

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0103288

Insp Area: 3
Thos Bros: 317F3

Site Address: 4991 FRANKLIN BL SAC
Parcel No: 022-0081-021

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

CONTRACTOR
W.A. CRAIG INC
6940 TREMONT RD
DIXON, CA 95620

OWNER
MO MASHOON
1721 JEFFERSON ST
OAKLAND, CA. 94612

ARCHITECT

Nature of Work: ASPHALT PARKING LOT

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 7(E) License Number 455752 Date 8/28/01 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 Aug. 28 '01 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.

TF 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 713-0001464 Exp Date 10/01/2001

(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 8/28/01 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 # 01-03233	Insp. Area 36
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 4991 FRANKLIN Blvd, SACTO Suite _____
 PARCEL # APN 022-081-020, 021, 022, 8023

<p style="text-align: center;">CONTACT</p> <p>Name <u>MO MASHOON</u> Street Address <u>1721 JEFFERSON ST.</u> City/State/Zip <u>Oakland, CA 94612</u> Phone <u>(510) 891-9988</u> FAX <u>(510) 891-9989</u> E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name <u>TBD -</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>John Gorman</u> Address <u>3000 FRANKLIN Blvd.</u> City/State/Zip <u>SACRAMENTO, CA 95818</u> Phone <u>(916) 455-3000</u> FAX <u>(916) 455-3118</u> E-mail: <u>gormanjohn@jps.net</u></p>	<p style="text-align: center;">OWNER</p> <p>Name <u>MO MASHOON</u> Address _____ City/State/Zip _____ Phone <u>510-891-9988</u> FAX _____ E-mail: _____</p>

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

NATURE OF WORK IN DETAIL: Asphalt paving of two empty (vacant) lots and 40' C.E. by curb gutter w/ sidewalk

OCCUPANT/TENANT: MO MASHOON VALUATION: \$ 4500⁰⁰

FLOOD STATUS: <u>NR</u>		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	<u>OTH</u>
INSPECTION DISCIPLINES		BLDG	MECH	<u>PLUMB</u>	ELEC	<u>SITE</u>	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y</u> /N	Fed Code	Vio. File		
		<u>12000</u>		<u>S3</u>	<u>N/A</u>	SPR	ALARM	<u>20</u>	[H]	[Quad]
B	L	<u>P</u>	M	E	<u>F</u>	<u>S</u>	D	<u>PW</u>	<u>UTIL</u>	

COMMENTS: SEE L/H/N

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

Date of Request: 8-17-01
By: Sean

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 4991 Franklin Blvd

Assessor's Parcel Number: 022 0081 020, 21 22 + 23

Previous Use: Vacant lot - car sales on

Description of Request/Proposed Use: Use lots 23 + Front 20 for additional auto sales area

Is This a Change of Use? yes - vacant to auto sales lot

Zoning Designation: C2

Prior Applications for Project Site(P#, Z#, DRPB#): n/a

Comments: Plag to pave and develop these lots for auto sales. Not necessary to have a building on these parcels (023 + 020). A lot

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

- * Staff Site Plan Check Required? (Circle one) YES NO not
- * ~~Field Inspection Required?~~ (Circle one) ~~YES~~ NO
- * Design Review/Preservation Required?: (Circle one) YES NO necessary

Planning Review by/Date: W May 3-17-01 as found

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

MICROFILM AFTER FINAL

Landscape planters required as shown on plan, but tree shading not required for auto sales. (because there's no buildings on this site May 8-20-01)

buildings crossing property line.

W May 3-17-01

Date of Request: _____

By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project

Address: 4991 FRANKLINE Blvd., Sacramento

Assessor's Parcel Number: 022-081-020, 021, 022, 023

Previous Use: Vacant Lot (Can sales on Front)

Description of Request/Proposed Use: Park Cars

Is This a Change of Use? No

Zoning Designation: _____

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

Comments: Solid masonry

Wall required at north 31.02' feet of aprn 022-0081-023 (that portion abuts residential zone.) 4' landscaped planter required adjacent to R.O.W. Lot line merger required.

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: Al May 3/6-01.

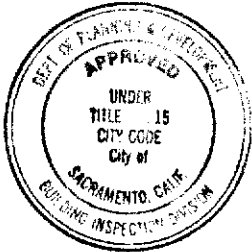
merger required. See cannot cross property lines.

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

MICROFILM AFTER FINAL



*Mo Masthoun
Franklin & 25th*



F.O. FTG. PROPERTY LINE C.L. CMU
This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.
The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

NOTE: SEE CIVIL DRAWINGS FOR WALL LOCATION

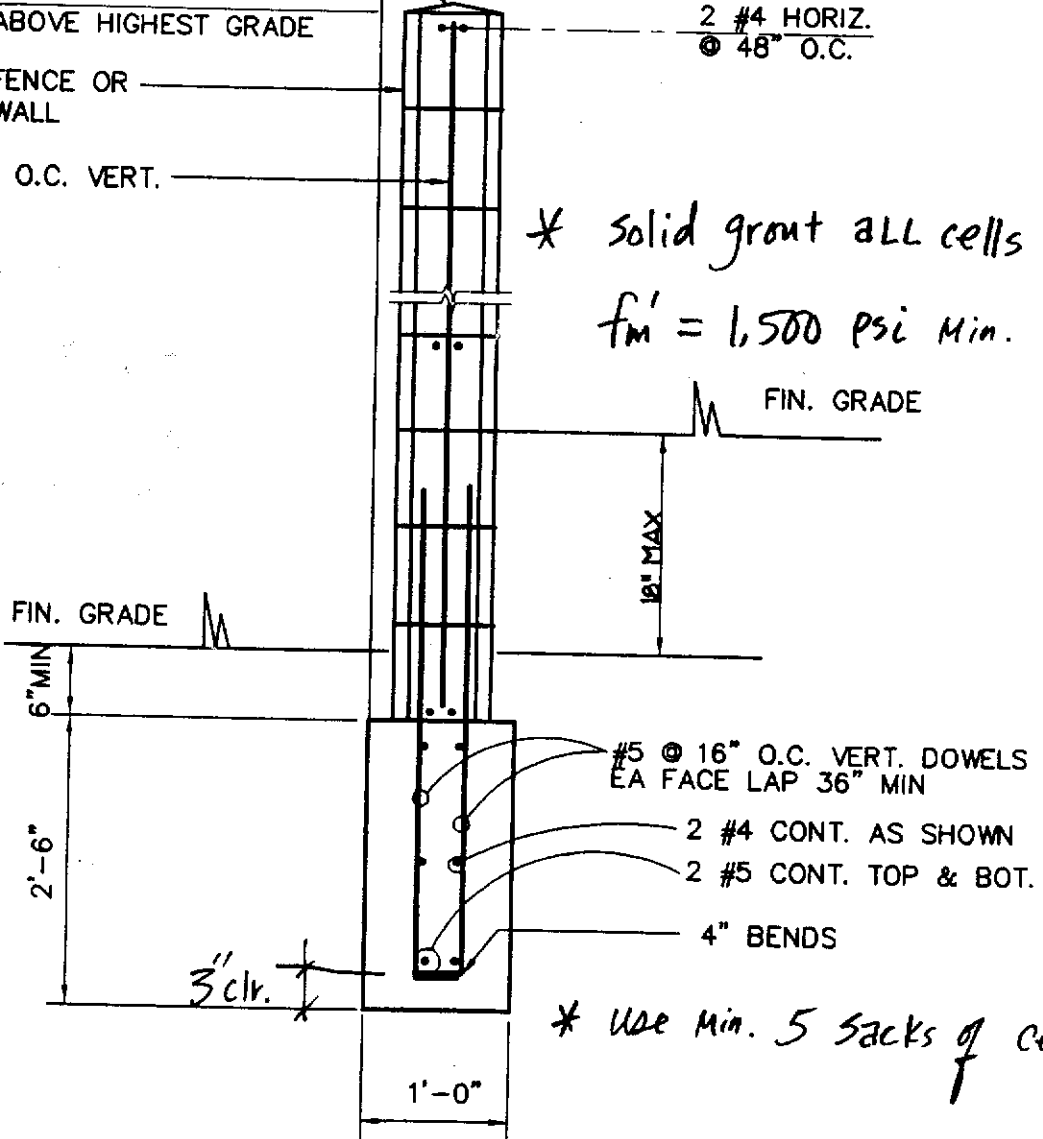
T.O. CMU
+(6'-0") MAX. ABOVE HIGHEST GRADE

8" CMU FENCE OR SCREEN WALL

#4 @ 16" O.C. VERT.

2 #4 HORIZ.
@ 48" O.C.

* solid grout ALL cells
 $f_m' = 1,500$ psi Min.

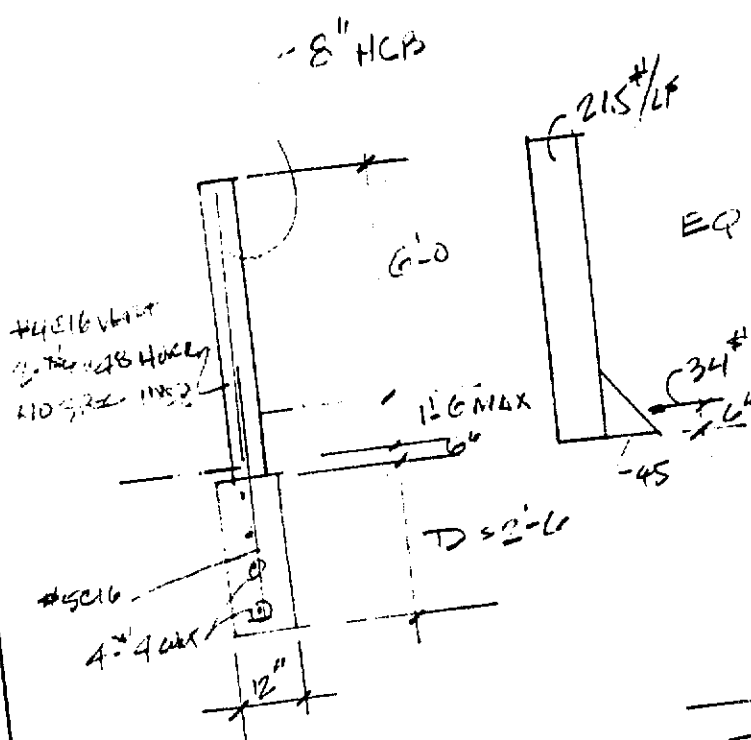


* Use Min. 5 sacks of cement

TYP. CMU WALL @ FENCE
3/4" = 1'-0"

File: C:\A0052\01042\01042S1.DWG Last edited: OCT. 41, 10 @ 1:30 a.m. copyright: William Merkel Assoc.

SOUND/RETAINING WALL

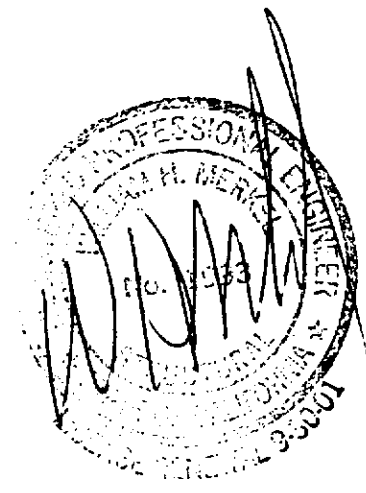


WIND ~ 75 MPH
 EXP C
 $V_{WIND} = 21.5 \frac{\#}{p}$
 $Z = 14.5$
 $C_e = 1.06$
 $C_f = 1.4$

EQ
 BONE 3 USE WTSG 1 PSE
 $F_p = 4 \times 3.6 \times 1.0 \times 1.44 W$
 $F_p = \frac{7 \times 3.6 \times 1.0 (1+3) W}{3.0} = 48 W$
 $F_{ps} = \frac{.48}{1.4} W = .34 W$
 $V_{ER} = .34 \times 61 = 20.91$
 SOIL ~ 30 #/ft³

FOUNDATION DESIGN
 USE UNCONSTRAINED METHOD

$P = 8 \times 21.5 = 172$
 $= \frac{34}{206}$
 $M = 21.5 \times 3 \frac{1}{2} = 68$
 $3.4 \times .5 = \frac{17}{705}$
 $h = \frac{705}{206} = 3.42$
 $S_1 = 150 \times 2 = 300$
 $b = 12" \text{ WIDTH} \sim 1'-0"$



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ACTIVITY # <u>01-03288</u>	Insp. Area <u>36</u>
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ADDRESS 4991 FRANKLIN Blvd., SACTO Suite _____
 PARCEL # APN 022-081-020, 021, 022, 4023

Applicant MUST complete ALL Unshaded areas

CONTACT

Name Mo Mashour
 Street Address 1721 Jefferson ST.
 City/State/Zip Oakland, CA 94612
 Phone (510) 891-9988 FAX (510) 891-9989
 E-mail: _____

LICENSED CONTRACTOR Lic No. # _____

Name TBD
 Address _____
 City/State/Zip _____
 Phone _____ FAX _____
 E-mail: _____

ARCHITECT/ENGINEER

Name John Gorman
 Address 3000 FRANKLIN Blvd.
 City/State/Zip SACRAMENTO, CA 95818
 Phone (916) 455-3000 FAX (916) 455-3118
 E-mail: gorman@jps.net

OWNER

Name MO MASHOUR
 Address _____
 City/State/Zip _____
 Phone 510-891-9988 FAX _____
 E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____ EXPIRATION DATE: _____

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INSPECTION DISCIPLINES		BLDG	MECH	<u>PLUMB</u>	ELEC	<u>SITE</u>	<u>FIRE</u>				
# Stories	1st fir Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y</u> /N		Fed Code	Vio. File [H] [Quad]		
		<u>12000</u>		<u>S3</u>	<u>N/A</u>	SPR	ALARM	<u>20</u>			
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>PW</u>	<u>OTH</u>		

COMMENTS: SEE U/H/N

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

Handwritten notes and date: May 9-11-01

