

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 9901123

Insp Area: 2

Site Address: 3175 RIVERSIDE BL SAC

Parcel No: 012-0283-038

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

PAUL MENARD  
P O BOX 1005  
CARMICHAEL CA

95609

OWNER

FRANK SCHRADER INVESTMENTS  
615 4TH ST  
ORLAND CA

95963

ARCHITECT

RICK CARLILE  
1800 - 27TH ST  
SACRAMENTO CA

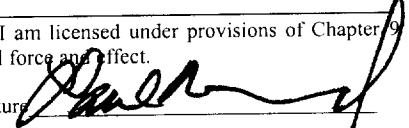
95816

**Nature of Work:** INTERIOR REMODEL FOR NEW HAIR SALOON - RESTRIPE PARKING

**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 B License Number 638300 Date 3/25/99 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 \_\_\_\_\_ 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 \_\_\_\_\_ Applicant/Agent Signature \_\_\_\_\_

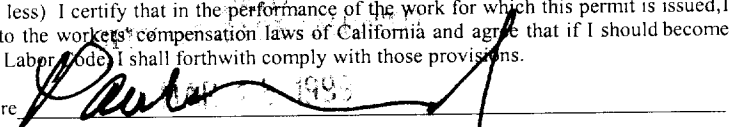
**WORKER'S COMPENSATION DECLARATION:** I hereby affirm under penalty of perjury one of the following declarations:

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 STATE FUND Policy Number 692-98 UNIT 0002567 Exp Date 10-01-99

\_\_\_\_\_, (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 3/25/99 Applicant 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 [REDACTED] BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

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

PLAN CHECK # 9901123 Insp. Area 2C

Applicant **MUST** complete ALL Unshaded areas this page only

ADDRESS 3175 RIVERSIDE BLVD. Suite —  
PARCEL # 012-0283-038-0000

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>RANDY WILLIAMS</u> Address <u>1800 27TH ST.</u> <u>SACRAMENTO, CA</u> Zip <u>95816</u> Phone <u>736.6920</u> FAX <u>736.6924</u></p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>508446</u></p> <p>Name <u>DONALD BARRY</u> Address <u>2600 CALIFORNIA AVE.</u> <u>CARMICHAEL, CA</u> Zip <u>95608</u> Phone <u>487.5335</u> FAX <u>—</u></p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>RICK CARLILE</u> Address <u>1800 27TH ST.</u> <u>SACRAMENTO, CA</u> Zip <u>95816</u> Phone <u>736.6920</u> FAX <u>736.6924</u></p>	<p style="text-align: center;"><b>OWNER</b> <span style="background-color: black; color: black;">[REDACTED]</span></p> <p>Name <u>GARY BINKERO</u> Address <u>4700 DEL RIO ROAD</u> <u>SACRAMENTO, CA</u> Zip <u>95822</u> Phone <u>322.2899</u> FAX <u>327.5253</u></p>

→ Will the permittee have any employees on the jobsite?  Yes  No

→ If yes, WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_

NATURE OF WORK IN DETAIL: REMODEL OF EXISTING INTERIOR IMPROVEMENTS. NEW PARTITIONS, FLOORS, MECHANICAL & ELECTRICAL. RESTRIPE PARKING LOT  
TYPE → INTERIOR REMODEL SALON AND RESTRIPE PARKING LOT

DBA: IMAGES PARTNERSHIP VALUATION: \$75,000

FLOOD STATUS:				S.C.A.T.:						
JOB DESCRIPTION		BLDG	SHEE	APT	TI( )	REM( <input checked="" type="checkbox"/> )	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>MECH</u>	<u>FIRE</u>	<u>MECH</u>	<u>FIRE</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>2499</u>		<u>B</u>	<u>V-N</u>	Spr <u>N</u>	Alarm	<u>18</u>	<u>N</u>	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>MECH</u>		<u>D</u>	<u>R</u>	

REMARKS: Regional Sanitation Fees  
Any Medical Procedures? face by lifts etc.  
Med gases

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

BLDGFRM. (REV 05/98)  WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS  Yes  No

City of Sacramento Development Services Division  
Planning and Zoning Information Request

Project Address: 3175 RIVERSIDE BLVD

Assessor's Parcel Number: 012-0283-038

Current Land Use: Office

Description of Request/Proposed Use: ~~Office~~ restriping pkg lot

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Zoning Designation: \_\_\_\_\_

Prior Applications for Project Site(P#,Z#,DRPB#): \_\_\_\_\_

Comments: SAME # of spaces restriping  
for handicap loading zone

\_\_\_\_\_  
OK [Signature]  
\_\_\_\_\_

Are There Any Planning Issues?: (Circle One) YES NO  
Site Plan Check Required? (Circle One) YES NO  
Design Review/ Preservation Required?: (Circle One) YES NO

Planning Review by/Date: [Signature] 2-4-99

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



REQUEST FOR SEWER FEE QUOTE

DATE	REQUESTOR	NUMBER OF PAGES
2/4/99	BARBARA LARSEN	264-4046
FROM City of	REQUESTOR	FAX PHONE
SACRAMENTO		
TO SRCSD Customer Service	RESPONDER	FAX PHONE
	DOLORIS ROSS	875-6253

URGENT -- Applicant is in office or ready to pay permit.

If urgent, call 875-6820 to notify an Engineering employee that you faxed a request.  
*1 WEEK PLEASE* Press zero to speak to the operator.

NOT URGENT -- Applicant has requested informal quote

Applicant	NAME	PHONE
	RANDY WILLIAMS (contact person)	736-6920
Property	ASSESSOR'S PARCEL NUMBER(S)	PROPERTY ADDRESS
	012-0283-038	3175 Riverside Blvd.
Project	PLAN CHECK # BUILDING PERMIT NO	(mark all that apply)
	99-01123C	New construction
		Remodel <input checked="" type="checkbox"/> Change in use <input checked="" type="checkbox"/>
USE	CURRENT // PREVIOUS	PLANNED
	Chiropractic office	Beauty salon w shampoo stations/restrooms
SQUARE FOOTAGE	CURRENT // PREVIOUS	PLANNED
	Same	---



March 22, 1999  
RECEIVING FAX: 736-6924  
SENDING FAX: 875-6253

TO: **RANDY WILLIAMS**  
ARKTEGRAF

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

PHONE NUMBER: 875-6756

RE: **SEWER FACILITY IMPACT FEES**  
3175 Riverside Blvd.

APN: 012-0283-038

Per our conversation there will be no Sewer Facility Impact fees due for the tenant improvement project at 3175 Riverside Blvd. (Chiropractic to Beauty salon) due to prior billing and usage of the above mentioned parcel. Any questions regarding this decision please feel free to contact Water Quality Engineering.

THANK YOU,

*This fee is due and payable at 827 Seventh Street, Room 105.  
This fee is also subject to adjustment if the data supplied is changed.*

e-mail: [armstrongro@pwa.co.sacramento.ca.us](mailto:armstrongro@pwa.co.sacramento.ca.us)

**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: IMAGES SALON Phone: 448-2450  
 Site Address: 3175 RIVERSIDE BLVD. Suite: \_\_\_\_\_  
(Street) (Zip)  
 Business Owner/Representative: GARY BINKERD Phone: 454-9618  
 Nature of Business: HAIR CUTTING  
 Property Owner: IMAGES PARTNERSHIP Phone: 455-3853  
 Address: 4700 DEL RIO ROAD Suite: \_\_\_\_\_  
SACRAMENTO CA 95822  
(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

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: PAUL MENARD  
(Print)  
Paul Menard 3-25-99  
(Signature) (Date)

BID Use Only: Plan Ck# <u>9901123</u> Permit # <u>9901123</u> OK to issue prmt? <u>Y</u> <u>W</u> <u>H</u> <u>3-25-99</u> F.D. Appr Req'd? <u>Yes</u> No <small>init date</small>	
Hold on Certificate of Occupancy? Yes <u>No</u>	
Fire Dept. Use Only: OK to issue permit? ini' _____ date _____ OK to issue Certificate of Occupancy? init _____ date _____	