

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0002078

Insp Area: 1

Site Address: 1630 S ST SAC
Parcel No: 009-0094-009

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

CONTRACTOR

OWNER
DAZ DIVAS CORP.
1630 S ST
SACRAMENTO CA 95814

ARCHITECT
JOSEPH ANGELO
1033 FRONT ST
SAC, CA. 95814

Nature of Work: INTERIOR REMODEL AND FILL IN EXISTING SLIDING DOORS AT REAR OF BLD.

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 NONE 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 8/22/00 Owner Signature Joseph Angelo for Daz Diva

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 8/22/00 Applicant/Agent Signature Joseph Angelo for Daz Diva

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 8/22/00 Applicant Signature Joseph Angelo for Daz Diva

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 # 00-02078 Insp. Area 1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1630 "S" STREET Suite _____
PARCEL # 009-6094-009

| | | | |
|---|--|--|--|
| CONTACT Name <u>JOSEPH F. ANGELLO</u> Address <u>1033 FRONT ST.</u> Phone <u>(916) 446-2826</u> FAX <u>446-9786</u> E-mail _____ | | LICENSED CONTRACTOR Lic No. # _____ Name <u>Owner BIP.</u> Address _____ Phone _____ FAX _____ E-mail _____ | |
| ARCHITECT/ENGINEER <u>C-3092</u> Name <u>JOSEPH F. ANGELLO, ARCHIT.</u> Address <u>1033 FRONT ST.</u> Phone <u>(916) 446-2826</u> FAX <u>446-9786</u> E-mail _____ | | OWNER Name <u>DAS DIVAS CORPORATION</u> Address <u>1630 "S" STREET</u> Phone <u>NONE</u> FAX _____ E-mail _____ | |

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: INTERIOR TENANT IMPROVEMENTS -
FILL EXISTING SLIDING DOORS AT REAR.
(RETAIL)

OCCUPANT/TENANT: ~~THE~~ QUANSET CORNERS VALUATION: \$ 35,000⁰⁰

| | | | | | | | | | |
|-------------------------|--------------|-------------|-------------|------------------------|-------------|---------------|------------|------------|------|
| FLOOD STATUS: <u>NR</u> | | 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 | FIRE | | |
| # Stories | 1st flr Area | Total Area | Use Zone | Occp Group | Const type | Fire Req. Y/N | Fed Code | Vig. File | |
| | | <u>4697</u> | | <u>M</u> <u>A-3</u> | <u>S-N</u> | <u>N</u> | <u>18</u> | [H] [Quad] | |
| <u>B</u> | <u>L</u> | <u>P</u> | <u>M</u> | <u>E</u> | <u>F</u> | <u>S</u> | D | PW | UTIL |
| | | | | | | | <u>RSB</u> | | |

COMMENTS: _____

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

Date of Request: 3/1/00
By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project
Address: 1630 S Street

Assessor's Parcel Number: 009-0094-009

Previous Use: Furniture Store (Commercial)

Description of Request/Proposed Use: Tenant improvements. NO exterior changes/improvements

Is This a Change of Use? undetermined retail use proposed

Zoning Designation: C-2 (NC)

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

(within Central City Design Review District)

Comments: no exterior improvements/changes being done. Future use of site must meet all zoning regulations.

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

- * Staff Site Plan Check Required? (Circle one) YES NO
- * Field Inspection Required? (Circle one) YES NO
- * Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: Arwen Wacht 3/1/00

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

MICROFILM AFTER FINAL



EXHIBIT 1

I have read and am familiar with the contents of City's standard Owner-Builder Notification and Owner-Builder Verification, as required by California Health and Safety Code Section 19830 and 19831.

I authorize my agent(s) JOSEPH F. ANGELO, ARCHT.
to sign the Owner-Builder Verification on my behalf.

Signature

DAZDINA Camp

Print Name

BY Paige Hays

Address

1630-S Street

Telephone

446-2826

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: _____ Phone: _____
 Site Address: 1630 - S STREET Suite: _____
(Street)
 Business Owner (Representative): JOSEPH F. ANGELLO Phone: (916) 446-2826
(Zip)
 Nature of Business: RETAIL
 Property Owner: DAS DIVA CORP. % JIMMY HASSON Phone: (323) 939-7718
 Address: 180 - NO. McCADDEN PL. Suite: _____
LOS ANGELES CA 90004
(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: JOSEPH F. ANGELLO (Signature)
FOR DAS DIVA
(Print)
8/22/00 (Date)

| | | |
|---------------------------------------|---|--|
| BID Use Only: | Plan Ck# _____ | Permit # <u>0002078</u> |
| OK to issue prmt? | <input checked="" type="checkbox"/> <u>8/22/00</u> <small>init date</small> | F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> <u>NO</u> |
| Hold on Certificate of Occupancy? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Fire Dept. Use Only: | OK to issue permit? ini' _____ date _____ | |
| OK to issue Certificate of Occupancy? | init _____ date _____ | |



1 Copy for each supervisor inspector Insp. Area 10

AUTHORIZATION TO START WORK

CITY OF SACRAMENTO, BUILDING INSPECTIONS DIVISION
1231 I ST., ROOM 200, SACRAMENTO, CA 95814

Company: DAZDIVA CORP. PC # 0002078
Address: 1630 - STREET BID App. LS
Job Phone: N/A Office Ph. 446-2826 Fee 350.00
SUBJECT: Project Address: 1630 - S STREET Suite #

I request permission to start the following work APPLY MET SHEATHING TO NEW WOOD STUD & PLYWOOD WALL.

Handwritten initials JT in a circle

I realize that all work will be at the owner's and contractor's risk without assurance that the permit for the project will be granted. Any code conflicts will be corrected. I agree not to cover or conceal any work or portion thereof. I realize that inspections will not be made on this project until a building permit is issued. All changes required to conform to the approved plans will be completed without dispute. Work affecting the structural integrity of the existing building is not permitted.

I will expedite necessary revisions, corrections and clarifications as required to obtain the building permit.

If it should be determined subsequently by the City that changes in the design of the building are necessary after commencement of the work authorized, I assume full responsibility and all risk of loss which may result by reason of such changes. I agree that the building shall conform to the approved final plans as amended, without regard to the stage of completion.

This authorization is valid for 30 days while the plans are being processed for permit. These state required declarations must be properly executed before this authorization is valid. This authorization is valid when initialed by authorized Building Department personnel and stamped approved. Keep posted on job site at all times.

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 the Business and Professions Code and my license is in full force and effect.

Lic. Class: Lic. Number: COMPANY NAME

SIGNATURE DATE

PLEASE COMPLETE BACK OF THIS FORM

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