

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 9902561

Insp Area: 4

Site Address: 2426 DEL PASO BL SAC

Parcel No: 265-0293-025

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

LAM & MAY TANG

Nature of Work: INTERIOR REMODEL

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 3/26/05 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 3/19/05 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

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 3/19/05 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.

COUNTY SANITATION DISTRICT NO. 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

SEWER IMPACT FEE *YMT*
 PERMIT AND CALCULATION SHEET *3/19/99*

APPLICATION NO:	BDDG PERMIT NO: <i>City</i>
GENERAL INFORMATION	THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER
	DEPT 26 \$2,216.00 TRAN 385778 03/19/99 RECEIPT 689861 C41 \$2,216.00
	250515 <i>3/19/99</i> THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION	BUILDING USE
INSPECTION <i>0</i>	RESIDENTIAL SF <input type="checkbox"/> MF <input type="checkbox"/>
CSD-1 <i>0</i>	COMMERCIAL USE UNITS
SRCSD <i>2,216</i>	<i>La Finca</i>
CONSTRUCTION	<i>Galaxy</i>
IN-LIED	

TOTAL FEE *2,216*

APN: *265-0293-025*

DESCRIPTION/SUBDIVISION _____ LOT: _____

PROPERTY ADDRESS *2426 Del Paso Blvd. Sacramento, CA*

OWNER *Felipe Corrales*

MAILING ADDRESS *2525 Del Paso Blvd*

CITY-STATE-ZIP *SAC CA 95815* PHONE *(916) 420-3950*

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE *[Signature]*

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____

INSPECTOR'S COPY

DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION
 1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # 9902561 Insp. Area 4A

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

ADDRESS 2426 DEZ PASO BLV Suite _____
 PARCEL # 265-0293-025

<p style="text-align: center;">CONTACT</p> <p>Name <u>FELIX AND CORRALES</u> Address <u>2525 DEZ PASO BLV</u> <u>SAC</u> Zip <u>95815</u> Phone <u>(916) 920-3956</u> FAX <u>(916) 646-3031</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name <u>TSA</u> Address _____ Zip _____ Phone _____ FAX _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>BERNARD CHAN</u> Address <u>N/A</u> Zip _____ Phone <u>(916) 922-2828</u> FAX <u>N/A</u></p>	<p style="text-align: center;">OWNER</p> <p>Name _____ Address _____ Zip _____ Phone _____ FAX _____</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: INTERIOR REMODEL
Wasa Bar now new tenant to open Bakery retail sale
-PARTY REMODEL, WATER HRZ CHANGEOUT take out.

DBA: _____ VALUATION: ~~20000~~ 15000

FLOOD STATUS:		S.C.A.T.								
JOB DESCRIPTION		BEDG	SHEL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		BEDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File		
B	L	P	M	E	F	Spr	Alarm	18		
	1344	13 JMT	13 JMT	13 GM	13 BS/HA			BL/SS		

COMMENTS:
submit health dept
Pay Co Regional Sanitation fees

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 BLDGFRM. (REV 05/98) WATER FLOW TEST FOR NEW BUDGS OR ADDITIONS Yes No

City of Sacramento Development Services Division Planning and Zoning Information Request

Project Address: 2426 DEL PASO BLVD

Assessor's Parcel Number: 265-0293-025

Current Land Use: bar

Description of Request/Proposed Use: Bakery Retail take out

Zoning Designation: C-2

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

Comments: Retail Use ok
Any exterior work
will require Design Review
Approval (None shown)

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
Det. N. Sec. DR AREA

Planning Review by/Date: WJ/60112 2/25/99

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