

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

**Permit No: 0100376**  
**Insp Area: 3**

**Site Address: 5501 POWER INN RD SAC**  
Parcel No: 023-0312-004 # 110

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

**CONTRACTOR**  
PERSPECTIVE CONST  
5002 KEANE DR  
CARMICHAEL CA 95608

**OWNER**  
TONY RACHWIZ  
5501 POWER INN RD  
SAC CA 95814

**ARCHITECT**

**Nature of Work: REMODEL FOR RESTAURANT**

**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 \_\_\_\_\_ Date 3/19/01 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.)

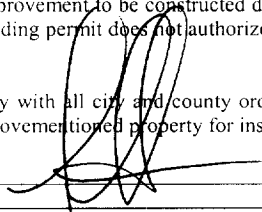
\_\_\_\_ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code). The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law.

\_\_\_\_ I am exempt under Sec. \_\_\_\_\_ B & P.C. 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.

X Date 3/19/01 Applicant/Agent 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 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 Binder Exp. Date 3/25/1

\_\_\_\_ (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 3/19/01 Applicant 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.**



1 Copy for each supervisor *inspector*  
Insp. Area 10

**AUTHORIZATION TO START WORK**

CITY OF SACRAMENTO, BUILDING INSPECTIONS DIVISION  
1231 I ST., ROOM 200, SACRAMENTO, CA 95814

Company: Perspective Construction PC # 01-00374  
Address: 5002 Keane dr. Carmichael BID App. \_\_\_\_\_  
Job Phone: 916-402-0700 Office Ph. Same Fee 350<sup>00</sup>  
SUBJECT: Project Address: 5501 Parkway Inn Rd. #11 Suite # 110

I request permission to start the following work \_\_\_\_\_

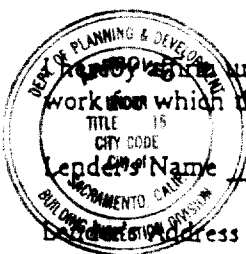
See cut Rough Frame under ground plumbing  
Rough electrical, T-Bar ceiling  
T.L.M. OK 1-19-01 KAW OK 1-19-01 / FS CH 01/19/01

I realize that all work will be at the owner's and contractor's risk without assurance that the permit for the project will be granted. Any code conflicts will be corrected. I agree not to cover or conceal any work or portion thereof. I realize that inspections will not be made on this project until a building permit is issued. All changes required to conform to the approved plans will be completed without dispute. Work affecting the structural integrity of the existing building is not permitted.

I will expedite necessary revisions, corrections and clarifications as required to obtain the building permit.

If it should be determined subsequently by the City that changes in the design of the building are necessary after commencement of the work authorized, I assume full responsibility and all risk of loss which may result by reason of such changes. I agree that the building shall conform to the approved final plans as amended, without regard to the stage of completion.

This authorization is valid for 30 days while the plans are being processed for permit. These state required declarations must be properly executed before this authorization is valid. This authorization is valid when initiated by authorized Building Department personnel and stamped approved. Keep posted on job site at all times.



This set of plans ~~CONSTRUCTION LENDING~~ **CONSTRUCTION LENDING AGENCY**  
kept on the job at all times and it is unlawful  
to make any changes without the written permission of the  
Building Inspection Division.  
The approval of this plan and specification  
SHALL NOT be held to permit or approve the  
violation of any City Ordinance or State Law.

**ISSUED**  
JAN 19 2001  
Sacramento Building Division

**LICENSED CONTRACTORS DECLARATION**

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of the Business and Professions Code and my license is in full force and effect.

Lic. Class: B Lic. Number: 69807 Perspective Construction  
SIGNATURE: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_  
DATE: 1/19/01

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Section 703.1, Business and Professions Code: Any city or county which requires a permit to construct, alter, 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 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 Professions 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 or her own employees, provided that such improvement 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 or 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 & P Code for this reason \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE DATE

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 the work for which this 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 Compensation Ins Co exp. 2002

Policy No.: 003291 - 99 Group # 713

I certify under penalty of perjury 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.

\_\_\_\_\_  
SIGNATURE DATE 1/17/01

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 FEES.

In issuing this 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 the 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 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, understand and agree to the above conditions. I certify under penalty of perjury that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

\_\_\_\_\_  
SIGNATURE OF APPLICANT OR AGENT DATE 1/19/01

## 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 #

0100376

Insp. Area

3C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 5501 Power Inn Rd. Suite 110  
 PARCEL # 023-0312-004

**CONTACT**  
 Name Morteza Ahmadi  
 Street Address 5002 Keane Dr.  
 City/State/Zip Carmichael, CA, 95608  
 Phone 916-402-0700 FAX 916-773-0319  
 E-mail: Moeahmadi@aol.com

**LICENSED CONTRACTOR** Lic No. # 691087  
 Name Morteza Ahmadi (PERSPECTIVE)  
 Address 5002 Keane Dr. (CONST)  
 City/State/Zip Carmichael, CA, 95608  
 Phone 402-0700 FAX  
 E-mail:

**ARCHITECT/ENGINEER**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ FAX \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**OWNER**  
 Name Tom Rachwitz RACHWIZ  
 Address 5501 Power Inn Rd.  
 City/State/Zip Sac, CA, 95814  
 Phone \_\_\_\_\_ FAX \_\_\_\_\_  
 E-mail: \_\_\_\_\_

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: State Compensation Fund  
 → WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: 10/2/002

**NATURE OF WORK IN DETAIL:**  
For Subway Restaurant Demising wall  
#8 sets  
**CONDITIONS:** 199

**OCCUPANT/TENANT:** Subway **VALUATION:** \$6,000.00

<b>FLOOD STATUS:</b>				<b>S.C.A.T.</b>						
<b>JOB DESCRIPTION</b>		<b>BLDG</b>	<b>SHELL</b>	<b>APT</b>	<b>TIE</b> <input checked="" type="checkbox"/>	<b>REM</b> <input checked="" type="checkbox"/>	<b>SW</b>	<b>FIRE</b>	<b>ADD</b>	<b>OTH</b>
<b>INSPECTION DISCIPLINES</b>			<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<b>SITE</b>		<input checked="" type="checkbox"/> FIRE	
<b># Stories</b>	<b>1st flr Area.</b>	<b>Total Area</b>	<b>Use Zone</b>	<b>Occp Group</b>	<b>Const type</b>	<b>Fire Req. Y/N</b>		<b>Fed Code</b>	<b>Vio. File</b>	
		<u>1610</u>				<input checked="" type="checkbox"/> SPR	<input type="checkbox"/> ALARM	<u>18</u>	[H]	[Quad]
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	S		D	PW	UTIL
<u>None Per PINK</u>										

**COMMENTS:** FIRE SPRINKLER; Duct changes; 3 sets of plans; later health dept plans ASAP  
workers comp cert. # 003291-99 Group # 713

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

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

Date of Request: 1/9/01  
By: STEVE

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address 5501 Power Inn Rd. Sac, CA, 95814

Assessor's Parcel Number: 229 0312 004

Previous Use: None well

Description of Request/Proposed Use: Restaurant & bakery

Is This a Change of Use? yes

Prior Applications for Project Site(P#, Z#, DRPB#): 293-031 (MET) Zoning Designation: M2S  
200-125 (SP TO EXP. MEX USE)  
P88-363 LA

Comments: HISTORIC SITE - IN M2S / ADEQUATE  
PARKING EXIST

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: [Signature] 1/9/01

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**  
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: 5501 Power Inn Rd Suite: 101  
(Street) (Zip)  
Business Owner/Representative: \_\_\_\_\_ Phone: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_  
Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(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 material.**

**PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable 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: \_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Signature) (Date)  
3/19/01

BID Use Only: Plan Ck# _____ Permit # _____
OK to issue prmt? Y _____ F.D. Appr Req'd? Yes _____
init date _____
Hold on Certificate of Occupancy? Yes No
Fire Dept. Use Only:
OK to issue permit? ini' _____ date _____
OK to issue Certificate of Occupancy? init _____ date _____

RECEIPT  
ENVIRONMENTAL MANAGEMENT DEPARTMENT  
ENVIRONMENTAL HEALTH

RECEIVED FROM: Perspective Construction DATE: 1/9/01  
ADDRESS: 5002 Keane Dr., Carm., CA 95608  
AMOUNT RECEIVED: \$482.00 CHECK NO.: 3316  CASH  CREDIT CARD  
FACILITY NAME: Subway  
FACILITY ADDRESS: 5501 Power Inn Rd.  
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

COST CTR.	REVENUE	ORDER #	AMOUNT
6206202304	96964301	E32142	\$482.00
6206202304	96964403	E32143	\$
6206202304	96964302	E32142	\$
6206202304	92929018	E32131	\$
6206202304	96964402	E32142	\$

SIGNATURE Colleen Maitiga

REVISED 10/25/00  
W:\DATA\FORMS\EHD\RECEIPT

White - Cashier

Yellow - Customer

Pink - Environmental Management Department



Customer Service Group  
 PWA Water Quality Engineering for  
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

REQUEST FOR SEWER FEE QUOTE

PC 01003

DATE	1/19/00		NUMBER OF PAGES	7046	
FROM	City of SAC	REQUESTOR	DEBORAH LARSEN	FAX	7046
TO	SRCSB Customer Service	RESPONDER	DEBORAH LARSEN	FAX	875-6253

URGENT -- Applicant is in office or ready to pay permit

If urgent, call 875-6820 to notify an Engineering employee that you faxed a request.  
 Press zero to speak to the operator.

NOT URGENT -- Applicant has requested informal quote

Applicant	NAME		PHONE	
	MARTHA AHADI		(916) 402-0700	
Property	ASSESSOR'S PARCEL NUMBER(S)		PROPERTY ADDRESS	
	023 0312 - 004		550 POWER INN Rd Ste 110	
Project	PLAN CHECK # BUILDING PERMIT NO	(mark all that apply)		
	01-66376	New construction	Remodel	Change in use
	USE	CURRENT // PREVIOUS	PLANNED	
		office to restaurant	Subway 48 seats	
	SQUARE FOOTAGE	CURRENT // PREVIOUS	PLANNED	
		1610 SF	1610 SF	