

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0002183**  
**Insp Area: 3**

**Site Address: 6261 FLORIN PERKINS RD SAC**

**Sub-Type: NCOM**

**Parcel No: 062-0050-021**  
N

**2ND BLDG OF 3 IN THE MIDDLE OF THE LOT Housing (Y/N):**

**CONTRACTOR**  
BUZZ OATES  
8615 ELDER CREEK RD  
SACRAMENTO, CA 95828

**OWNER**  
FLORIN ASSOCIATES LTD  
SACRAMENTO CA  
95829

**ARCHITECT**  
LEO MCGLADE AND ASSOCIATES  
3417 ARDEN WY #A  
SACRAMENTO CA 95828

**Nature of Work: NEW 57000 SQ FT WAREHOUSE (BLDG 2)**

**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 CA License Number 702607 Date 4-19-01 Contractor Signature Mate Schaeck

**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 4-19-01 Owner Signature Mate Schaeck

**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 4-19-01 Applicant/Agent Signature Mate Schaeck

**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 STATE COMP INS FUND (CA) Policy Number 1579398-01 Exp Date 03/01/2002

\_\_\_\_ (This section need not be completed if the permit is for \$100,000 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 4-17-01 Applicant Signature Mate Schaeck

**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

## APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION

1231 I Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 00-02183 Insp. Area SA

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 4187 Florin Perkins Rd. SACRAMENTO Suite BLDG  
 PARCEL # 062-0050-021 + 030

<b>CONTACT</b>		<b>LICENSED CONTRACTOR</b> Lic No. # <u>702621</u>	
Name _____		Name <u>BUZZ OATES ENT.</u>	
Address <u>8615 ELDER CREEK RD. SAC</u>		Address <u>8615 ELDER CREEK SAC.</u>	
Phone <u>916 381-3600</u> FAX <u>916 381 4707</u>		Phone <u>381-3600</u> FAX <u>381 4707</u>	
E-mail <u>danroy@buzzoates.com</u>		E-mail <u>danroy@buzzoates.com</u>	
<b>ARCHITECT/ENGINEER</b>		<b>OWNER</b>	
Name <u>LEO MCGUIDE &amp; ASSOCIATES</u>		Name <u>BUZZ OATES ENT.</u>	
Address <u>3417 ARDEN WAY STE A SAC.</u>		Address <u>8615 ELDER CREEK RD. SAC.</u>	
Phone <u>916 488-8380</u> FAX _____		Phone <u>381-3600</u> FAX <u>381 4707</u>	
E-mail _____		E-mail _____	

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: CALIFORNIA INDEMNITY INS  
 → WORKER'S COMPENSATION POLICY # 25048119 EXPIRATION DATE: 3-1-00

NATURE OF WORK IN DETAIL: 57,000 SF WAREHOUSE

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 684,000

FLOOD STATUS: <input checked="" type="checkbox"/> <u>on</u>		S.C.A.T.	
JOB DESCRIPTION <input checked="" type="checkbox"/> BLDG		SHELL APT TI( ) REM( ) SW FIRE ADD OTH	
INSPECTION DISCIPLINES <input checked="" type="checkbox"/> BLDG <input checked="" type="checkbox"/> MECH <input checked="" type="checkbox"/> PLUMB <input checked="" type="checkbox"/> ELEC <input checked="" type="checkbox"/> SITE <input checked="" type="checkbox"/> FIRE			
# Stories	1st flr Area	Total Area	Use Zone
<u>1</u>		<u>57,000</u>	<u>S1</u>
Const type	Fire Req. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fed Code	Vio. File
<u>III-N</u>	<input checked="" type="checkbox"/> SPR <input type="checkbox"/> ALARM	<u>10</u>	[H] [Quad]
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M
<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> S	<input checked="" type="checkbox"/> D
			<input checked="" type="checkbox"/> PW <input checked="" type="checkbox"/> UTIL

COMMENTS: Verify updated workers comp.

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

# Certification of Compliance

## School District Development Fees

(Print or Type) If Printing, press hard for four copies

### PART I To be completed by the APPLICANT

OWNER'S NAME Derry Carter Int.  
 OWNER'S ADDRESS 2615 Elmwood Park Rd. San Jose, CA 95828  
 PROJECT ADDRESS 6251 Flynn Parkway Rd  
 PARCEL NUMBER 062-0050-027 LOT NO. \_\_\_\_\_  
 SUBDIVISION NAME \_\_\_\_\_  
 NUMBER OF UNITS \_\_\_\_\_

Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.

APPLICANT'S SIGNATURE M. Schuchman  
 TITLE OF APPLICANT Project Manager  
 DATE 4-17-01 PHONE NUMBER 415-381-3600

### PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER 062 183 C  
 BUILDING TYPE  
 RESIDENTIAL ( ) APARTMENT/CONDOMINIUM ( ) COMMERCIAL/INDUSTRIAL (X)  
 SQUARE FEET OF CHARGEABLE BUILDING AREA 57000  
 SIGNATURE [Signature]  
 TITLE Blg Insp DATE 4/17/01

### PART III To be completed by SCHOOL DISTRICT

SCHOOL DISTRICT Elmwood Unified  
 DISTRICT CERTIFICATION NO. 2573  
 EXEMPT \_\_\_\_\_ COMMENTS \_\_\_\_\_

RESIDENTIAL/APT/CONDO	_____	SQ FT X \$	_____	= \$
COMMERCIAL/INDUSTRIAL	<u>57,000</u>	SQ FT X \$	<u>-33</u>	= \$ <u>18,810.00</u>
OTHER FEE	_____	TYPE	_____	SQ FT X \$ _____ = \$ _____
<b>TOTAL FEES COLLECTED</b>				<b>= \$ <u>18,810.00</u></b>

This Certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

### AUTHORIZED SCHOOL DISTRICT OFFICIAL

SIGNATURE M. Schuchman  
 TITLE Project Manager DATE 4/17/01

**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: Buzz Oates Ent. II Phone: 381-3600  
 Site Address: ~~4189~~ 9261 Florin Perkins Rd. 95828 Suite: \_\_\_\_\_  
 (Street) (Zip)  
 Business Owner/Representative: Mike Schaecher Phone: 381-3600  
 Nature of Business: warehouse  
 Property Owner: BOE II Phone: 381-3600  
 Address: 8615 ElderCreek Rd. Suite: \_\_\_\_\_  
 (Street) (City) (State) (Zip)  
Sacramento CA 95828

2. Are you developing an undetermined tenant space? Yes \_\_\_ No  Is this permit for a shell building? Yes \_\_\_ No

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: Mike Schaecher  
Mike Schaecher (Print) 10-11-00  
 (Signature) (Date)

00-02183

BID Use Only: Plan Ck# <u>0002183</u> Permit # <u>523025</u> OK to issue prmt? <input checked="" type="checkbox"/> <u>4/19/01</u> F.D. Appr Req'd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No init date	
Hold on Certificate of Occupancy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Dept. Use Only: OK to issue permit? init ___ date ___ OK to issue Certificate of Occupancy? init ___ date ___	