

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0010825
Insp Area: 3

Site Address: 6175 STOCKTON BL SAC
Parcel No: 038-0161-007 STE 270 THANH DAT

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

CONTRACTOR
FN CONSTRUCTION
SAN JOSE, CA

OWNER
LEMON HILL PLAZA
2580 SIERRA BL.
SACRAMENTO CA 95825

ARCHITECT

**Nature of Work: INT.REMODEL TO(E)RESTAURANT:REMOVE GLASS WALL, EXT.DOOR,
ADD FREEZER, COOLER W/SPRINKLER'S,STEAM TABLE,WINDOW**

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 1/22/01 Owner Signature [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 1/22/01 Applicant/Agent Signature [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 1/22/01 Applicant Signature [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.

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 6175 STOCKTON BL #170 Permit No. 0010825

Building Use: RESTAURANT DBA: THANH PAT Occupancy: B

Building Owner: THANH PAT Construction Type: _____

Owner Address: 1215 STORY RD SAN JOSE, CA Sprinkled? Yes No

Portion of Building Occupied: SUITE 270 Area: _____ Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

3/2/01

Date

Willie Harris

By:Print

Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[TCO approvals:VF,JZB,MJS,FJ]

BC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE

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 # 0010825 Insp. Area 3C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 6175 STOCKTON BLVD Suite 270
 PARCEL # 038.0141.007

<p style="text-align: center;">CONTACT</p> Name <u>LIEM HUYNH</u> Street Address <u>10450 CALVINE Rd.</u> City/State/Zip <u>SACRTO, CA 95829</u> Phone <u>689-2817</u> FAX _____ E-mail: <u>lhuynh2@aol.com</u>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> Name <u>TU CONTRACTOR</u> Address _____ City/State/Zip <u>SAN JOSE, CA</u> Phone <u>(408) 605-2358</u> FAX _____ E-mail: _____
<p style="text-align: center;">75-3051 ARCHITECT/ENGINEER</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>THANH DAT</u> Address <u>1215 STORY Rd.</u> City/State/Zip <u>SAN JOE</u> Phone <u>(408) 846-2862</u> 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: Interior REMODEL - ADD FREEZER, COOLER & STEAM TABLE (WARMER) -
int Restaurant remodel + one ext door replaced w/ window
sox seats TYPE OFF Computer

OCCUPANT/TENANT: THANH DAT Sandwiches To Go VALUATION: \$ 12,000⁰⁰

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	MECH	<u>PLUMB</u>	<u>ELEC</u>	SITE	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y</u> <u>N</u>	Fed Code	Viol. File		
		<u>1575</u>		<u>B</u>		<u>SPR</u> <u>ALARM</u>	<u>18</u>	[H]	[Quad]	
<u>B</u>	<u>L</u>	<u>P</u>	M	<u>E</u>	<u>F</u>	S	D	PW	UTIL	
<u>None per job</u>										

COMMENTS: IM NOT SURE IF FIRE NEEDS TO SEE THIS OR NOT
Missed Plumbing pink slip OK

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

\$ 417.37

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: Thank Dat Sandwiches Phone: (916) 730-5137
 Site Address: 6175 Stockton Blvd Suite: 270
(Street) (Zip)
 Business Owner/Representative: Sam Nguyen Phone: Same
 Nature of Business: Fast Food
 Property Owner: Greg Lewis Phone: _____
 Address: CB Richard Ellis 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: Sam Nguyen
(Print)
Sam Nguyen 11/2/10
(Signature) (Date)

BID Use Only: Plan Ck# <u>000825</u> Permit # <u>010825</u> OK to issue print? Y <u>ESB 11/2/10</u> F.D. Appr Req'd? <u>Yes</u> No ___ <small>init date</small>	
Hold on Certificate of Occupancy? Yes ___ No <u>(No)</u>	
Fire Dept. Use Only: OK to issue permit? ini ___ date ___ OK to issue Certificate of Occupancy? ini ___ date ___	

Date of Request: BL
By: 1/22/08

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 6175 Stockton BL.

Assessor's Parcel Number: 038-0161-007

Previous Use: restaurant

Description of Request/Proposed Use: same
removing one door replacing w/ window
6 seats

Is This a Change of Use? no

Prior Applications for Project Site(P#, Z#, DRPB#): P91-269 (Variance for pkg)
Zoning Designation: C2

Comments: No planning entitlements required

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: D. Decker 1/22/08

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

MICROFILM AFTER FINAL

00-10825

CITY OF SACRAMENTO
BUILDING INSPECTION DIVISION
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Address: CB Richard Ellis Suite: _____
(Street) (City) (State) (Zip)

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4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No

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Applicant's Name: _____
(Print)

(Signature) (Date)

BID Use Only: Plan Ck# 00825 Permit # 0010825
OK to issue prmt? Y PS- 1/24/11 F.D. Appr Req'd? Yes No
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? ini' _____ date _____