

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0606272  
Insp Area: 1  
Thos Bros: 297D5

Site Address: 1814 19TH ST SAC  
Parcel No: 010-0021-001

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

CONTRACTOR  
ELECTRICAL SERVICES COMPANY  
9835 KITTY LANE  
OAKLAND, CA 94603

OWNER  
ROSEVILLE INVESTMENT COMPANY LLC  
5046 SUNRISE BL  
FAIR OAKS, CA 95628

ARCHITECT

Nature of Work: INSTALL 120 VOLT 20 AMP OUTLET FOR CORD CONNECTED MUFFIN CART IN SAFEWAY BAKERY

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 C10 License Number 410561 Date 9/31/07 Contractor Signature Harvey Rosen

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor's 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. **PAID** Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves the City of Sacramento 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: MAY 04 2006

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 5/4/06 Applicant/Agent Signature Harvey Rosen

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 NATIONAL LIABILITY & FIRE INS. Policy Number 0100016091051 Exp Date 11/01/2006

(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 5/4/06 Applicant Signature Harvey Rosen

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 Department - Building Division

New City Hall  
915 I St., Floor 300  
Sacramento, CA 95814  
Fax: 916-808-1901

North Permit Center  
2101 Arena Blvd., Suite 200  
Sacramento, CA 95834  
Fax: 916-808-8370

<b>ACTIVITY #</b> 0006272	<b>Isnp. Area</b> 1
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*Applicant MUST complete ALL Unshaded areas*

**ADDRESS** 1814 19th Street - Sacramento, California Suite \_\_\_\_\_  
**PARCEL #** 010-0021-001

<b>CONTACT</b>		<b>LICENSED CONTRACTOR</b> Lic No. # <u>410561</u>	
Name <u>Electrical Services Company</u>		Name <u>Electrical Services Company</u>	
Street Address <u>9835 Kitty Lane</u>		Address <u>9835 Kitty Lane</u>	
City/State/Zip <u>Oakland, California 94603</u>		City/State/Zip <u>Oakland, California 94603</u>	
Phone <u>(510)430-0399</u> FAX <u>(510)430-1841</u>		Phone <u>(510)430-0399</u> FAX <u>(510)430-1841</u>	
E-mail: <u>www.electricalservices.org</u>		E-mail: <u>www.electricalservices.org</u>	
<b>ARCHITECT/ENGINEER</b>		<b>OWNER</b>	
Name <u><b>PAID</b> CITY OF SACRAMENTO</u>		Name <u>Safeway</u>	
Address _____		Address <u>5918 Stoneridge Mall Road</u>	
City/State/Zip _____		City/State/Zip <u>Pleasanton, California 94588</u>	
Phone _____		Phone <u>(510)430-0399</u> FAX <u>(510)430-1841</u>	
E-mail: _____		E-mail: _____	

→ Will permittee have any employees on the jobsite?  No  Yes → **INSURANCE CO:** National Libality & Fire  
→ **WORKER'S COMPENSATION POLICY #** 0100016091051 **EXPIRATION DATE:** 11-1-06

**NATURE OF WORK IN DETAIL:** Install 120 volt 20 amp floor outlet for cord connected muffin cart. Work involves saw cut, removal and patch back of floor. Aproximately 10 - 20 feet of underground conduit from wall to outlet. Replace damaged floor tile.


**OCCUPANT/TENANT:** Safeway **VALUATION:** \$ 6,000.00

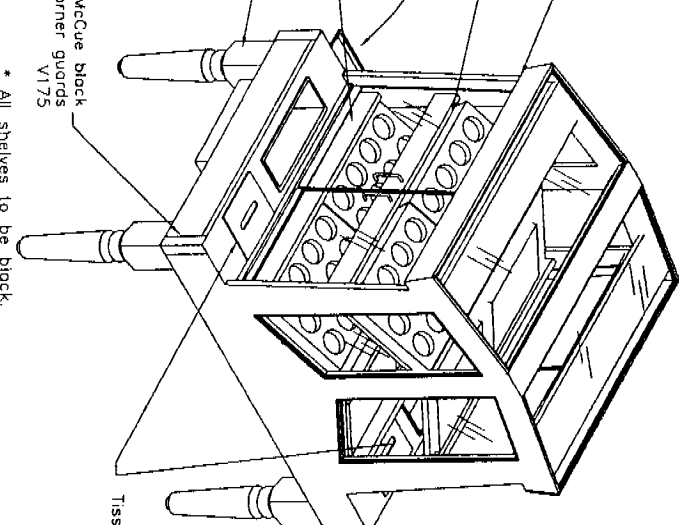
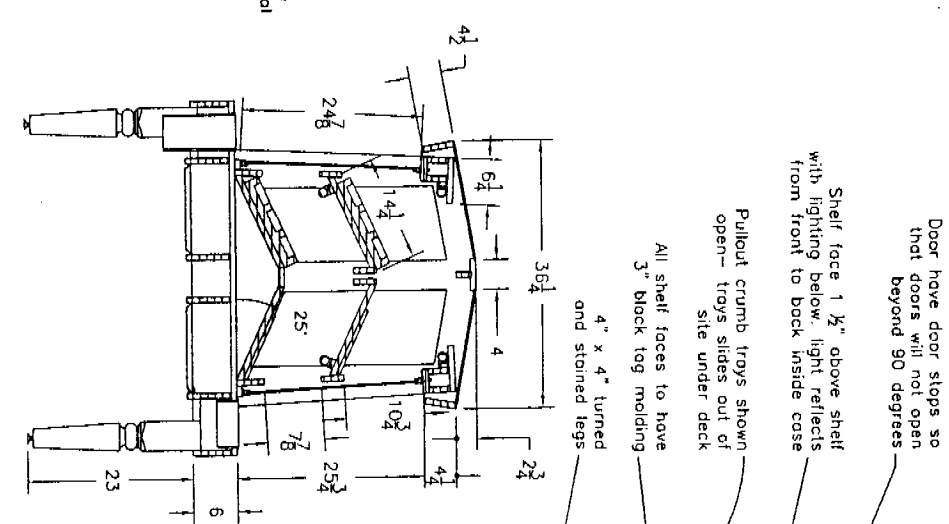
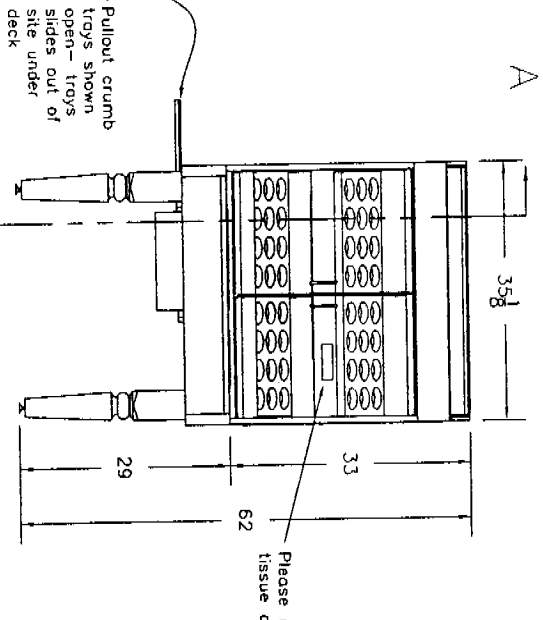
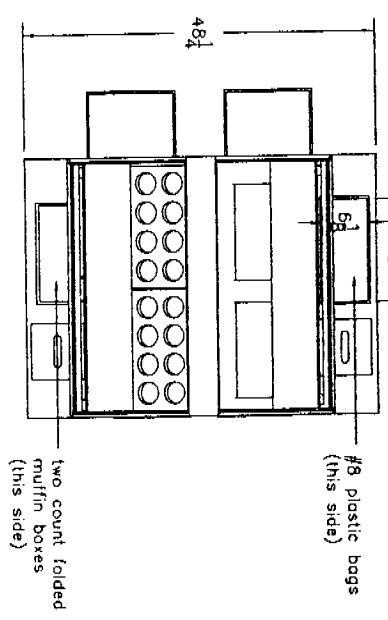
<b>FLOOD STATUS</b>						<b>S.C.A.T.</b>					
<b>JOB DESCRIPTION</b>		BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TI ( ) <input type="checkbox"/>	REM ( ) <input type="checkbox"/>	SW <input type="checkbox"/>	FIRE <input type="checkbox"/>	ADD <input type="checkbox"/>	OTHER <input type="checkbox"/>	
<b>INSPECTION DISCIPLINES</b>		BLDG	MECH	PLUMB	ELEC	SITE	FIRE				
# Stories	1 <sup>st</sup> flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File		
						SPR	ALARM		PW	UTIL	
B	L	P	M	E	F	S		D			

**COMMENTS:**  
\$83.94

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

Store# 2684

DRAWING APPROVAL		DATE:	SCALE:	PAGE:	NUMBER:	DATE:	CLASS:	DRAWING NUMBER:	REVISIONS:	
APPROVED:	DATE:	DATE:	AS SHOWN	1 OF 1	MM	7/19/05	D	012604-01	03	
APPROVED AS NOTED:	DATE:	DATE:	SEE PLAN FOR COLOR AND FINISH OF WALLS							
REVISE AND RESUBMIT:	DATE:	DATE:	TO FINISHES (SEE SPECIFICATIONS)							
		 <b>THE COLUMBIUS SHOW CASE CO.</b> 4401 Equity Drive, Columbus OH, 43228 Phone: 614-850-1460 Fax: 614-850-1461 www.columbiusshowcases.com		THE COLUMBIUS SHOW CASE COMPANY 101 BROADWAY, 2ND FLOOR, NEW YORK, NY 10038 (212) 691-1111		CONCEPT		2-DOOR LOW VOLUME MUFFIN UNIT		



- \* All shelves to be black.
- \* All interior surfaces to be Formal Mahogany laminate.
- \* All exterior surfaces to be Formal Mahogany laminate.
- \* Legs to be turned and stained to match Formal Mahogany.
- \* Tempered glass tops, ends, and doors.
- \* (4) Muffin pans to be 12" x 16 3/16"
- \* (6) Sheet pans to be 12" x 16 3/16"
- \* (2) Tissue bins.
- \* (1) Deep container 13" L x 1 1/2" W inside dimensions
- \* (1) Shallow container 13 7/8" L x 6 3/8" W inside dimensions

Notes:  
 Each light T-8 2' long (4 lights total)  
 120V, 60hz, single phase, 0.5 amps

SECTION A-A



Pullout crumb trays shown open - trays slides out of site under deck

#8 plastic bags (this side)  
 two count folded muffin boxes (this side)

Door have door stops so that doors will not open beyond 90 degrees  
 Shelf face 1 1/2" above shelf with lighting below. light reflects from front to back inside case  
 Pullout crumb trays shown open - trays slides out of site under deck  
 All shelf faces to have 3" black tag molding  
 4" x 4" turned and stained legs

Tissues with decal

