

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0013318  
Insp Area: 1

Site Address: 1930 H ST SAC  
Parcel No: 007-0013-007

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

CONTRACTOR

OWNER

ARCHITECT

FRANK, JOHN & RAMONA GONZALES  
1015 24TH ST  
SAC, CA. 95816

**Nature of Work:** MOSTLY INT RESTAURANT REMODEL ,NEW TENANT(OWNER BUILDER)  
REPLACE ONE EXTERIOR DOOR WITH A WINDOW. ANSUL

**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 07-24-01 Owner Signature John L. Gonzales

**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 07-24-01 Applicant/Agent Signature John L. Gonzales

**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 carrier and policy number are:

Carrier \_\_\_\_\_ Policy Number IAN 2 R 7000 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 violate 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 07-24-01 Applicant Signature John L. Gonzales

**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

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5715

Building Address: 1930 H ST Permit No. 0013318

Building Use: RESTAURANT REMODEL Occupancy: A-3

Building Owner: FRANK,JOHN,RAMONA GONZALES Construction Type: V-N

Owner Address: 1015 - 24<sup>TH</sup> ST Sprinkled? [ ] Yes [ X ] No

Portion of Building Occupied: \_\_\_\_\_ Area: 4080 Sq. Ft.

8/28/01 Walter Harris \_\_\_\_\_ DENNIS RICHARDSON  
Date By:Print Sign CITY BUILDING OFFICIAL

[ Finaled By:DRP,WJR,RDH,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**

# 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 # <span style="font-size: 1.5em; margin-left: 100px;">00-13318</span>	Insp. Area <span style="font-size: 1.5em; margin-left: 10px;">10</span>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1930 "H" Street Suite \_\_\_\_\_  
 PARCEL # 007-0013-007

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>JOHN Gonzales</u>                  Street Address <u>1015 24th Street</u>                  City/State/Zip <u>SACTO CA 95816</u>                  Phone <u>4443286</u> FAX _____                  E-mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. #<u>Owner/Contractor</u></p> <p>Name <u>OWNER Builder</u>                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>JOHN Gonzales</u>                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>FRANK JOHN &amp; Remona Gonzales</u>                  Address <u>1015 24th Street</u>                  City/State/Zip <u>SACTO CA 95816</u>                  Phone <u>444 3286</u> FAX _____                  E-mail: <u>965-5124</u></p>

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

NATURE OF WORK IN DETAIL: Restroom Rm. Replace Sinks Cooking Equip  
Add 6' high Partition wall New Exhaust hood & WALK IN Cooler  
Int. Restaurant remodel, (new tenant) (EXTERIOR DOOR  
IS REPLACED BY WINDOW.

OCCUPANT/TENANT: NATIONAL WIDE FREEZER MEATS VALUATION: \$ 46,800

FLOOD STATUS: <u>LR</u>		S.C.A.T.								
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 flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y</u> N	Fed Code	Vio. File		
<u>1</u>		<u>1000</u>		<u>M</u>	<u>V-N</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>	<u>PW</u>	<u>UTIL</u>	
<u>No inspection</u>										

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

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

PERFLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

RECEIPT  
 ENVIRONMENTAL MANAGEMENT DEPARTMENT  
 ENVIRONMENTAL HEALTH DIVISION

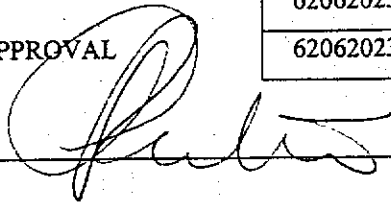
RECEIVED FROM: Nation Wide Freezer DATE: 11/3/00  
 ADDRESS: 1015 24th Street, SAc CA  
 AMOUNT RECEIVED: \$ ~~1343~~ 129.00 CHECK NO.: 13043 CASH   
 FACILITY NAME: Nationwide Freezer Mats  
 FAC. ADDRESS: 1930 O Street

REVENUE DESCRIPTION: (KEY 33)

- PLAN CHECK - FOOD
- PLAN CHECK - POOLS
- PUBLIC POOL FEE (CONSTRUCTION INSPECTIONS)
- PLAN CHECK - NOISE
- PLAN CHECK - TENTATIVE PLOT APPROVAL

COST CTR.	REVENUE	ORDER #	AMOUNT
6206202304	96964301	E32142	\$ <u>129.</u>
6206202304	96964302	E32142	\$
6206202304	92929018	E32131	\$
6206202304	96964403	E32143	\$
6206202304	96964402	E32142	\$

SIGNATURE: \_\_\_\_\_



12/3/98  
 W:\DATA\FORMS\EHD\EHPLANCK.DOC White - Cashier Yellow - Customer Pink - Environmental Management Department

County of Sacramento  
 Accounting and Fiscal Services  
 Date: 11/03/2000 Cashier #: 1  
 Receipt #: 1200018126  
 Check #: 13043  
 Permit #: AFS2000-11103  
 EMB Env Health Food Check \$129.00  
 Total Due \$129.00  
 Check Tendered: \$129.00

Parcel No. **007-0013-007**

**1930 H Street**

October 30, 2000

RECEIVING FAX: 264-5543

SENDING FAX: 875-6253



TO: **KIMBERLY KAUFMANN-BRISBY**  
CITY of SACRAMENTO

FROM: **ROBB F. ARMSTRONG** PHONE NUMBER: 875-6296  
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

RE: **SEWER FACILITY IMPACT FEES** APN # 007-0013-007  
**1930 H STREET (Nation-Wide Freezer Meats)**

There will be "NO" Sewer Facility Impact Fees due at this time for the above-mentioned parcel. Any questions or concerns may be addressed to Water Quality Engineering, Customer Service Unit @ 875-6296.

Thank You

Robb F. Armstrong

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 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 John L. Gonzales

Job Address 1930 "H" Street

Permit No: 00-13318

Date of Request: 1/12/00  
By: BL

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 1930 H Street.

Assessor's Parcel Number: 007-0013-007

Previous Use: Mt store/butcher/restaurant.

Description of Request/Proposed Use: Remodel for restaurant retail use.

Is This a Change of Use? yes. (currently vacant)

Prior Applications for Project Site(P#, Z#, DRPB#): Ø Zoning Designation: C-2

Comments: Site has 16 pkg spaces; other tenant use requires 8 spaces. (400 SF = 500 SF = 8) Restaurant retail may have 21<sup>(7 pkg)</sup> seats + 1 for retail. Requires ZAS to increase seating & obtain pkg water Design Review exempted

Are There Any Planning Issues?: (circle one)  YES  NO

\* Staff Site Plan Check Required? (Circle one)

\* Field Inspection Required? (Circle one)

\* Design Review/Preservation Required?: (Circle one)

YES  NO  
 YES  NO  
 YES  NO

Planning Review by/Date: [Signature]

1/12/00 DR  
Design Review by EAS 1/12/00

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**  
 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: NATIONWIDE FREEZER MEATS Phone: (916) 444-3286  
 Site Address: 1930 H Street 95814 Suite: \_\_\_\_\_  
(Street) (Zip)  
 Business Owner/Representative: JOHN GONZALES Phone: (916) 444-3286  
 Nature of Business: Restaurant remade  
 Property Owner: FRANK, ROMANA & JOHN GONZALES Phone: (916) 444-3286  
 Address: 5812 13th Ave Suite: \_\_\_\_\_  
SACRAMENTO CA 95820  
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes \_\_\_ No Y Is this permit for a shell building? Yes \_\_\_ No X

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

**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.

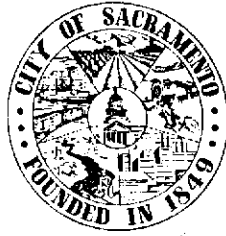
**Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials:**

**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: JOHN A GONZALES  
(Print)  
John A. Gonzales 01-24-01  
(Signature) (Date)

BID Use Only: Plan Gk# _____	Permit # <u>0013318</u>
OK to issue prmt? <u>Y</u> <u>820-124-01</u> init date	F.D. Appr Req'd? Yes <u>No</u>
Hold on Certificate of Occupancy? Yes <u>No</u>	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	





NEIGHBORHOODS,  
PLANNING AND DEVELOPMENT  
SERVICES DEPARTMENT

**CITY OF SACRAMENTO**  
CALIFORNIA

PLANNING DIVISION  
1231 I STREET, RM 200  
SACRAMENTO, CA 95814  
(916) 264-5959 Phone  
(916) 264-5543 Fax

Date: June 23, 2000  
To: Ramona Gonzales - Nation-wide Meats  
Subject: Written Confirmation of Zoning and Parking Requirements

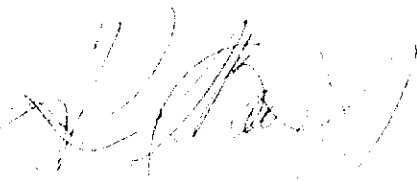
A review of the City of Sacramento Planning Division's zoning maps on May 3, 2000 indicated the following:

1. Assessor's Parcel Number: 007-0013-007
2. Address of Parcel: 1930 H Street, Sacramento, California
3. Current Zoning: C-2 (Central City Design Review Area)

Comments:

The property is zoned C-2 - General Commercial, located in the Central City Design Review Area. Restaurant use in the C-2 zone is allowed by right. There is a parking requirement of 1 parking space for every 3 seats in a restaurant. On June 19, 2000 you stated that 13 parking spaces plus one ADA compliant parking space would be provided for the restaurant. Fourteen parking spaces will support forty-two seats in your proposed restaurant.

I hope this answers your questions regarding the parking requirements for a restaurant within the Central City. If I can assist you further please contact me at 264-5590.

  
Kimberly Kaufmann-Brisby-Planning Technician II  
City of Sacramento Planning Division

*what part of this PKG Lot  
is used by the other tenants  
in the building.*

*Read Revised Pink 1/12/01*

Parcel No. **007-0013-00**

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October 30, 2000

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Thank You

A large, stylized handwritten signature in black ink, appearing to read "Robb F. Armstrong", is written over the typed name.

Robb F. Armstrong

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Signed John A. Manzala

Job Address 1930 H ST.

Permit No: 0013318 C