

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0014278
Insp Area: 2

Site Address: 5904 SOUTH LAND PARK DR SAC
Parcel No: 024-0430-015

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

CONTRACTOR

OWNER

ABBOTT ELEANOR UHL DAWSON
5870 SOUTH LAND PARK D
SACRAMENTO CA 95822

ARCHITECT

Nature of Work: BUSTER: RESTAURANT REMODEL INCLUDING NEW PARTITIONS ,NEW KITCHEN EQUIPMENT, PLUMBING, ELECTRICAL, MECHANICAL, AND POSSIBLE FIRE SPRINKLER RELOCATION. CHANGE IN USE.

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. 3997, 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 2-21-01 Owner Signature Roger Flouzy

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 2-21-01 Applicant/Agent Signature Roger Flouzy

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 2-21-01 Applicant Signature Roger Flouzy

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

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 5904 SOUTH LAND PARK DR Permit No. 0014278

Building Use: RESTAURANT DBA: FLORES COFFEE Occupancy: B

Building Owner: ABBOTT ELEANOR UHL DAWSON Construction Type: _____

Owner Address: 5870 SOUTH LAND PARK DR Sprinkled? [] Yes [] No

Portion of Building Occupied: RESTAURANT Area: 1100 Sq. Ft.

4/2/01

Date

Willie Harris

By:Print

Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[Finaled By:GTD,DV,RL,KW,FJ]

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 15 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

Date of Request: _____

By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 5900 South Land Park Drive

Assessor's Parcel Number: 024-0430-015

Previous Use: Retail / Restaurant

Description of Request/Proposed Use: expand restaurant into retail space.

Is This a Change of Use? yes

Zoning Designation: C-1

Prior Applications for Project Site(P#, Z#, DRPB#): P8316

Comments: Site plan & Bldg layout indicates total restaurant space is less than 10% - No additional parking required for shopping center & restaurant.

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: D. Decker 12/22/00

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

MICROFILM AFTER FINAL

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 # 0014278 BUSTER	Insp. Area 2
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Applicant **MUST** complete ALL Unshaded areas

X ADDRESS 5900 SOUTH LAND PARK DR Suite _____
 PARCEL # 024.0430.015

XCONTACT APT# 231 Name <u>ROGER FLOREZ</u> Street Address <u>6230 GREENHAVEN DR.</u> City/State/Zip <u>SAC, CA. 95831</u> Phone <u>424-8215</u> FAX _____ E-mail: <u>CELL-206-7526</u>	LICENSED CONTRACTOR Lic No. # _____ Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
ARCHITECT/ENGINEER Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	XOWNER-TENANT Name <u>ROGER FLOREZ</u> Address <u>6710 FREEHAVEN DR.</u> City/State/Zip <u>SACTO, CA. 95831</u> Phone <u>421-2536</u> FAX _____ E-mail: _____

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

X NATURE OF WORK IN DETAIL: REPLACE EXHAUST HOODS - EXTEND KITCHEN, OPEN DOOR WAY FOR DINING, OUT IN PARTICIAN WALL, PAINT WALLS. SEE DESCRIPTION IN COMPUTER

OCCUPANT/TENANT: ROGER FLOREZ VALUATION: \$ 15000.00

FLOOD STATUS:		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC			<input checked="" type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE	
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fed Code	Vio. File		
						<input checked="" type="checkbox"/> SPR <input type="checkbox"/> ALARM	18	[H]	[Quad]	
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	S	D	PW	UTIL	

COMMENTS: _____

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

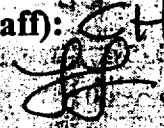
CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES

First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 0014278
 ADDRESS: 5900 SOUTHWIND PARK
 Commercial Residential

ACCEPTED by (Staff): SH


DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
<u>LIFE SAFETY</u>	3	JT	1/19/01						
<u>STRUCTURAL</u>	13	JT	"						
<u>MECHANICAL/PLUMBING</u>	3	KW	1/19/01						
<u>ELECTRICAL</u>	3	JM	1/19/01						
<u>FIRE</u>	13	JMB	1-19-01						
<u>PLANNING</u>									

STAFF COMMENTS:



DEPARTMENT OF
NEIGHBORHOODS, PLANNING
AND DEVELOPMENT SERVICES

CITY OF SACRAMENTO
CALIFORNIA

1231 I STREET
ROOM 200
SACRAMENTO, CA
95814-2904

DEVELOPMENT SERVICES
DIVISION

916-264-7619
FAX 916-264-7046

EXHIBIT 1

I have read and am familiar with the contents of the 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) Ronald V. LaBella

to sign the Owner-Builder Verification on my behalf.

Signature Ronald V. LaBella
Print Name RONALD V. LABELLA
Address 1172 35th Ave
SACRAMENTO, CA 95822
Telephone (916) 421-9999



Sacramento County Regional Sanitation District
9660 Ecology Lane
Sacramento, California
95827-3881

FEBRUARY 20, 2001
RECEIVING FAX: 916-686-2415
SENDING FAX: 916-875-6253

TO: **FLOREZ' COFFEE SHOP**
C/O ROGER FLOREZ

FROM: **DON GLUM**
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

RE: **SEWER FACILITY IMPACT FEES**
5900 South Land Park Dr.

APN: 024-0430-015

There are no Sewer Facility Impact Fees due for the 1200 sq. ft. expansion of Florez' Coffee Shop at the above address. Sufficient credits exist on the parcel from previous uses on the parcel.

If you have any questions regarding the above, please feel free to call me at 875-6678.

A handwritten signature in black ink, appearing to read 'Don Glum', is written in a cursive style.

cc: Leslie Lundholm, City of Sacramento
Ron LaBella, Camelot Realty

This fee is also subject to adjustment if the data supplied is changed.
www.srcsd.com

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes) or no) _____
2. I (have) have not) _____ signed an application for A building permit for the proposed work.
3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signed Repp: Flouy 2-21-01

Job Address 5704 SOUTHLAND PARK DR

Permit No: CC142 18



Cert. No. 2634

INDEPENDENT TEST & BALANCE OF AUBURN, INC.

ITB JOB NO. _____

SECTION _____ PAGE _____

FAN & OUTLET TEST DATA

LOCATION FOSSIL REFINERY 5700 SYSTEM MU-1

MOTOR NAMEPLATE DATA

MFG ONTV FR _____
HP 3 V _____ FLA _____
PH _____ SF _____ RPM _____

SHEAVE DATA:

DIA 3 2 5 SHAFT _____
ADJ _____ FIXED _____

FAN NAMEPLATE DATA

MFG _____
MODEL _____
TYPE _____

SIZE _____

SHEAVE DATA:

DIA _____ SHAFT _____ HUB _____
BELTS _____

STARTER _____ SIZE _____

HEATERS _____

FAN DESIGN DATA

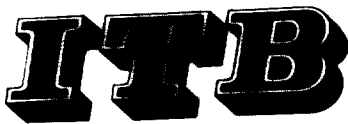
DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS	25		
AMPS	25		
BHP			
FAN RPM	11		
SP -			
SP +			
TSP ESP			
FILTER SP			
CFM TOTAL	4370		
CFM RA			
CFM OA			

TSP _____ ESP _____ RPM _____ BHP _____

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
						200	36	25				
						200	36	25				
						200	36	25				

MICROFILM AT FINAL

REMARKS: _____



Cert No 2634

INDEPENDENT TEST & BALANCE OF AUBURN, INC.

ITB JOB NO. _____

SECTION _____ PAGE _____

FAN & OUTLET TEST DATA

LOCATION 3000 SOLAR PARK DR SYSTEM MU-2

MOTOR NAMEPLATE DATA

MFG SE FR _____
HP _____ V _____ FLA _____
PH _____ SF _____ RPM _____

SHEAVE DATA:

DIA _____ SHAFT _____
ADJ _____ FIXED _____

FAN NAMEPLATE DATA

MFG _____
MODEL _____
TYPE _____
SIZE _____

SHEAVE DATA:

DIA _____ SHAFT _____ HUB _____
BELTS _____
STARTER _____ SIZE _____
HEATERS _____

FAN DESIGN DATA

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS	115	115	
AMPS	11.5	11.5	
BHP			
FAN RPM	520	501	
SP -			
SP +			
TSP ESP			
FILTER SP			
CFM TOTAL	2342	2386	
CFM RA			
CFM OA			

TSP _____ RPM _____
ESP _____ BHP _____

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
					350	200	1275	561	1368	601		
					350	200	1275	561	1344	591		
					350	200	1275	561	1402	616		
					350	200	1275	561	1314	578		
					350	200	1275	561	2386	2386		

MICROFILM AT FINAL

REMARKS: _____



Cert No. 2634

INDEPENDENT TEST & BALANCE OF AUBURN, INC.

ITB JOB NO. _____

SECTION _____ PAGE _____

FAN & OUTLET TEST DATA

LOCATION FLOREZ RESTAURANT 3900 - LAVO FAC 02 SYSTEM HOOD # 4 RIGHT

MOTOR NAMEPLATE DATA

MFG MAGNETEK FR 35
HP 1/2 V 230 FLA 1.0
PH SF RPM 1725

SHEAVE DATA:

DIA 1/2 SHAFT 1/2
ADJ 3/8 FIXED

FAN NAMEPLATE DATA

MFG DELTA
MODEL 400
TYPE _____
SIZE _____

SHEAVE DATA:

DIA 1/2 SHAFT 1/2 HUB _____
BELTS _____
STARTER _____ SIZE _____
HEATERS _____

FAN DESIGN DATA

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS	115		
AMPS	0.8		
BHP			
FAN RPM	3380		
SP -			
SP +			
TSP ESP			
FILTER SP			
CFM TOTAL	2424		
CFM RA			
CFM OA			

CFM 2424 TSP _____ ESP _____ RPM _____ BHP _____

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	101	DOOR	3' x 7'	1.0	115	115	115	115				

MICROFILM AT FINAL

McCa

REMARKS: _____