

**CITY OF SACRAMENTO**

**1231 I Street, Sacramento, CA 95814**

**Permit No: 0110211**

**Site Address: 1501 16TH ST SAC**

Parcel No: 006-0234-003

STE#111

**Insp Area: 1**

Thos Bros:

Sub-Type: REM

Housing (Y/N): N

**CONTRACTOR**

**OWNER**

STATE OF CALIFORNIA  
650  
SACRAMENTO CA 95814

**ARCHITECT**

**Nature of Work: 1ST TIME T.I. FOR RESTAURANT & NEW EXTERIOR DOORS**

**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 \_\_\_\_\_ 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 & PC for this reason: \_\_\_\_\_

Date 10-5-01 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 abovementioned property for inspection purposes.

Date 10-5-01 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 Exempt 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 10-5-01 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**

1231 I Street, Rm. 260  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY #	Insp. Area
011024	1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1501 16<sup>th</sup> St Sacramento Ca 95814 Suite 111  
 PARCEL # 006-0234-003

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Danny Leung</u>                  Street Address <u>729 El Macero Way</u>                  City/State/Zip <u>Sacramento Ca 95831</u>                  Phone (916) <del>393-6388</del> <u>802-5515(C)</u> FAX (916) 393-6388                  E-mail: <u>leungd@aol.com</u></p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name <u>C/O</u>                  Address <u>N.A.</u>                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Rodney F Hameln</u>                  Address _____                  City/State/Zip _____                  Phone (916) 722-5171 FAX (916) 722-5171                  E-mail: <u>ROD@000006AUL.COM</u></p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name _____                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>

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

**NATURE OF WORK IN DETAIL:**  
INTERIOR REMODEL OF EXISTING RESTAURANT,  
NEW EXTERIOR DOORS  
1ST TIME T.I. - RESTAURANT NEW EXTERIOR DOORS

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 120,000

FLOOD STATUS: <u>NISHIKI SUSHI</u>		S.C.A.T. <u>je</u>							
JOB DESCRIPTION	BLDG	SHELL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>		
# Stories	1st Area	Total Area	Use Zone	Occp Group	Const type	Fire Rec. <u>Y</u> <u>N</u>	Fed Code	Vio. File	
		<u>2970</u>		<u>A-3</u>	<u>1FR</u>	<u>SPR</u> <u>ALARM</u>	<u>18</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>SANS</u>			

**COMMENTS:**  
WILL SUBMIT HEALTH DEPT PLANS IN 2ND CYCLE  
EXTERIOR DOORS SHALL MATCH EXIST. GLASS STORE FRONT & EXIST. DOORS  
ON ADJACENT TENANTS' SPACES; DESIGN REVIEW App'd 8/13/01 Phil Reed

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



REQUEST FOR SEWER FEE QUOTE **01-10211**

DATE	NUMBER OF PAGES		
10/ /01			
FROM	CITY OF	REQUESTOR	PHONE
	SACRAMENTO	BARBARA LARSEN	264 5906
TO	RESPONDER	FAX	PHONE
SRCSD Customer Service	DOLores ROSS	876-6161	876-6100

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

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

*Ready to issue*

**NOT URGENT** -- Applicant has requested informal quote

Applicant	NAME		PHONE	
	DANNY LEUNG			
Property	ASSESSOR'S PARCEL NUMBER(S)	PROPERTY ADDRESS		
	006-0234-003	1501 16th ST Ste 111		
Project	PLAN CHECK # BUILDING PERMIT NO	(mark all that apply)		
	01-10211	New construction	Remodel	Change in use
	USE	CURRENT // PREVIOUS	PLANNED	
	NEW BLDG. Vacant space.	Sushi Restaurant		
	SQUARE FOOTAGE	CURRENT // PREVIOUS	PLANNED	
	3007 NEVER OCCUPIED	3007 SF		

Note: there is a Bashin Robins on one side and Starbucks on the other

*B. Larsen*

**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: 1501-16th St Suite: 111  
(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 materials.**

**PENALTY:** Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to 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) 10-8-01  
(Date)

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

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) have 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 1501 16th st. Suite 111  Date 10-5-01  
SAC, CA 95814

Permit No: \_\_\_\_\_

Date of Request: \_\_\_\_\_

By: \_\_\_\_\_

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 1501 16<sup>TH</sup> ST

Assessor's Parcel Number: 006-0234-003

Previous Use: exist. commercial bldg

Description of Request/Proposed Use: T.I. for restaurant,  
in CADA mixed-use project; includes 2 new exterior doors

Is This a Change of Use? YES

Prior Applications for Project Site(P#, Z#, DRPB#): DR 91-171/M91-025 Zoning Designation: C-2

Comments: exterior work requires Design Review approval  
Applicant brought in photos; over-the-counter approval  
8/13/01 (Phil Reed)

PHIL REED  
8/10/01

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: PHIL REED 8/13/01

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

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 1501 16<sup>th</sup> STREET Permit No. 0110211

Building Use: RESTAURANT Occupancy: A-3

Building Owner: DANNY LEUNG Construction Type: 1FR

Owner Address: 729 EL MACERO WY Sprinkled? [  ] Yes [  ] No

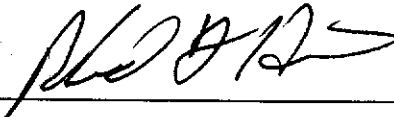
Portion of Building Occupied: SUITE 111 Area: 2,966 Sq. Ft.

6/17/02

Richard Heins

Date

By:Print



Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[ Finaled By:dp,lls,bck,mjg,cp ]

*This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.*

**POST IN A CONSPICUOUS PLACE**