

CITY OF SACRAMENTO

Permit No: 0111981

1231 I Street, Sacramento, CA 95814

Insp Area: 1
Thos Bros: 297D2

Site Address: 915 NORTH B ST SAC
Parcel No: 001-0031-004

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

CONTRACTOR
SCHMITT CONSTRUCTION
2900 HEINZ ST
SACRAMENTO CA 95826

OWNER
FORT SUTTER CO
WEST SACTO CA
95691

ARCHITECT

Nature of Work: BUILD HANDICAP RAMP

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 AB License Number 458817 Date 5-28-01 Contractor Signature J. S. L. A.

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 5-28-01 Applicant/Agent Signature J. S. L. A.

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.~~

SS 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: STATE COMPENSATION INS. FUND Policy Number 692-2219-2001 Exp Date 10/01/2002

(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 and I shall not 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 5-28-01 Applicant Signature J. S. L. A.

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 # 011981	Insp. Area
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 515 A.B. St. Suite _____
 PARCEL # 001-0031-004

CONTACT Name <u>Jim Schmitt</u> Street Address <u>2900 Horizon St</u> City/State/Zip <u>Sacramento CA</u> Phone <u>457 6855</u> FAX <u>457 6510</u> E-mail: _____	LICENSED CONTRACTOR Lic No. # <u>458217</u> Name <u>Schmitt Const</u> Address <u>2900 Horizon St</u> City/State/Zip <u>Sacramento CA</u> Phone <u>457 6855</u> FAX <u>457 6510</u> E-mail: _____
ARCHITECT/ENGINEER Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	OWNER Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____

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

NATURE OF WORK IN DETAIL: 3-10 AC Ramp

OCCUPANT/TENANT: _____ VALUATION: \$ 19200

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

COMMENTS:
* provide concrete ramp design calcs. & construction details

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: 915 - B Street

APN: 001-0031-004

ZONING: M2 Central-SPD

DESIGN REVIEW AREA: Richards Blvd

Richards Blvd SPD and Design Review -

PREVIOUS FILES RELATED TO SITE: None

EXISTING LAND USE: Warehouse Distribution

PROPOSED USE: Same, a warehouse.

to add handicapped accessibility ramp.

COMMENTS: need complete site plan to verify adequacy of parking spaces. (This ramp will eliminate some existing parking. Design Review will be required.)

PARKING OKAY

MSE ✓ DATE: 9-5-01 BY: Mmay

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. MMay 9-5-01.

WILL REQUIRE DESIGN REVIEW PER ELLEN. ELLEN WILL SIGN OFF AT THE COUNTER AFTER TAKEN IN AS APPLICATION

DATE: 9-10-01 BY: MSE