

CITY OF SACRAMENTO

Permit No: 0202666

1231 I Street, Sacramento, CA 95814

Insp Area: 2

Site Address: 2328 FLORIN RD SAC

Thos Bros:

Parcel No: 047-0012-027

Sub-Type: NOTHR

Housing (Y/N): N

CONTRACTOR

DNP CONSTRUCTION CORP.
1761 35TH STREET
SACRAMENTO, CA 95816

OWNER

AMERICAN RECREATION CENTERS, INC
2328 FLORIN RD
SACRAMENTO CA 95822

ARCHITECT

Nature of Work: INSTALL BTS CABINET

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 777493 Date 3.18.02 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).

PAID TO CITY OF SACRAMENTO MAR 18 2002

I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

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 3/18/02 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 3/18/02 Applicant Signature [Signature]

WARNING: FAILURE TO SECURE WORKERS' 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 ATTORNEYS FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

CITY OF SACRAMENTO  
BUILDING INSPECTIONS DIVISION  
PERMIT SERVICES

PERMIT # 0202666

ADDRESS: 2328 Floren Rd

This application will need one or more of the following items  
before it can be issued:

- Owner/Builder Form (legal document)
- Current Certificate of Workers' Comp.
- Hazardous Materials Form (hazmat)  
(Orig. In folder, golden-applicant, 2 to fire)
- Letter of Authorization Required to sign by Contractor or Owner
- School Impact Fee (copy of paid receipt)
- HCD Forms (state 445-4782) for Modular/Coaches
- County Regional Sanitation Fee (copy of receipt)  
(Deloras Ross @ 827-7th street, Rm 105, window. 10-ph:875-6679)
- Habitat Conservation Plan Fee (Dob Robinson or Farmarz Ansari)

PERMIT FEES \$ 354<sup>16</sup> Duc

Driveway Permit \$ \_\_\_\_\_

(public works)

Encroachment Permit \$ \_\_\_\_\_

Special Conditions (enter computer, mark margin of permit at final, attach  
instructions to permit, and 1 copy in each folder, + CUSTOMER COPY)

Special Inspections XI (1 copy each folder, 1 to CAROLINE)

Flood Elevation Certificate (1 copy B. Nakashima, 1 in folder)

Other \_\_\_\_\_

Date Notified 3-18-02

Plans in Bin// 66

Initials By DSB

Processed By: PS3

Microfilm @ Final

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 # 0202666 Insp. Area

ADDRESS 2325 Flarin Rd Sacramento Ca 95822 Suite \_\_\_\_\_  
 PARCEL # 047.0012.027

Applicant MUST complete ALL Unshaded areas

CONTACT Name <u>David D Davis</u> Street Address <u>1761 35<sup>th</sup> street</u> City/State/Zip <u>Sacramento Ca 95816</u> Phone <u>(916) 998-9829</u> FAX <u>(916) 457-1173</u> E-mail: _____		LICENSED CONTRACTOR Lic No. # <u>777493</u> Name <u>DNR Construction</u> Address <u>1761 35<sup>th</sup> st</u> City/State/Zip <u>Sacramento Ca 95816</u> Phone <u>(916) 457-1165</u> FAX <u>457-1173</u> E-mail: _____	
ARCHITECT/ENGINEER Name <u>Western Planning + Engineering</u> Address <u>11860 Kemper Rd. #3</u> City/State/Zip <u>Auburn Ca 95603</u> Phone <u>(930) 823-6917</u> FAX <u>(530) 823-5518</u> E-mail: _____		OWNER Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: \_\_\_\_\_  
 → WORKER'S COMPENSATION POLICY # State fund 1586364 EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: Install BTS Cabinet

OCCUPANT/TENANT: CINGULAR VALUATION: \$ 10,100

FLOOD STATUS: <u>A99</u>		S.C.A.T.							
JOB DESCRIPTION: <u>BLDG</u>		SHELL	APT	TI ( )	REM ( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	MECH	PLUMB	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y <u>(N)</u>	Fed Code <u>20</u>	Vio. File [H] [Quad]	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>N/A MJE</u>	<u>D</u>	PW	UTIL

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

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