

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0100772
Insp Area: 2
Thos Bros: 338A4

Site Address: 5637 MACK RD SAC
Parcel No: 18-0103-001 5637 MACK RD

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

CONTRACTOR

OWNER
EVERGREEN CENTER ASSOCIATES
6011
SACRAMENTO CA 95825

ARCHITECT

Nature of Work: EXPANSION OF EXISTING FOOD MARKET WITH FOOD SERVICE INTO ADJACENT SPACE (SEATING 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. 3097.3, C.C.P.).

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 8 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 Professions 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 & P.C. for this reason.

Date 8-9-01 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 8-9-01 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 _____

(This section need not be completed if the permit is for **STRUCTURAL PLANNING** or **NEW DEVELOPMENT SERVICES**.) I shall not employ any person in any manner so as to be 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 8-9-01 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 # 0100772	Insp. Area 2C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 5637 MACK ROAD, SACRAMENTO Suite _____
 PARCEL # 118-0103-001 (Zone C2-R)

<p style="text-align: center;">CONTACT</p> <p>Name <u>PETER SIMON, ARCHITECT</u> Street Address <u>4853 TOMMAR DR</u> City/State/Zip <u>FAIR OAKS, CA 95628</u> Phone <u>(916) 967-7116</u> FAX <u>(916) 967-7116</u> E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name <u>OWNER - BUILDER</u> Address <u>(CALLED TO VERIFY) L.V.</u> City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>PETER SIMON, ARCHITECT</u> Address <u>4853 TOMMAR DR</u> City/State/Zip <u>FAIR OAKS, CA 95628</u> Phone <u>(916) 967-7116</u> FAX <u>(916) 967-7116</u> E-mail: <u>INGARCH@AOL.COM</u></p>	<p style="text-align: center;">OWNER</p> <p>Name <u>BENJAMIN GONZALES</u> Address <u>5637 MACK ROAD, SACRAM</u> City/State/Zip <u>SACRAMENT</u> Phone <u>421-2000</u> FAX <u>421-2024</u> 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: EXPANSION OF EXISTING FOOD MARKET WITH FOOD SERVICE (SEATING AREA). INTO ADJACENT SPACE

OCCUPANT/TENANT: CARNICERIA 2000 MKT VALUATION: \$ 40,000.00

FLOOD STATUS: <u>N/R</u>		S.C.A.T. <u>X11; 200; 311</u>								
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM ()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BEDG</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 <u>Y</u> N	Fed Code	Vio. File		
		<u>5200</u>		<u>M</u>		<u>SPR</u> <u>ALARM</u>	<u>18</u>	[H] [Quad]		
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>PL</u>	<u>S</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>	

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

Date of Request: _____

By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

X Project Address: 5637 MACK ROAD (Zone: C2-R)

Assessor's Parcel Number: 118-0103-001

Previous Use: RETAIL

X Description of Request/Proposed Use: EXPANSION OF EXISTING FOOD MARKET WITH FOOD SERVICE (SEATING AREA).

(Expanding ^{existing} food market into adjacent tenant space, formerly retail/office use) and adding 23 (total) seats for ^{new} list - in the Zoning Designation: area of Food Market.

Is This a Change of Use? YES.

Prior Applications for Project Site(P#, Z#, DRPB#): P84-334/P83-385 P82 P83 251

Comments: use is okay in this zone. 23 seats is okay.

33 (thirty-three) seats also would be okay with planning (not sure about Fire regs.)

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

* Staff Site Plan Check Required? (Circle one) see above YES NO

* Field Inspection Required? (Circle one) above YES NO

* Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: M May 1.17.01

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

MICROFILM AFTER FINAL

CITY OF SACRAMENTO
BUILDING INSPECTION DIVISION
APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: CARNICERIA 2000 Phone: (916) 421-2000
 Site Address: 5637 MACK RD SACTO CA 95823 Suite: _____
(Street) (Zip)
 Business Owner/Representative: BENJAMIN GONZALEZ Phone: (916) 421-2000
 Nature of Business: RETAIL STORE & RESTAURAN
 Property Owner: HEINIZ COMPANY Phone: (916) 453-8724
 Address: _____ Suite: _____
(Street)

2. Are you developing an undetermined tenant space? Yes ___ No Is this permit for a shell building? Yes ___ No
(City) (State) (Zip)
 Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes ___ No
 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes ___ No ___
 6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No ___
 7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No ___

If you answered "yes" to questions #6 and/or #7, complete the RMPP Informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes ___ No ___

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: BENJAMIN GONZALEZ
(Print)
[Signature] 8/8/01
(Signature) (Date)

BID Use Only: Plan Ck# _____	Permit # <u>010077</u>
OK to issue prmt? <input checked="" type="checkbox"/> <u>BER</u>	F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
init date <u>8-8-2001</u>	
Hold on Certificate of Occupancy? Yes ___ No ___	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

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) _____
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 Address _____

City _____ Telephone _____

Contractors License No. _____

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
<u>TVA</u>			

Signed [Signature]

Job Address 5637 MACK RD

Permit No: 010772

CIRCO System Balance, Inc.

SB JOB# _____
 SECTION _____ PAGE _____
 DATE _____

FAN & OUTLET TEST SHEET

707 452 8280
 AREA SERVED TONY

Carniceria 2000

UNIT MAU-1

MOTOR NAMEPLATE DATA

MFG Emerson FR _____
 HP 3/4 V 115 FLA 10.7
 PH 1 SF 1.0 RPM 1725

SHEAVE DATA:

DIA SVL 40 SHAFT 1/2
 ADJ% MAX FIXED _____

FAN NAMEPLATE DATA

MFG Adobe Air Inc
 MODEL # ED 630 D
 TYPE MAU
 SIZE _____

SHEAVE DATA:

DIA 14" SHAFT 3/4"
 BELTS 11 42660

DATA	TEST 1	TEST 2	TEST 3
VOLTS	115	115	
AMPS	8.2	10.3	
B.H.P.	.57	.72	
R.P.M.	523	430	
S.P. -	.04	.04	
S.P. +	.19	.11	
T.S.P.	.23	.15	
FILTER S.P.	.03	.08	
CFM TOTAL	2905	4205	
CFM R.A.	—	—	
CFM O.A.	100%	100%	

FAN DESIGN DATA

CFM _____ SP _____ RPM _____ BHP _____
 MIN. O.A. _____

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	⊙	14" ⌀	1.0		N/A		1020		390		
	2		14" ⌀					820		1920		
	3		16" ⌀					315		890		
	4		4" ⌀					1150		1065		
	5		14" ⌀					—		450		
						4200		2905		4205		

REMARKS: ⊙ outlet added on # 5

