

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0106059  
Insp Area: 1

Site Address: 723 56TH ST SAC  
Parcel No: 004-0344-012

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

CONTRACTOR

OWNER

ARCHITECT

NESTOR OR DAWN CLAVILLO  
SACRAMENTO CA  
95819

Nature of Work: ADDING NEW OFFICE AND TYPE I HOOD TO EXISTING DELI.

**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, C.V.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 \_\_\_\_\_ 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 & P Code for this reason: \_\_\_\_\_

Date 05/16/01 \_\_\_\_\_ 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 above-mentioned property for inspection purposes.

Date 05/16/01 \_\_\_\_\_ 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 \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

(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 05/16/01 \_\_\_\_\_ 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.**

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
**DEVELOPMENT SERVICES DIVISION**  
**PERMIT SERVICES SECTION**

1211 Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # <span style="font-size: 1.5em; font-weight: bold;">0106059</span>	Insp. Area <span style="font-size: 1.5em; font-weight: bold;">1C</span>
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**Applicant MUST complete ALL Unshaded areas**

ADDRESS 773 50th St Suite \_\_\_\_\_  
 PARCEL # \_\_\_\_\_

<p style="text-align: center;"><b>CONTACT</b></p> Name <u>Vestor Jr. Dawn Klomp</u> Street Address <u>773 50th St</u> City/State/Zip <u>Sacramento CA 95819</u> Phone <u>916/457683958</u> FAX _____ E-mail: _____	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name <u>Michael J Riedinger</u> Address <u>321 Norma St. #202</u> City/State/Zip <u>Folsom CA 95632</u> Phone <u>916/608-4400</u> FAX <u>916/608-4403</u> E-mail: _____	<p style="text-align: center;"><b>OWNER</b></p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____

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

NATURE OF WORK IN DETAIL: DELI ONLY CHANGE TO EXISTING DELI IS INSTALLING A TYPE I HOOD/ANIT  
APPLICATOR CHECK AND NOW BATHROOM WALLS  
433718

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ ~~100,000~~ 433718

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	
				B	VN	SPR	ALARM	18	[H]	[Quad]
B	L	P	M	E	F	S		D	PW	UTIL
	17	17	B	13				18		

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

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) YES

2. I (have/have not) NOT signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No \_\_\_\_\_

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

Signed [Signature]

Job Address 723 467th st

Permit No: 01566-9

# CIRCO System Balance, Inc.

Contractor License #624117

AIR • HYDRONIC • TEMPERATURE • SOUND • SYSTEM SURVEY

4100 Florin-Perkins Road • Sacramento, California 95826-4819 • Phone (916) 387-5100 • Fax (916) 387-5101

11/24/2001

PROJECT TLO DELI  
723 56th STREET  
SACRAMENTO, CALIFORNIA

DESCRIPTION AIR BALANCE KITCHEN EXHAUST HOOD  
AND ASSOCIATED MAKE-UP AIR UNIT

## REMARKS

THE TOTAL AIR DELIVERY OF EACH FAN WAS DETERMINED  
BY OUTLET/INLET TOTAL

MAKE-UP AIRFLOW QUANTITIES WERE DETERMINED BY  
OUTLET TOTAL AIR DELIVERY WAS MEASURED USING  
AN ALNOF FLOW HOOD

EXHAUST AIRFLOW QUANTITIES WERE DETERMINED BY  
MULTI-POINT TRAVERSE TAKEN ACROSS THE FACE OF  
EXHAUST HOOD FILTER BANK INLET. MEASUREMENTS  
WERE PERFORMED USING A DAVIS INSTRUMENTS #6000  
SERIES DIGITAL ROTATING VANE ANEMOMETER.

FEET PER MINUTE (FPM) VALUES SHOWN ARE THE AVERAGE  
OF MULTI-POINT TRAVERSE MEASUREMENTS.

TESTS PERFORMED BY

Matt Murphy

MATT MURPHY



CHARTER MEMBER OF ASSOCIATED AIR BALANCE COUNCIL



