

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9912186
Insp Area: 4

Site Address: 2670 LAND AV SAC
Parcel No: 265-0280-044

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

CONTRACTOR
MARK III ENGINEERING
5311 FLORIN PERKINS RD
SACRAMENTO CA 95826

OWNER
SEVEN UP BOTTLING COMPANY
2670 LAND AVE
SACTO CA 95851

ARCHITECT

Nature of Work: ADD A NEW TRUCK DOCK AND 5 DOCK DOORS TO AN EXISTING BUILDING LANDSCAPING TO BE SUBMITTED ON SEP PERMIT.X99

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).

Lenders Name None 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 B License Number 57473A Date 11/19/99 Contractor Signature Thomas E. Jaramora

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 11/19/99 Applicant/Agent Signature Thomas E. Jaramora

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 692-98 UNIT 0002087 Exp Date 10/01/2000

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 11/19/99 Applicant Signature Thomas E. Jaramora

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.

**CITY OF SACRAMENTO
APPLICATION FOR COMMERCIAL BUILDING PERMIT**

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 9912186 Insp. Area 4C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2670 LAND AVE., SAC. Suite _____
PARCEL # 265.0280.044

CONTACT Name <u>TOM FRANZOLA - MARK III ENR.</u> Address <u>SAME AS</u> Phone <u>381.8088 x 169</u> FAX _____ E-mail _____		LICENSED CONTRACTOR Lic No. # <u>574134</u> Name <u>MARK III ENR. CONTR.</u> Address <u>5101 FLORIN PERKINS RD.</u> Phone <u>381.8088</u> FAX _____ E-mail _____	
ARCHITECT/ENGINEER Name <u>BN DELUM, MARK III ENR. CONTR.</u> Address <u>SAME AS</u> Phone <u>381.8088 x 157</u> FAX _____ E-mail _____		OWNER Name <u>JIM HOLLOWAY</u> Name <u>7-UP BOTTLING COMPANY</u> Address <u>2670 LAND AVE. SAC.</u> Phone <u>929.7777</u> FAX _____ E-mail _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: ST. COMP. FUND. INS.
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: ADD A NEW TRUCK DOCK AND 5 TRUCK DOCK DOORS TO AN EXISTING BLDG. - STRUCTURAL ONLY.

OCCUPANT/TENANT: 7-UP BOTTLING COMPANY VALUATION: \$ 64000.00

FLOOD STATUS:		S.C.A.T. <u>X99</u>							
JOB DESCRIPTION	<u>BLDG</u>	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 Reg. <u>Y/N</u>	Fed Code	Vio. File	
				<u>E-B</u>	<u>III N</u>	<u>SPR</u> <u>ALARM</u>	<u>10</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	PW	UTIL
		<u>P WINKLE</u>		<u>13 PM</u>			<u>PSB/KR</u>		

COMMENTS: FIRE ACCESS

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

AUTHORIZATION TO START WORK

TO: City of Sacramento
Development Services Division
1231 I Street, Rm. 200
Sacramento, CA 95814

ID# _____
Bldg. Dept. Appr. _____
Fee: _____

FROM: Name: Tom Franzoia
Company: Mark III Engr.
Contractor's License #: 574134
Address: 5101 Florin Perkins Rd
Job Phone: none Office Phone: 381-8088 x 169

SUBJECT: Project Address: 2670 Land Ave

Partial permit for the following work: retaining wall footing concrete pour & forms for vertical wall, all work at contractors risk pending design review,

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 a 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. This authorization is valid when initialed by authorized Development Services Division personnel and stamped approved. Keep posted on job site at all times.

WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure, or a Certificate of Worker's Compensation Insurance, or a certified copy thereof (§3800, Lab. C).

Policy No.: _____ Insurance Company: _____

Certified copy is on file with the City

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 Worker's Compensation Laws of California.

Date: Oct 28, 99 Applicant: Mark III Engr.

I certify under penalty of perjury that I have read, understand and agree to the above conditions. I certify 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.

Thomas P. Franzoia
(Signature of Applicant or Agent)

Date: Oct 28, 99

**CITY OF SACRAMENTO
APPLICATION FOR COMMERCIAL BUILDING PERMIT**

**DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION**

1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7049 FAX 264-7046

ACTIVITY # Insp. Area

Applicant MUST complete ALL Unshaded areas

ADDRESS 2107D LAND OVE Suite
PARCEL # 2105-0280-044

CONTACT		LICENSED CONTRACTOR		Lic No. # <u> </u>
Name <u> </u>	Address <u> </u>	Name <u> </u>	Address <u> </u>	
Phone <u> </u>	FAX <u> </u>	Phone <u> </u>	FAX <u> </u>	
E-mail <u> </u>		E-mail <u> </u>		
ARCHITECT/ENGINEER		OWNER		
Name <u> </u>	Address <u> </u>	Name <u> </u>	Address <u> </u>	
Phone <u> </u>	FAX <u> </u>	Phone <u> </u>	FAX <u> </u>	
E-mail <u> </u>		E-mail <u> </u>		

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

NATURE OF WORK

OCCUPANT/TENANT: VALUATION: \$

FLOOD STATUS:		S.C.A. <u> </u>					
JOB DESCRIPTION		APT	REM	ROW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE
# Stories	In Br Area	Use	Deep Const	Const type	Fire Req. Y/N	Fed Code	Vio. File
					SPR	ALARM	[H] [Quad]
B	L	M	E	F	S	D	PW UTIL

COMMENTS:

REGIONAL SANITATION TEST? 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: 2670 LAND AVE

Assessor's Parcel Number: 265.0280.044

Previous Use: WAREHOUSE / DISTRIBUTION

Description of Request/Proposed Use: ADD NEW TRUCK DOCK AND DOCK DOORS TO EXISTING BUILDING

Is This a Change of Use? NO

Prior Applications for Project Site(P#, Z#, DRPB#): _____
Zoning Designation: M 2
DR 99-017 -> This was for a condenser and a

Comments: Needs DR CO₂ tank
Staff level

photos -

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] 10-27-99

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

MICROFILM AFTER FINAL