

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0105306

Insp Area: 2

Site Address: 321 ELIZA ST SAC

Thos Bros:

Parcel No:

Housing (Y/N):

Sub-Type: NOTHR

N

CONTRACTOR

OWNER

ARCHITECT

SAC. HOUSING & REDEVELOPMENT
320 COMMERCE CR.
SAC CA. 95815

Nature of Work: BUILD COMPRESSED NATURAL GAS FUELING FACILITIES, REVISE PARKING IN FLEET VEHICLE AREA

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.)

RM 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 *[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 *12/11/01* 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.

_____, 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 _____

RM (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 *12/11/01* 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.

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) NO
2. I (have) 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 N/A TBA Address _____

City _____ Telephone _____

Contractors License No. TBA

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 N/A 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
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N/A

Signed [Signature]

Job Address 321 Eliza St. Sacramento

Permit No: _____

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 #	Insp. Area
0105306	2

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 321 Eliza Street Suite _____
 PARCEL # 001-0090-003

<p align="center">CONTACT</p> Name <u>John Brooks</u> Street Address <u>320 Commerce Circle</u> City/State/Zip <u>Sac 95815</u> Phone <u>566-1253</u> FAX <u>566-1231</u> E-mail: <u>566 1275</u>		<p align="center">LICENSED CONTRACTOR Lic No. # _____</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
<p align="center">ARCHITECT/ENGINEER</p> Name <u>Alicia Moniz</u> Address <u>1812 J Street</u> City/State/Zip <u>Sac 95814</u> Phone <u>441-6868</u> FAX <u>441-259</u> E-mail: _____		<p align="center">OWNER</p> Name <u>Sac Housing & Redevel. Agency</u> Address <u>320 Commerce Circle</u> City/State/Zip <u>Sac 95815</u> Phone <u>566-1243</u> FAX <u>566-1275</u> 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: Add Compressed Natural Gas Fueling Facilities.

OCCUPANT/TENANT: DOS RPOS VALUATION: \$ 70,000.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		SHELL		APT	TI ()	REM ()	SW	FIRE	ADD	OTH
<u>BEH</u>		<u>BLDG</u>								<u>OTH</u>
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. Y / N		Fed Code	Vio. File	
				<u>A3/B</u>	<u>BEH</u>	SPR	ALARM	<u>15</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>	PW	UTIL
								<u>SANS</u>		

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

PLANNING AND ZONING REVIEW

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

ADDRESS: 321 ELIZA ST

APN: 001-0090-003 ZONING: RMX-SPD

DESIGN REVIEW AREA: RICHARDS BLVD

PREVIOUS FILES RELATED TO SITE: DR98-119 DR98-122

EXISTING LAND USE: RES, CHILD CARE

PROPOSED USE: SAME

COMMENTS: THIS IS A MODIFICATION TO AN EXISTING
PARKING LOT TO PROVIDE NATURAL GAS REFUELING
~~STORAGE~~ THIS CONSISTS OF UNDERGROUND
STORAGE, ^(TANK) AND POLES @ ~~BY~~ ±3'6" AT THE END
OF 6 STALLS ~~AND~~

DATE: 9/6 BY: NALVEY

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: MODIFICATIONS ~~AND~~ WILL NOT BE
VISIBLE FROM STREET VIEWS AND WILL BE
BEHIND EXISTING FENCING, DESIGN REVIEW
APPD PER L. SANCHEZ

DATE: 9/6 BY: [Signature]

Date of Request:

By: John Brooks

SHRA

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project

Address: 321 Eliza Street Sac

Assessor's Parcel Number: 001-0090-003

Previous Use: Housing development

Description of Request/Proposed Use: Add ~~C.A.T.~~ Compressed Natural Gas Fueling facilities to parking lot for administration building

Is This a Change of Use?

Only for use by SHRA fleet vehicles.

Zoning Designation: RMX-SPD

Prior Applications for Project Site(P#, Z#, DRPB#): DR-98-180 et al. (Richard Blvd SPD + Design Review Area)

Comments: See DR 98-180. As this aspect (fueling facilities) is not covered in that file, a new Design Review application would be required.

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

- * Staff Site Plan Check Required? (Circle one) YES NO
- * ~~Field Inspection~~ Required? (Circle one) YES NO
- * Design Review/Preservation Required?: (Circle one) YES NO see above.

Planning Review by/Date J May 4-27-01

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

PLANNING AND ZONING REVIEW

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

ADDRESS: 321 ELIZA ST

APN: 001-0090-003 ZONING: RMX-SPD

DESIGN REVIEW AREA: RICHARDS BLVD

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OF 6 STALLS ~~STALLS~~

DATE: 9/6 BY: NALVEY

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: MODIFICATIONS ~~WILL~~ WILL NOT BE
VISIBLE FROM STREET VIEWS AND WILL BE
BEHIND EXISTING FENCING, DESIGN REVIEW
APPD PER L. SANCHEZ

DATE: 9/6 BY: [Signature]

Date of Request: _____
By: John Brooks
SHRA

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 321 Eliza Street Sac

Assessor's Parcel Number: 001-0090-003

Previous Use: Housing development

Description of Request/Proposed Use: Add ~~CNG~~ Compressed Natural Gas Fueling facilities* to parking lot for administration building ^{only for use by SHRA fleet vehicles.}

Is This a Change of Use? _____

Prior Applications for Project Site (P#, Z#, DRPB#): DR-98-180 ^{Zoning Designation: RMX-SPD} ^(Richard Blvd SPD + Design Review Area)

Comments: See DR 98-180.
As this aspect (fueling facilities) is not covered in that file, a new Design Review application would be required.

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

- * Staff Site Plan Check Required? (Circle one) YES NO
- * ~~Field Inspection Required?~~ (Circle one) YES NO
- * Design Review/Preservation Required?: (Circle one) YES NO see above.

Planning Review by/Date: M. May 4-27-01

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL