

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0113711

Insp Area: 2
Thos Bros: 297 D6

Site Address: 1401 BROADWAY SAC

Parcel No: 009-0254-008 1401

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

CONTRACTOR

A.P. THOMAS
8680 GREENBACK LN.
ORANGEVALE CA. #220 95662

OWNER

8501 BOND RD INVESTMENTS
77 CADILLAC DR #210
SACRAMENTO CA 95825

ARCHITECT

Nature of Work: FOUNDATION, SLAB & UNDERGROUND UTILITIES FOR ON SITE WORK ONLY... WALGREENS

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 C License Number 637869 Date 11/20/01 Contractor Signature [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 _____ 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 11/20/01 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.

MS 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:

X Carrier STATE COMPENSATION INS FUND Policy Number 160488300 Exp Date 11/29/2001

(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 11/20/01 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.

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 # 0113711 Insp. Area 2C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1401 BROADWAY Suite _____
 PARCEL # 009.0254.008

<p align="center">CONTACT</p> Name <u>KEVIN DONNELLY</u> Street Address <u>2203 13th ST</u> City/State/Zip <u>SAC CA 95818</u> Phone <u>916.446.5348</u> FAX <u>916.446.5586</u> E-mail: <u>KEV@EKISTICSDESIGN.COM</u>	<p align="center">LICENSED CONTRACTOR Lic No. # <u>637869</u></p> Name <u>AP THOMAS CONSTRUCTION INC</u> Address <u>8680 GREENBACK LN STE 220</u> City/State/Zip <u>ORANGEVALE CA 95662</u> Phone <u>916.988.9426</u> FAX <u>916.988.9428</u> E-mail: _____
<p align="center">ARCHITECT/ENGINEER</p> Name <u>SAME AS CONTACT</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p align="center">OWNER</p> Name <u>8501 BOND RD INVESTMNT</u> Address <u>77 CADILLAC DR # 210</u> City/State/Zip <u>SAC CA 95825</u> Phone <u>916.920.0400</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: FOUNDATION & UNDERGROUND UTILITIES FOR 1401 BROADWAY & UNDERGROUND UTILITIES FOR 1429 BROADWAY. (0114785)

OCCUPANT/TENANT: WALGREEN'S VALUATION: \$ 150,000.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		<input checked="" type="checkbox"/> 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"/> OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input checked="" type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE			
# Stories	1st flrArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
						SPR	ALARM		[H]	[Quad]
<input checked="" type="checkbox"/> B	L	<input checked="" type="checkbox"/> P	M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> S	<input checked="" type="checkbox"/> D	<input checked="" type="checkbox"/> PW	<input checked="" type="checkbox"/> UTIL	
		<u>13 KAW</u>								

COMMENTS: SAVE ALL SETS OF PLANS. THERE WILL NEED TO BE PERMIT SETS FOR 1401 & 1429 BROADWAY

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



Barrish Pelham & Partners, Inc.
Consulting Engineers

project

15th & BROADWAY - WALGREENS

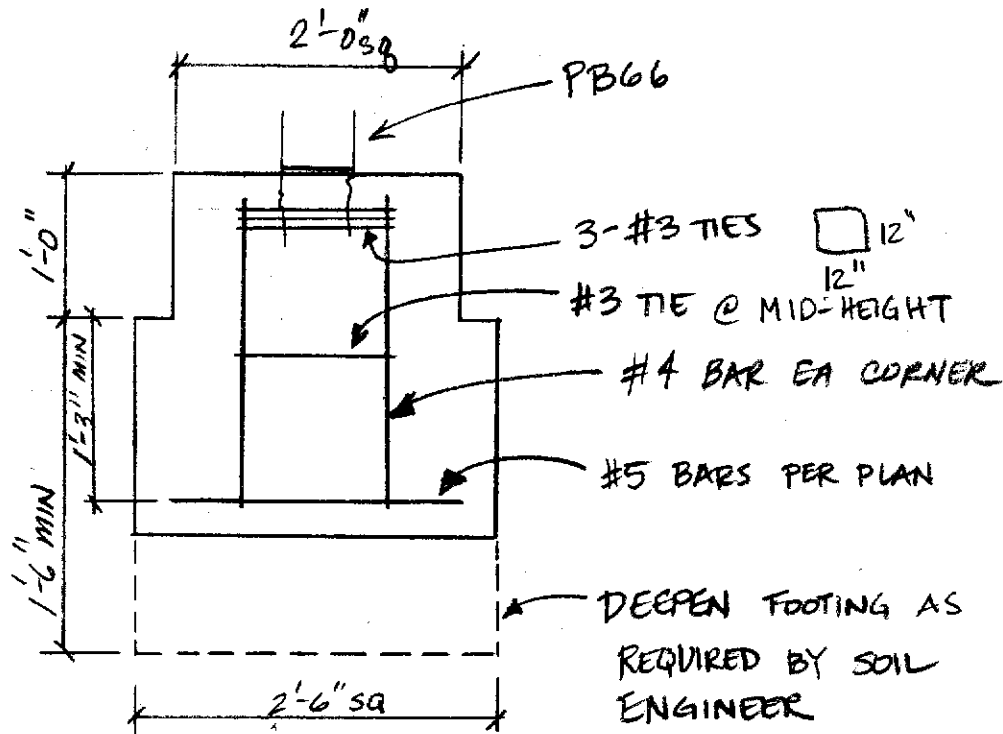
by AMB

no.

date

3/12/02

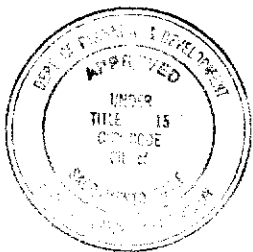
CLARIFICATION OF CANOPY FOOTINGS TO
THE NORTH OF GRID LINE 1 OF WALGREENS



ISSUED

MAR 12 2002

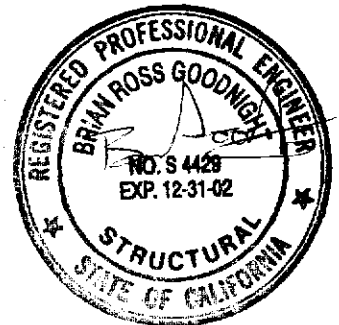
Sacramento Building Division



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Department.

Violations of any City Ordinance or Code shall be subject to penalties and fines.

16
SA.4 (MODIFIED)



CITY COPY

Bryon Nakashina

REVISION ON ACTIVE PERMIT

NEW PLAN CHECK NO#: _____
 OLD PLAN CHECK NO#: 0113711

DATE: 3-12-02

This sheet is to be used only when a permit has been issued, is still active, and the applicant wishes to make changes to the existing approved plans.

All revisions clouded? YES _____ NO

JOB ADDRESS 1401 Broadway SUITE _____ PERMIT NO 0113711

AREA: 2 DBA: WANGREENS

DESCRIPTION OF REVISIONS Foundation Changes For
Canopy

DISCIPLINE	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	P	M	E	F	S	R	D
CHECKED BY	BTM	BTM							
ROUTE TO									
CODE	13	13							
HOURS SPENT		1/2							

X CONTACT: Mike Thomas

X ADDRESS: 8680 Greenback LN Suite 220
Orangevale CA

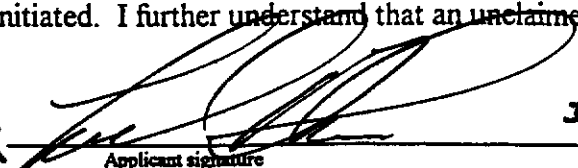
PHONE#: 916-296-4592

OF PLANS SUBMITTED _____ SUBMITTED TO _____

I understand that I am responsible for all plan check fees that I incur during the course of this additional plan check and that any approved plans not claimed and paid for within 3 months of notification will be disposed of and an invoice procedure for the amount due will be initiated. I further understand that an unclaimed revision may result in delay of final approval for the subject project.

DATE NOTIFIED	PLAN BIN

APP FEE	PAID

X  3/12/02
 Applicant signature Date

AGENCY	TOTAL HRS	TOTAL FEES
BLDG		
PW		
PLEASE PAY THIS AMOUNT		

PLANNING AND ZONING REVIEW

..... to be filled out by Planning staff

ADDRESS: 1401 Broadway

APN: 009-0254-005 ZONING: CA

DESIGN REVIEW AREA: Central City

PREVIOUS FILES RELATED TO SITE: DR00-174

PO0-110
Z01-163

EXISTING LAND USE: New Shell

PROPOSED USE: Water shell use Modify footings as shown on previous submittal to building divisions for a canopy at rear of Commercial

COMMENTS: ~~Remove existing steel canopy~~ ~~with demolition of shell~~ blky Under Construction

See files listed above - must conform to those conditions of those files.

DATE: 3/7 3-12-02 BY: m may

DOES IT APPEAR THAT THE PROJECT WILL REQUIRE A PLANNING APPLICATION?

YES NO (If yes, circle applications needed below)

.....Staff.....ZA.....Planning Commission.....Design Review.....Preservation Review.....

CONCLUSION: See above.

DATE: _____ BY: _____

ATTN: Jim

A.P. Thomas Construction, Inc.
Tel: 916-988-9428 Fax: 916-988-9428

REQUEST FOR INFORMATION

RFI No. 25

TO: Eristics Design Studio
2209 13th Street
Sacramento, CA 95818

DATE 2/28/02
APT JOB NO. 01-115-01

ATTENTION: Kevin Connelly, Mick Dobbin

ARCHOWNER JOB NO: Store #0613

PROJECT: Walgreens - 15th & Broadway

CONSULTANT INVOLVED:

SUBJECT:

SPEC SECTION/DRAWING NO./DETAIL
S4.1 Detail A

ATTENTION:

Detail A shows a continuous 2" non-shrink grout bed under the concrete panels. Is it necessary to grout all of it, or can we pour concrete (with pea gravel) between each existing grout bed?

TO AVOID A DELAY, REPLY REQUIRED BY: 3/5/02

BY: Mike Thomas

REPLY: _____ DATE: 2/27/02

A 4000psi mix that has a maximum w/c ratio of .50 AND shrinkage reducing additive is an acceptable substitute for non-shrink grout. YOUR APPROVAL IS CONTINGENT UPON RECEIPT OF AN ACCEPTABLE MIX DESIGN AT WHICH TIME A REVISED DETAIL WILL BE ISSUED.

COPY TO:
APT Office
RFI Binder-Job Site

BY: ANNELISE BEINS
FIRM: BARRON PELHAM & PARTNERS

4880 Greenback Lane, Suite 220

Orangevale, CA 95662

verified cp 3-8-02

Job #01-115-01 Walgreens

PT _____ Acct
MT / Other RFI Binder
GP _____ Other _____