

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0318783

Insp Area: 4

Thos Bros: 277 A6

Site Address: 2550 WEST EL CAMINO AV SAC St: 12

Sub-Type: TI

Parcel No: 225-1010-008

Expanded North Area Design Review STE 12

Housing (Y/N):

N

CONTRACTOR

OWNER

ARCHITECT

QUON FAMILY TRUST
1817 MARYAL DR #100
SACRAMENTO CA 95864

Nature of Work: REMODEL TENNANT SPACE TO PIZZA RESTAURANT

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 2-6-04 Owner Signature J. V. Pollock

PAID
CITY OF SACRAMENTO
FEB 06 2004
NORTH PARK CENTER

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 2-5-04 Applicant/Agent Signature J. V. Pollock

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 2-6-04 Applicant Signature J. V. Pollock

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: 2550 W. EL CAMINO AVE Permit No.: 0318783
Building Use: COMMERCIAL SPACE Occupancy: B
Building Owner: QUON FAMILY TRUST Construction Type: III-N
Owner Address: 1817 MARYAL DR. #100 Sprinkled? Yes No
Portion of Building Occupied: SUITE 12 Area: 1,050 Sq. Ft.

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

OUTSTANDING ISSUES REGARDING ACCESSIBLE PARKING

6/17/04 RICHARD HEINS
Date By: (Print)


Sign

DENNIS RICHARDSON
CHIEF BUILDING OFFICIAL

[TCO approvals::DP;CDY;JZB;JW]

CBC 109.4 TEMPORARY CERTIFICATE

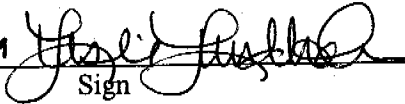
If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the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

POST IN A CONSPICUOUS PLACE

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 2550 WEST EL CAMINO AV #12 Permit No.: 0318783
Building Use: T.I. DBA: VITALIY'S PIZZA Occupancy: B
Building Owner: QUON FAMILY TRUST Construction Type: III-N
Owner Address: SACRAMENTO, CA Sprinkled? Yes No
Portion of Building Occupied: SUITE 12 Area: 1050 Sq. Ft.
7/19/04 LESLIE LUNDHOLM  DENNIS RICHARDSON
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[Finaled By: DSP, CDY, JZB, JW]

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 Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE

Micro Film @ Final
CIRCO System Balance, Inc.

Contractor License #624117

AIR - HYDRONIC - TEMPERATURE - SOUND - SYSTEM SURVEY

4100 FLORIN-PERKINS RD.

SACRAMENTO, CA. 95826

(916) 387-5100

FAX (916) 387-5101



MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

CIRCO System Balance, Inc.

SB JOB# 1023
 SECTION 2 PAGE 2
 DATE JUNE 1, 04

FAN & OUTLET TEST SHEET

AREA SERVED KITCHEN HOOD UNIT EF-1

MOTOR NAMEPLATE DATA

MFG A.O. SMITH FR 56
 HP 1.0 V 208 FLA 3.8
 PH 3 SF 1/3 RPM 1725

SHEAVE DATA:

DIA VL-40 SHAFT 5/8"
 ADJ% MIO FIXED -

FAN NAMEPLATE DATA

MFG CAPTIVE AIR
 MODEL # PI 18CARM
 TYPE UP BLAST
 SIZE -

SHEAVE DATA:

DIA AK-64 H SHAFT 1 3/16
 BELTS AX-37

DATA	TEST 1	TEST 2	TEST 3
VOLTS	<u>210</u>		
AMPS	<u>3.3</u>		
B.H.P.	<u>1.868</u>		
R.P.M.	<u>1006</u>		
S.P. -	<u>0.86</u>		
S.P. +	<u>OPEN</u>		
T.S.P.	<u>0.86</u>		
FILTER S.P.	<u>-</u>		
CFM TOTAL	<u>2192</u>		
CFM R.A.	<u>-</u>		
CFM O.A.	<u>-</u>		

FAN DESIGN DATA

CFM 2160 SP 1.15" RPM 992 BHP DNL
 MIN. O.A. DNL

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
<u>DNL</u>	<u>Hood-</u>		<u>103x14</u>	<u>10.01</u>	<u>215</u>	<u>2160</u>	<u>219</u>	<u>2192</u>				
				<u>EXHAUST</u>		<u>2160</u>		<u>2192</u>				

REMARKS: Sign.



CIRCO System Balance, Inc.

SB JOB# 1023
 SECTION 2 PAGE 1
 DATE JUNE 1, 04

FAN & OUTLET TEST SHEET

AREA SERVED KITCHEN

UNIT MAU-1

MOTOR NAMEPLATE DATA

MFG A.O. SMITH FR 562
 HP 1/2 V 115 FLA 7.6
 PH 1 SF 1.0 RPM 1725

SHEAVE DATA:

DIA VL-40 SHAFT 1/2"
 ADJ % M10 FIXED -

FAN NAMEPLATE DATA

MFG CHAMPION
 MODEL # 4401-DD
 TYPE EVAPORATIVE COOLER
 SIZE -

SHEAVE DATA:

DIA 10" O.D. SHAFT 3/4"
 BELTS 4L-560

DATA	TEST 1	TEST 2	TEST 3
VOLTS	119	119	
AMPS	5.5	6.1	
B.H.P.	.361	.401	
R.P.M.	499	541	
S.P. -	-	0.12	
S.P. +	-	0.19	
T.S.P.	-	0.31	
FILTER S.P.	0.06	0.06	
CFM TOTAL	1930	2060	
CFM R.A.	-	-	
CFM O.A.	-	-	

FAN DESIGN DATA

CFM 1945 SP .50 RPM 539 BHP 0.11
 MIN. O.A. 0.11

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
<u>DNL</u>	<u>1</u>	<u>CD</u>	<u>24x24</u>	<u>1.0</u>		<u>1050</u>		<u>960</u>		<u>1040</u>		
	<u>2</u>	<u>+</u>	<u>+</u>	<u>+</u>		<u>+</u>		<u>970</u>		<u>1020</u>		
				<u>Supply</u>		<u>2100</u>		<u>1930</u>		<u>2060</u>		

REMARKS:

[Handwritten signature]



MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
 1231 I Street, Suite 200 or 2101 Arena Bl., 200
 Sacramento, CA 95814 Sacramento, CA 95834
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY # 0318 783	Insp. Area 4C
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Applicant to complete all areas down to valuation

ADDRESS 2550 W. El Camino Ave **Suite** 12
PARCEL # 225-1010-008

<p style="text-align: center;">CONTACT</p> <p>Name <u>Nasser Nikravi</u> Street Address <u>2550 W. El Camino</u> City/State/Zip <u>Sacramento</u> Phone <u>524-0881</u> FAX _____ E-mail: <u>N.Nikravi@aol.com</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name <u>None yet</u> <u>T.B.A.</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>owner builder</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>Vitaliy Bolebrukh</u> Address <u>4313 Winje Dr.</u> City/State/Zip <u>Antelope 95843</u> Phone <u>558 8217</u> 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: 1000 sq ft new building - plumbing, mechanical
(Hard) New kitchen
T.I. Partition walls, M.E.P. Submitted to Health Dept

OCCUPANT/TENANT: _____ **VALUATION: \$** 21000.00

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

COMMENTS:

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Yes No CITY OF SACRAMENTO
 PERMIT ASSISTANCE

RECEIVED

J.A. Collins

PROPERTIES INC.

February ⁶ 7, 2004

To Whom It May Concern:

DENNIS
We, Denise and Lucinda Quon are the owners of a building that is located at 2550 West El Camino Sacramento, CA 95833. Authorize Vitaliy Bolebrukh, the owner of a pizza restaurant to pull a permit and perform construction at 2550 West El Camino unit 12 Sacramento, CA 95833.

Please feel free to call if you have any questions. 916-641-2081

Quon Family Trust

DENNIS
Denise Quon



Lucinda Quon



Case Fee Summary

Case Number: SWD2004-00103
 Location: CITY OF SACRAMENTO
 Job Address: 2550 W EL CAMINO #12

Status: ACT

Issue Date: 2/6/2004

Fee Type
 SRCSD Sewer Fees

Fee Type	Fee Due	Fee Paid	Date Printed:	Date Paid
SRCSD Sewer Fees	3,888.00	0.00	2/6/2004	
Fees Due:	3,888.00	Fees Paid:	0.00	
	Balance Due:	3,888.00		

County of Sacramento
 Accounting & Fiscal Services

*** Customer Receipt ***

Receipt #: 3200400000000001229

Transaction Date / Time: 2/6/2004 12:19:20PM

Case #: SWD2004-00103

Fee Type Fee Amount

SRCSD Sewer Fees 3,888.00

Total: Check \$3,888.00

Bank #: 90-8190

Check #/Acct#: 1018

Received: In Person

Confirm No:

Amount Tendered: \$3,888.00

COUNTY SANITATION DISTRICT 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
FLW 2/6/04 **SEWER IMPACT FEE**
 PERMIT AND CALCULATION

APPLICATION NO:		BLDG PERMIT NO. <i>SWD2004-00103</i>	
GENERAL INFORMATION		THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER	
<i>CITY OF SACRAMENTO</i>			
		THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE	
FEE CALCULATION		BUILDING USE	
INSPECTION		RESIDENTIAL	SF <input type="checkbox"/> MF <input type="checkbox"/>
CSD-1		COMMERCIAL USE	
SRCSD <i>#2,314</i>	<i>\$3,888</i>	<i>NEW YORK PIZZA</i>	
CONSTRUCTION		<i>1,050 SF EX/750 SF</i>	
IN-LIEU		<i>1,785 ESDS</i>	
		<i>-1,050 ESDS CREDIT</i>	
		<i>1,680 ESDS</i>	
TOTAL FEE \$3,888			
APN: <i>225-1010-020</i>			
DESCRIPTION/SUBDIVISION		LOT:	
<i>NEW YORK PIZZA</i>			
PROPERTY ADDRESS <i>2550 WEST EL CAMINO AVE #12</i>			
OWNER <i>Vitaliy Bolobrukh</i>			
MAILING ADDRESS <i>4212 WINDY</i>			
CITY STATE ZIP			