

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

**Permit No: 9905050**  
**Insp Area: 1**

**Site Address: 3016 J ST SAC**  
Parcel No: 007-0121-004

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

CONTRACTOR

OWNER  
CARMODY MARGARET M  
1112  
SACRAMENTO CA 95814

ARCHITECT

**Nature of Work: INT REMODEL TO HAIR SALON**

**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.)

\_\_\_\_ 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 June 7-1999 Owner Signature Carmody Margaret

**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 above mentioned property for inspection purposes.

→ Date June 7-1999 Applicant/Agent Signature Carmody Margaret

**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 June 7-1999 Applicant Signature Carmody Margaret

**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  
 1000 Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7046

ACTIVITY # 99.0 5050 Insp. Area 1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 3016 "J" STREET Suite N/A  
 PARCEL # 007-0121-004

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>BILL FARY</u>                  Address <u>1813 LARKIN DRIVE Roseville</u>                  Phone <u>782-6200</u> FAX <u>782-6202</u>                  E-mail <u>N/A</u></p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name <u>T.B.A.</u>                  Address _____                  Phone _____ FAX _____                  E-mail _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>DESIGN GRAPHICS</u>                  Address <u>1813 LARKIN DRIVE</u>                  Phone <u>782-6200</u> FAX <u>782-6202</u>                  E-mail _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>FEDERICO HAIR SALONS</u>                  Address <u>3016 "J" STREET</u>                  Phone <u>600-4901</u> FAX _____                  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: INTERIOR DEMOLITION, CONSTRUCTION, ELECTRICAL, PLUMBING, MECHANICAL, NON STRUCTURAL (1800 SF AREA OF WORK)

OCCUPANT/TENANT: FEDERICO HAIR SALON VALUATION: \$ 25,000

FLOOD STATUS: _____				S.C.A.T. _____						
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE		<u>FIRE</u>		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
<u>1</u>		<u>3600</u>		<u>B</u>		SPR <u>N</u>	ALARM	<u>B</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>13</u>							<u>100%</u>		


COMMENTS:  
NEED LEGAL DOCUMENT TO CHANGE OWNER

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

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
5/12/99	1/1	1/1	1/1	1/1	1/1

PLAN CHECK # 9905050  
 ADDRESS: 3016 J St  
 Commercial     Residential

ACCEPTED by (Staff):  
  
BL

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	3	JL	5/21/99	13	JL	6/2/99			
STRUCTURAL									
MECHANICAL/PLUMBING	M 13 P 3	JMT	5/21/99	13	JMT	6/2/99			
ELECTRICAL	3	JTM	5/21/99	13	JTM	6/2/99			
FIRE	3	JMT	5/21/99	<del>13</del>	JMT	6/2/99			
PLANNING				None					
							No fire insp req.		

STAFF COMMENTS:

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**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: FEDERICO HAIR SALON Phone: 446-2940  
 Site Address: 3016 "J" STREET Suite: N/A  
(Street) (Zip)  
 Business Owner/Representative: \_\_\_\_\_ Phone: SAME  
 Nature of Business: HAIR SALON  
 Property Owner: FEDERICO HAIR SALON Phone: 446-2940  
 Address: 3016 "J" ST. Suite: \_\_\_\_\_  
SACRAMENTO CA 95821  
(City) (State) (Zip)

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 X  
 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No X

**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 N/A  
 6. Do you handle, store or transport any amount of acutely hazardous materials? Yes \_\_\_ No X  
 7. Is/Will your business be located within 1,000 feet of a school? Yes \_\_\_ No X

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 X

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 J 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: William A. Farver  
(Print)  
William A. Farver 06/27/09  
(Signature) (Date)

BID Use Only: Plan Ck# _____	Permit # <u>990-050</u>
OK to issue prmt? <u>Y</u> <u>06/27/09</u> init date	F.D. Appr Req'd? Yes ___ No <u>X</u>
Hold on Certificate of Occupancy? Yes ___ No <u>X</u>	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

June 7, 1999

RECEIVING FAX: 264-7046  
SENDING FAX: 875-6911

TO: **BARBARA LARSEN**  
CITY OF SACRAMENTO

FROM: **ROBB F. ARMSTRONG**  
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

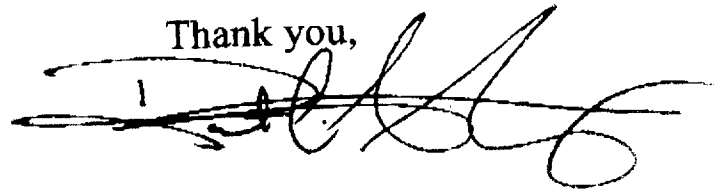
PHONE NUMBER: 875-6756

RE: **SEWER FACILITY IMPACT FEES**  
**3016 J st.**

APN: 007-0121-004  
Plan Check # 9905050C

The Sewer Facility Impact Fees for a hair salon with six stations and credits for previous use (office space) is \$572.00. Any questions regarding this quote can be addressed to Water Quality Engineering, Customer Service Section.

Thank you,



*This fee is due and payable at 827 Seventh Street, Room 105.  
This fee is also subject to change if data supplied is changed.  
e-mail: armstrongro@pwa.co.sacramento.ca.us*

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNER

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.

I personally plan to provide the major labor and materials for construction of the proposed improvement (yes or no) no

I have (have/have not) \_\_\_\_\_ signed an application for a building permit for the proposed work \_\_\_\_\_

I have contracted with the following person (firm) to provide the proposed construction.

Name N/A Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

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. \_\_\_\_\_

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
Allan STARRIS	2164 SHIELAH WAY	428-7199	FRAMING Drywall Paint

Riverside Plumbing	Riverside Blvd - Sact	95818	
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Stamp: Camp Hedden  
Job Address: 3016 J. STREET Date: June 1999  
Permit No.: \_\_\_\_\_

COUNTY SANITATION DISTRICT NO. 1  
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT  
**SEWER IMPACT FEE**  
 PERMIT AND CALCULATION SHEET

APPLICATION NO:		BLDG PERMIT NO:	
GENERAL INFORMATION		THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER	
		25217	
		DEPT 26 \$572.00	
		FROM 25 APR 06/07/08	
		THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE	
FEE CALCULATION		BUILDING USE	
INSPECTION	1	RESIDENTIAL SF <input type="checkbox"/>	MF <input type="checkbox"/>
CSD-1	1	COMMERCIAL USE	UNITS
SROSD	572		
CONSTRUCTION			
IN-LIEU			
<b>TOTAL FEE</b>	<b>572.00</b>		
APN: 007-0121-004			
DESCRIPTION/ SUBDIVISION		LOT:	
PROPERTY ADDRESS 3016 "J" STREET			
OWNER FREDRICK HAIR SALON			
MAILING ADDRESS 3016 "J" STREET SACRAMENTO			
CITY-STATE-ZIP CA		PHONE 446-2140	
ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.			
APPLICANT SIGNATURE <i>William H. ...</i>			
CONSOLIDATED UTILITY BILLING USE ONLY			
ACCT _____	INPUT _____	START _____	
RECEIPT			

IN WITNESS WHEREOF, Landlord and Tenant have duly executed this Lease on the day and year first above written

LANDLORD:

SHEA FAMILY TRUST

By: Patricia Carmody Shea Trust  
PATRICIA CARMODY SHEA, Trustee

TENANT:

FEDERICO SALONS SYSTEMS,  
a California Corporation

By: Cary Federico  
VICE PRESIDENT

By: Anne Federico  
PRESIDENT

If Tenant is a CORPORATION, the authorized officers must sign on behalf of the Corporation and indicate the capacity in which they are signing. The Lease must be executed by the President or Vice-President and the Secretary or Assistant Secretary, unless the Bylaws or a resolution of the Board of Directors shall otherwise provide, in which event the Bylaws or a certified copy of the resolution, as the case may be, must be attached to this Lease. Also the appropriate corporate seal must be affixed.

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