</u>                  Phone: <u>787-4730</u>                  E-Mail: <u>jaci.barrett@erac.com</u></p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>352766</u></p> <p>Name: <u>Don Dixon</u>                  Street Address: <u>8675 Hickory leaf</u>                  City/State/Zip: <u>Orangvale, CA 95662</u>                  Phone: <u>916-257-0693</u>                  E-Mail: <u>n/a</u></p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name: <u>Betty Woo</u>                  Street Address: <u>216 Lindo Place</u>                  City/State/Zip: <u>Davis, CA 95616</u>                  Phone: <u>530-753-8115</u>                  E-Mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name: <u>Joe Wolf</u>                  Street Address: <u>1591 Calypso Drive</u>                  City/State/Zip: <u>Antos, CA 95063</u>                  Phone: <u>831-688-1337</u>                  E-Mail: <u>n/a</u></p>

⇒ Will permittee have any employees on the jobsite?  No  Yes ⇒ Insurance Co.: State Fund

⇒ WORKER'S COMPANSATION POLICY # 1704898 EXPRATION DATE: \_\_\_\_\_

**NATURE OF WORK IN DETAIL:** Relocate (install) ADA restrooms + install sand oil interceptor in warehouse

**OCCUPANT/TENANT:** Enterprise Rent-A-Car **VALUATION:** 31,500

FLOOD STATUS:				S.C.A.T.						
JOB DISCRPTION		BLDG	SHELL	APT	TI ( )	REM ( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC		SITE	FIRE	
# Stories	1 <sup>st</sup> Flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. [H]	File [Quad]
						SPR	ALARM			
(B)	(L)	(P)	(M)	(E)	F	S		(D)	PW	UTIL
RED		RSB		WJB				SRS		

**COMMENTS:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REGIONAL SANITATION FEES?**  Yes  No **HEALTH DEPARTMENT:**  Yes  No

**WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?**  Provided  Faxed