

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0009375  
Insp Area: 2

Site Address: 2536 WAH AV SAC  
Parcel No: 041-0034-016

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

CONTRACTOR  
USA FENCE

OWNER  
FLORIN GARDENS COOPERATIVE EAST #2 INC  
2536 WAH AV  
SACRAMENTO CA 95822

ARCHITECT

Nature of Work: INSTALL 4 AUTOMATIC ENTRY SYSTEMS - IRON FENCES AND GATES

**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 677348 Date 8-11-00 Contractor Signature RH Sp

**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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

✓ Date 8-11-00 Applicant/Agent Signature RH Sp

**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 MID CENTURY INS Policy Number N0510 11 46 Exp Date 10/01/2000

This section need not be completed if the permit is for \$100 or less. 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 8-11-00 Applicant Signature RH Sp

**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

*2536 WAH AVE*  
 (916) 264-7619 FAX 264-7046

ACTIVITY # *0009375C* Insp. Area *2C*

Applicant **MUST** complete ALL Unshaded areas

ADDRESS *Wah's Woodbine Avenue* Suite \_\_\_\_\_  
 PARCEL # *041-0034.016*

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Same as Cont.</u>                  Street Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <i>677348</i></p> <p>Name <i>David Dowmy</i>                  Address <i>26785 CAPAY ST</i>                  City/State/Zip <i>Esposito CA 95627</i>                  Phone <i>9166481812</i> FAX <i>9166481913</i>                  E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name _____                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <i>Florin Gardens Co-Op</i>                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: *NO5101146*  
 → WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: *Install 4- Automatic Entry Systems*  
*Iron fences & gates*

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ *(2) 20000<sup>00</sup>*

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC		SITE	FIRE	
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
						SPR	ALARM		[H]	[Quad]
<i>B</i>	<i>L</i>	<i>P</i>	<i>M</i>	<i>E</i>	<i>F</i>	<i>S</i>		<i>D</i>	<i>PW</i>	<i>UTIL</i>
<i>137.L.M.</i>										

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

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

Date of Request: 7-19-00  
By: Arthur Henry

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

2500 + 2536 WAH AVE

Project Address: Wah Aves Woodbine Ave Svc

Assessor's Parcel Number: 041-0034-016

Previous Use: Apts

Description of Request/Proposed Use: Install Automatic Entry System - Iron Fences & Gates for Apt complex

Is This a Change of Use? No

Zoning Designation: R2BL

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

Comments: Needs a Special Permit or letter from Police indicating a safety need for gates

letter from Police attached

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: ASMT 7-19-00

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

MICROFILM AFTER FINAL

**MEMORANDUM**

**SACRAMENTO POLICE DEPARTMENT**

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To: D. Smith  
Planning and Zoning


Date: August 8, 2000  
Ref: No.: 00-08-05

From: Lt. M. B. Kime  
Sector 4 Patrol

Subject: Special Permit - Automatic Gate

The Sacramento Police Department does not object to the installation of an automatic gate at Florin Gardens Apartment complex.

The installation will aid in complex security and be an effective tool in facilitating residential safety.

  
Lt. M. B. Kime