

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0011285**  
**Insp Area: 1**

**Site Address: 241 NORTH 10TH ST SAC**  
Parcel No: 001-0112-028 UNOCCUPIED STE 3

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

CONTRACTOR  
TRANS-SIERRA CONST  
1722 3RD ST STE 202

OWNER  
NO 10TH STREET BUSINESS PARK  
1722 3RD ST #202  
SACRAMENTO CA 95814

ARCHITECT  
CHMD ARCHITECTS  
2150 CAPITOL AVE # 200  
SAC, CA.

**Nature of Work: FIRE REPAIR:REPLACE WOOD ROOF SYSTEM.STOREFRONT WINDOWS,  
DOOR FRAMES&NEW SPRINKLERS U.G&O.H.**

**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 317815 Date 12-6-00 Contractor Signature [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 12-6-00 Applicant/Agent Signature [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 CAL-COMP / PICKETT-ROTHGILL & Policy Number WDN83017A7 Exp Date 01/01/2001

\_\_\_\_ (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 12-6-00 Applicant Signature [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 COMMERCIAL BUILDING PERMIT**

**CITY OF SACRAMENTO**  
**DEVELOPMENT SERVICES DIVISION**  
**PERMIT SERVICES SECTION**

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

ACTIVITY # 0011285 Insp. Area IC

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 241 NORTH 10TH STREET Suite 3

PARCEL # 001-0112-028-and 001-0112-030

<b>CONTACT</b> Name <u>Trans Sierra Construction - Doug Smith</u> Street Address <u>1722 Third St</u> City/State/Zip <u>Sacramento CA 95814</u> Phone <u>(916) 441-4970 x1</u> FAX <u>(916) 441-4974</u> E-mail:		<b>LICENSED CONTRACTOR</b> Lic No. # <u>397815</u> Name <u>Trans Sierra Construction</u> Address <u>P.O. Box 630</u> City/State/Zip <u>Sacramento CA 95812</u> Phone <u>(916) 441-4970</u> FAX <u>(916) 441-4974</u> E-mail:	
<b>ARCHITECT/ENGINEER</b> Name <u>CHMD Architects</u> Address <u>2150 Capitol Ave Ste 200</u> City/State/Zip <u>Sacramento CA 95816</u> Phone <u>(916) 446-7741</u> FAX <u>(916) 446-0457</u> E-mail:		<b>OWNER</b> Name <u>NORTH 10TH Street Business Park</u> Address <u>1722 3RD Street, #202</u> City/State/Zip <u>Sacramento, CA 95814</u> Phone <u>(916) 443-3797</u> FAX <u>(916) 441-4974</u> E-mail:	

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: Cal-Comp  
 → WORKER'S COMPENSATION POLICY # WDR' 83017A7 EXPIRATION DATE: 1/01/01

NATURE OF WORK IN DETAIL: Building shell repairs due to fire. Replace wood roof system for concrete tilt-up Bldg. Replace storefront window and door frames and glazing.

OCCUPANT/TENANT: None VALUATION: \$ 219,517.60

FLOOD STATUS:		S.C.A.T. <u>XI.16; XI.17; XI.31; 200; 201; 207</u>							
JOB DESCRIPTION		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	
<u>1</u>		<u>10305</u>		<u>MS</u>	<u>III-NR</u>	<u>Y</u>	<u>10</u>	[H]	[Quad]
						ALARM			
<u>B</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	PW	UTIL	
	<u>NONE</u>	<u>NONE</u>							

COMMENTS: \* DEFERRED FIRE DES REV ELLEN SCHMIDT

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

dssu/forms/commercialapp. [rev. 03/28/00]

ELIA KEMERA 566-6495  
 810-6812 Agn  
 870-4013 #104

Date of Request: 12/6/00  
By: \_\_\_\_\_

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 241 NORTH 10th ST. Ste 3

Assessor's Parcel Number: 001-0112-028

Previous Use: Warehouse

Description of Request/Proposed Use: Same

REPAIR FIRE DAMAGE NOW FLAT ROOF  
+ REPLACE GLASS + DOORS AND FRAMES

Is This a Change of Use? NO

Prior Applications for Project Site(P#, Z#, DRPB#): 0-DR00-201 Zoning Designation: C-4

Comments: New roof; store needs DR App.  
front; roll-up doors.

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: [Signature] 12-5-00

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

MICROFILM AFTER FINAL

**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: SPEL SPACE Phone: \_\_\_\_\_

Site Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
(Street) (Zip)

Business Owner/Representative: \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Property Owner: Nth 10th Business Park Phone: \_\_\_\_\_

Address: 1722 3rd Street #202 Suite: 202  
(Street) (Zip)  
Sacramento CA 95814  
(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: Patrick Rios  
(Print)

[Signature] 12-6-00  
(Signature) (Date)

BID Use Only: Plan Ck# <u>0011285</u> Permit # <u>0011285</u>	
OK to issue prmt? <u>08-12-00</u>	F.D. Appr Req'd? <input checked="" type="checkbox"/> Yes No
<small>init date</small>	
Hold on Certificate of Occupancy? <input checked="" type="checkbox"/> Yes No	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	