

CITY OF SACRAMENTO

Permit No: 9716318

1231 I Street, Sacramento, CA 95814

Insp Area: 2

Site Address: 4424 FREEPORT BL SAC

Sub-Type: TI

Parcel No: 0170094023

SUITE #C

Housing (Y/N): N

CONTRACTOR

RANDY SMITH CONSTRUCTION
1600 LAS TRAMPAS RD
ALAMO CA 94507
Phone: 510-294-4340

OWNER

PATTERSON FAMILY TRUST
9857 WEXFORD CR
GRANITE BAY CA 95746
Phone:

ARCHITECT

Phone:

Nature of Work: FIRST TIME TI FOR 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 315060 Date 1/9/98 Contractor Signature Randy Smith

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 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 or 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 or 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.

Date 1/9/98 Applicant/Agent Signature Randy Smith

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 046-98 dn.7 0007359

(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 1/9/98 Applicant Signature Randy Smith

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.

PERMIT SUMMARY DOCUMENT

Address: **4424 FREEPORT BL SAC** Date: 01/09/1998 Area: 2

Permit #: **9716318**

Location: SUITE #C

APN: 0170094023

PLAN CHECK #: _____

Owner: PATTERSON FAMILY TRUST
RANDY SMITH CONSTRUCTION
Phone: _____

Contractor:
Phone: 510-294-4340

JOB DESCRIPTION: FIRST TIME TI FOR HAIR SALON

DBA: GREAT CLIPS FOR HAIR

Occupancy:: B
Const Type: V N
Fire Sprinkler?: Y

Change of Use:
Sub-Type: TI
Activity Code: I2

Zoning:
DR:

BLDG Y MECH Y PLBG Y ELEC Y SITE FIRE

VALUATION: \$10,240.00

Sq. Footage: 1024

CONDITIONS:

CITY OF SACRAMENTO
 APPLICATION FOR BUILDING PERMIT
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 BUILDING INSPECTION DIVISION

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

9716318

Worker's Comp Policy # NWC2751702
 Company Golden Eagle Insurance
 Exp. Date

See attached
 New Work Comp.

4424
 ADDRESS ~~5980 Long Acres Ct, Fair Oaks~~ Freeport Blvd P.C. # 5649
 PARCEL # Sacramento CA 95628 SUITE # 500
 AREA #

CONTACT LICENSED CONTRACTOR
 NAME Randy Smith NAME Randy A. Smith
 ADDRESS 16000 Las Trampas ADDRESS 16000 Las Trampas
 Alamo CA ZIP 94507 Alamo CA ZIP 94507
 PHONE 510-294-4340 FAX: () PHONE 510-294-4340
 LIC# 3150200

ARCH./ENG. OWNER
 NAME Randy Smith NAME Dick Dayton
 ADDRESS 16000 Las Trampas Rd ADDRESS 5980 Long Acres Ct
 Alamo CA ZIP 94507 Fair Oaks CA ZIP 95628
 PHONE 510-294-4340 PHONE 510-294-4340

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE? YES NO
 NATURE OF WORK IN DETAIL: Commercial Tenant Improvement

TD

D.B.A. GREAT UPS VALUATION \$18,500.00
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS S.C.A.T.

JOB DESCR. BLDG SHEL APT TI() REM() SW FIRE ADD OTH
 INSP. DISCIPLINES BLDG MECH PLUMB ELEC SITE FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	USE ZONE	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FED. CODE	VIO. FILE
		1024	C2	B	V-N	YES	15	OK
B	(L) 13	(P) No	(CM) No	(E) No	(F) No EHC	S	(D)	R

COMMENTS: 12/15

Yes
 Note: checked Howard Kibben
 Valley

Provide complete w/ply plans with water
 Calco. inspect all fixtures on ply plans.
 Ventilation for laundry
 electrical - Provide circuitry & load of each circuit
 Provide fire sprinkler plan

COUNTY SANITATION DISTRICT NO. 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE 1-9-98
 PERMIT AND CALCULATION SHEET

APPLICATION NO:	BLDG PERMIT NO: <i>CITY</i>
GENERAL INFORMATION	THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER <i>240961 1-9-98</i>
	- DEPT 08 SEWERWATER \$1,933.00 - TR 356654 01/09/92 - RECEIPT 629089 043 \$1,933.00
	THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION		BUILDING USE	
INSPECTION		RESIDENTIAL SF <input type="checkbox"/>	MF <input type="checkbox"/>
CSD-1		COMMERCIAL USE	UNITS
SRCSD	<i>1933</i>		
CONSTRUCTION			
IN-LIEU			
TOTAL FEE	<i>1933</i>		

APN: *017-0094-023*

DESCRIPTION/
SUBDIVISION _____ LOT: _____

PROPERTY ADDRESS *4424 FREEPORT BL*

OWNER _____

MAILING ADDRESS _____

CITY-STATE-ZIP _____ PHONE _____

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

APPLICANT SIGNATURE _____

CONSOLIDATED UTILITY BILLING USE, ONLY

ACCT _____ INPUT _____ START _____

RECEIPT

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: Great Clips For Hair Phone: _____
 Site Address: 4424 Trumpet Blvd. Sacramento Suite: _____
(Street) (Zip)
 Business Owner/Representative: Dick Dayton Phone: (510) 294-4540
 Nature of Business: Hair Salon
 Property Owner: _____ Phone: _____
 Address: 1600 Las Trampas Rd Suite: _____
Alamo (Street) CA 94507
(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: Tiffany Smith
(Print)
Tiffany Smith
(Signature) (Date)

BID Use Only: Plan Ck# <u>5649</u> Permit # <u>9716310</u>	
OK to issue perm? <input checked="" type="checkbox"/> <u>Y</u>	F.D. Appr Req'd? Yes No
init <u>1/4/98</u>	date
Hold on Certificate of Occupancy? Yes <input checked="" type="checkbox"/> <u>No</u>	
Fire Dept. Use Only:	
OK to issue permit? init _____	date _____
OK to issue Certificate of Occupancy? init _____	date _____



AUTHORIZATION TO START WORK

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

Insp. Area 2

ISSUED
Sacramento Building Division
1998

Company: Great Clips FOR hair PC # 4424
Address: 4424 Freeport Blvd. BID App. BZ
Job Phone: (510) 294-4340 Office Ph. (510) 294-4340 Fee 126.00

SUBJECT: Project Address: 4424 FREEPORT BLVD. Suite # ---

I request permission to start the following work INTERIOR ROUGH PUBG. ELECTRICAL FRAMING, + MECHANICAL ONLY DO NOT COVER ANYTHING UP. (NO STRUCTURAL)

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: 3150600 Handy A. Smith Construction
Handy A. Smith SIGNATURE COMPANY NAME
DATE 1/6/98

COPIES

PLEASE COMPLETE BACK OF THIS FORM

SUPERVISOR CUSTOMER CHIEF BUILDING INSPECTOR ORIGINAL & RECEIPT IN FOLDER

Great Clips T.I.

Date: _____

REQUEST FOR CERTIFICATE OF OCCUPANCY

- Final Certificate of Occupancy
- Extension - Temporary Certificate of Occupancy expires _____

- Temporary Certificate of Occupancy*
- Certificate of Occupancy Questions

Project Address: 4401 Fremont

Type of Project (Remodel, New Construction, etc.) _____

Permit No(s) _____

Contact Person _____

Contact Phone No. _____ FAX _____

Have ALL disciplines (INCLUDING Fire Dept. Requirements) been signed off by the inspector?

Yes No N/A

*Temporary Certificates of Occupancy and extension requests are issued at the discretion of the Building Official. If this is a request for a temporary Certificate of Occupancy, or an extension of a temporary Certificate of Occupancy, explain the reason below.

COMMENTS:

CITY OF SACRAMENTO CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 4424 FREEMONT BLVD #3 (C) Permit No. 97-16316
Building Use: New retail DBA: Great Clips for Hair Occupancy: B
Building Owner: Patterson Family Trust Construction Type: VN
Owner Address: 9857 Maxford Cr., Granite Bay, CA 95748 Sprinkled Yes No
Portion of Building Occupied: Space #3 (C) Area: 1,024 Sq. Ft.

Date Issued: 07/24/98 By: BRADFORD J. BOEHM, P.E. Sign: Bradford J. Boehm, P.E.
City Building Official

Beals/Gilpin/Rodgers

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code as adopted per Title 9 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE