

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0319766

Insp Area: 4

Thos Bros: 298 B1

Site Address: 1735 ARDEN WY SAC St: 226

Sub-Type: TI

Parcel No: 277-0160-025

SUITE 226 BEAN ME UP COFFEE / MARKET SQU

Housing (Y/N):

N

CONTRACTOR

OWNER

F & M PARTNERSHIP
C/O FULCRUM GROUP
1530 J STREET, SUITE 200 95814

ARCHITECT

SIGERSON ARCHITECTS
7940 CALIFORNIA AVE #4
FAIR OAKS CA 95628

Nature of Work: TENANT IMPROVEMENT. INTERIOR REMODEL OF FOOD SERVICE ESTABLISHMENT

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 3/9/04 Owner Signature _____

PAID
CITY OF SACRAMENTO
MAR 09 2004
NORTH PERMIT CENTER

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 3/9/04 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 3/9/04 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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION
 1231 I Street, Rm. 200
 Sacramento, CA 95814

808-2934
 (916) 264-7619 FAX 264-7046

ACTIVITY #	Insp. Area
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1735 Arden Way Sacramento CA 95819 Suite 226
 PARCEL # -025 0319766

CONTACT Name <u>Brian Hay</u> Street Address <u>1930 J Street # 200</u> City/State/Zip <u>Sacramento, CA 95811</u> Phone <u>(916) 859-2600</u> FAX <u>(916) 859-3974</u> E-mail: <u>brianhay@falconproperty.com</u>		LICENSED CONTRACTOR Lic No. # _____ Name <u>N/A</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
ARCHITECT/ENGINEER Name <u>Sigersson Architects</u> Address <u>7000 California Ave. # 4</u> City/State/Zip <u>Fair Oaks, CA 95628</u> Phone <u>(916) 966-6470</u> FAX <u>(916) 966-3974</u> E-mail: _____		OWNER Name <u>FTM Partnership</u> Address <u>46 Falcon Group 1530 J St. # 200</u> City/State/Zip <u>Sacramento CA 95811</u> Phone <u>(916) 383-3203</u> FAX <u>(916) 383-3974</u> 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: Remodel of food-service establishments
1172 sq ft

OCCUPANT/TENANT: _____ VALUATION: \$ 50,000

FLOOD STATUS:		S.C.A.T.							
JOB DESCRIPTION	BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	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	SN	SPR	ALARM		[H] [Quad]
B	L	P	M	E	F	S	D	EW	UTIL

COMMENTS: _____

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

LAW OFFICES

**FRIEDMAN, COLLARD
& PANNETON**

MORTON L. FRIEDMAN*
JOHN P. PANNETON*
LYNNE K. ZELHART

*PROFESSIONAL CORPORATIONS
7750 COLLEGE TOWN DRIVE, SUITE 300
SACRAMENTO, CALIFORNIA 95826-2386
TELEPHONE (916) 381-9011
FACSIMILE (916) 381-7048

WILLIAM H. COLLARD*

March 8, 2004

City of Sacramento Building Services
Plan Check Department

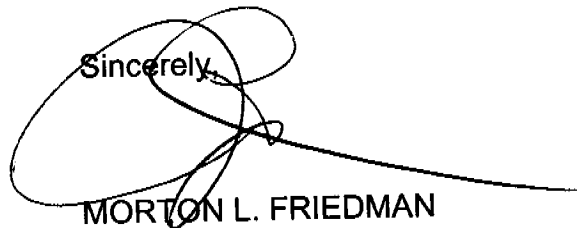
RE: Plan Check No. 0319766
Job Address: 1735 Arden Way, Suite 226
Bean Me Up - Market Square Remodel

To Whom It May Concern:

As the owner of the Market Square Shopping Center, this letter shall authorize Brian Hay to pick up the permit referable to the above-entitled project.

If you have any questions, please call me at 916/381-9011.

Sincerely,



MORTON L. FRIEDMAN

MLF:lsf **ISSUED**
City of Sacramento

MAR 09 2004
NORTH PERMIT
CENTER

COUNTY OF SACRAMENTO
 ENVIRONMENTAL MANAGEMENT DEPARTMENT
 ENVIRONMENTAL HEALTH
 8475 JACKSON RD, STE 240, SACRAMENTO, CA 95826-3904 - (916) 875-8440

OFFICIAL USE ONLY

FACILITY ID# _____
 BILL BY ASU CT# _____
 EMD RECEIPT # _____
 AMOUNT PAID _____
 DATE PAID _____
 PAID SOFT SERVE _____

APPLICATION FOR PERMIT TO OPERATE

SELL FUEL FROM AN UNDERGROUND TANK? YES ___ NO IF YES, COMPLETE HAZ MAT APPLICATION.

FACILITY	Business Name (DBA) <u>Market Square Grill</u>	Phone () <u>925 3500</u>	
	Site/Commissary Address <u>1735 Arden Way #214</u> City <u>Sacramento</u> State <u>Ca</u> Zip <u>95815</u>		
	Mobile Unit Commissary Name (if applicable) <u>N/A</u>		
	Mailing Address <u>Same</u> City _____ State _____ Zip _____		
DOES THIS FACILITY HAVE A SEMI-FROZEN (SOFT SERVE) PROCESSING MACHINE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Soft Serve Application.			
BILL	Billing Name <u>Same</u> Phone () _____		
	Billing Address _____ City _____ State _____ Zip _____		
OWNER	Owner Name <u>Neil Darcangelo 7468</u> Phone <u>916 730 9153</u>		
	Address (home or office) <u>7468 Highland Way</u> City <u>Sacramento</u> State <u>Ca</u> Zip <u>95831</u>		
	Soc. Sec. No./Fed. Tax I.D.# <u>State 609 6759</u> CDL# <u>A19861301</u>		

TYPE OF PERMIT	FEE	PE	TYPE OF PERMIT	FEE	PE
<input checked="" type="checkbox"/> RESTAURANT	\$459.00	1622	<input type="checkbox"/> SWAP MEET PRE-PKG FOOD STAND	\$272.00 ea.	1648
<input type="checkbox"/> BAR	309.00	1620	<input type="checkbox"/> COMMISSARY	345.00	1680
<input type="checkbox"/> RESTAURANT W/BAR	667.00	1621	<input type="checkbox"/> SEASONAL LOW RISK	\$201.00 ea.	1675
<input type="checkbox"/> FOOD PREP ESTAB W/O HOOD <2000 SQ. FT.	406.00	1623	<input type="checkbox"/> SEASONAL HIGH RISK	\$237.00 ea.	1676
<input type="checkbox"/> SCHOOL/NONPROFIT SR. MEAL PROGRAM	236.00	1625			
<input type="checkbox"/> BAKERY	454.00	1651			
<input type="checkbox"/> BAKERY - NO PREPARATION*	235.00	1652	MULTI-EVENT VENDOR		
<input type="checkbox"/> PRODUCE STAND	197.00	1607	<input type="checkbox"/> MULTI-EVENT VENDOR - LOW RISK	197.00 ea.	1662
<input type="checkbox"/> SATELLITE FOOD DISTRIBUTION FACILITY	204.00	1693	<input type="checkbox"/> MULTI EVENT VENDOR - HIGH RISK	393.00 ea.	1663
<input type="checkbox"/> RESTRICTED FOOD SERVICE ESTABLISH.	291.00	1681			
<input type="checkbox"/> CERTIFIED FARMERS' MARKET	400.00	1619			
<input type="checkbox"/> RETAIL MARKET (OVER 15,000 SQ. FT.)	519.00	1614	<input type="checkbox"/> SWIM POOL	298.00	3611
<input type="checkbox"/> RETAIL MARKET (6,000 - 14,999 SQ FT.)	393.00	1613	<input type="checkbox"/> SPA POOL	157.00	3612
<input type="checkbox"/> RETAIL MARKET (LESS THAN 6,000 SQ. FT.)	267.00	1612	<input type="checkbox"/> WADING POOL	157.00	3615
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY A	157.00 ea.	1631	<input type="checkbox"/> MISCELLANEOUS		
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY B	197.00 ea.	1632			
<input type="checkbox"/> MOBILE FOOD FACILITY CATEGORY C	236.00 ea.	1633			
<input type="checkbox"/> MOBILE FOOD PREP UNIT	272.00 ea.	1635			

I hereby certify that I am the owner, or authorized representative of the owner, and this business will comply with all State and local laws now in force or which may hereafter be enacted pertaining to this business.

Signed Neil Darcangelo Title/Position Owner Date 5/24/04

Multiple Food or Swim/Spa Facility: 100% of highest prescribed fee, plus 70% of each remaining fee. Additions to a facility between annual billings will be prorated on a monthly basis. Temporary Food Facility, Swap Meet Prepackaged Food Stand, Satellite Distribution Facility, Mobile Food Facility, Mobile Food Prep Unit are not included as multiples and shall pay the Standard fees.

*Bakery wherein no products are prepared or processed from the beginning state.

OFFICIAL USE ONLY

NEW FACILITY CHANGE OF OWNERSHIP (previous owner's name) _____

PREVIOUS NAME OF FACILITY/BUSINESS Market Square Grill P# 1628

ANNIVERSARY DATE (date of ownership change / opening date) _____

RESTRICTIONS _____

COMMENTS _____

VEHICLE LIC. # _____ DECAL # _____ PERMIT # _____

PROGRAM RECORD # _____

APPROVED DISAPPROVED

BY Neil Darcangelo DATE 5/24/04

Permit Expires _____
 Time In 330
 Time Out 415 pm

999
 County of Sacramento
 Environmental Management Department
 Environmental Health Division

Page 1 of 1
 Facility ID # _____

8475 Jackson Road, Suite 240 • Sacramento, CA 95826-3904 • Ph: (916) 875-8440 • Fax: (916) 875-8513

Food Facility Official Inspection Report
 DBA MARKET SQUARE Grill Address 1735 Arden Way # 226 City Sacramento Zip 95815
 Owner/Operator TED & MARY DAConG Business Phone _____
 www.emd.saccounty.net

C.T. <u>55</u>	PR CO SR #	PE <u>1622</u>	<input type="checkbox"/> TFF <input type="checkbox"/> MFPU <input type="checkbox"/> MFF	<input type="checkbox"/> Routine <input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Reinspection	<input type="checkbox"/> Complaint <input type="checkbox"/> Request	<input type="checkbox"/> Other
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MAJOR VIOLATIONS: Items 1 through 5 marked below are "major" violations and *must be corrected immediately*. Non-compliance may warrant immediate closure of the food facility.

1. IMPROPER FOOD TEMPERATURE
Improper holding temperatures of potentially hazardous foods (PHF) hot _____ cold _____
Improper reheating temperature (165°F)/ procedures
Improper cooling practices
Improper thawing of potentially hazardous foods
Inadequate final cooking temperature/procedures
2. FOOD FROM UNSAFE SOURCE
Food from an unapproved source
Adulterated/contaminated or re-use of served food
3. POOR PERSONAL HYGIENE
Improper hand washing practices
Improper/inadequate hand washing facilities
Ill employees, cuts, sores, rashes
4. CONTAMINATED EQUIPMENT
Improper sanitizer concentration/method
Contaminated equipment
Lack of potable water supply throughout facility
Lack of hot water available throughout facility
Sewage back up
5. OTHER
No operable/accessible toilets
Severe unsanitary conditions
Operating without a valid health permit
Rodent/cockroach/insect infestation
STATUS
<input checked="" type="checkbox"/> No Reinspection Required
<input type="checkbox"/> Reinspection Required
Closure/Suspension of Permit - Facility shall be closed until cleared by Environmental Health Dept. See "Notice of Permit Suspension and Closure."
Food Safety Education Class Required
Compliance Conference Required
Certified Food Manager Expires _____

Items listed below are violations of CHSC, commencing § 113700, and must be corrected. See reverse side for corrective actions, as indicated in parenthesis following the violation.

This is opening final inspection.

- ① Provide dish machines at 50 ppm.
- ② Provide test strips for testing chemicals.
- ③ Clean ice machine with sanitizer. Dump existing ice in machine.
- ④ Back area needs cleaning.
- ⑤ Provide air gap at floor sink from dishwasher.
- ⑥ Provide soap in soap dispensers.
- ⑦ Provide probe thermometer. OK for documentation that all violations have been corrected to Mary Ellen Retzel at (916) 875-8513.

OK to operate with health permit

Copy of routine, reinspection, or initial notice shall be posted in public view and easily readable by the public.

Environmental Specialist [Signature] Phone (916) 875-8414
 Date: 5/24/04 Accepted by [Signature] Title Contractor

The above noted violations must be corrected by _____. A reinspection may be conducted and fee assessed, as authorized by current County ordinance. Proof of correction or repair may be faxed or mailed prior to the compliance date. The Building Department or other agencies may require a permit for above corrections. Please contact the appropriate office for assistance.