

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0512997

Insp Area: 1

Thos Bros:

Sub-Type: REM

Housing (Y/N): N

Site Address: 1200 K ST SAC

Parcel No: 006-0112-001

CAFE DOLCE

**CONTRACTOR**

G P CONSTRUCTION  
P O BOX 340551  
SACRAMENTO CA 95814

**OWNER**

REDEVELOPMENT AGENCY/CITY OF SACRAMENTO  
PO BOX 1834  
SACRAMENTO, CA 95809

**ARCHITECT**

Nature of Work: new storage room in existing restaurant

**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-C10 License Number 573644 Date 8-25-05 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 \_\_\_\_\_ 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 above mentioned property for inspection purposes.

Date 8-25-05 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 VIRGINIA SURETY COMPANY, IINC Policy Number 00500014724 Exp Date 01/01/2006

(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 8-25-05 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.

**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 808-5716

Building Address: 1200 K STREET Permit No.: 0512997

Building Use: RESTAURANT DBA: CAFÉ DOLCE Occupancy: B

Building Owner: REDEVELOP. AGENCY CITY OF SACTO Construction Type: 2-FR

Owner Address: SACRAMENTO, CALIF 95809 Sprinkled?  Yes  No

Portion of Building Occupied: ENTIRE, CAFÉ DOLCE Area: 507 Sq. Ft.

01/24/2006

Date

By: (Print)

*Carolyn Cooper*

Sign

**RON BEEHLER**

CHIEF BUILDING OFFICIAL

[ Finaled By: PWC, KR, JBB, MCM ]

*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 Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.*

**POST IN A CONSPICUOUS PLACE**

County of Sacramento  
Environmental Management Department  
Environmental Health Division

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

Food Facility Official Inspection Report

www.emd.saccounty.net

DBA Cafe Dolce Address 1200 K Street #7 City Sacto Zip 95814  
Owner/Operator Anne Huntley Business Phone \_\_\_\_\_

C.T. 11	PR CO 16554	PE 1622	<input type="checkbox"/> TFF <input type="checkbox"/> MFFPU <input type="checkbox"/> MFF	<input type="checkbox"/> Routine <input type="checkbox"/> Initial	<input type="checkbox"/> Reinspection	<input type="checkbox"/> Complaint <input type="checkbox"/> Request	<input checked="" type="checkbox"/> Other Minor Remodel
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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**

- No Reinspection Required
- 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 #Emp. \_\_\_\_\_
- Compliance Conference Required

Food Safety Certificate 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.

Facility approved to operate - Storage Room  
(Storage room - Dishwash machine & freezer)

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

Environmental Specialist Sonia Lee Phone (916) 875-8440 Time In: 10:30 Time Out: \_\_\_\_\_

Date: 1-18-06 Accepted by [Signature] Title Carpenter

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.

OS12997

SUMMIT AIR CO., INC.  
7521 COOK AVENUE  
CITRUS HEIGHTS, CA 95610  
(916) 729-2082

FAN OUTLET TEST SHEET  
AREA SERVED

DATE 11-13-05  
UNIT EXISTING WATER SOURCE H.P.

PAGE # 1 OF 1  
JOB: CAFE DOCCS

Room	OPENING		NOTES	DESIGN		FINAL	
	NO	TYPE		FPM	CFM	FPM	CFM
SUMMIT OFFICE LARGE OFFICE " " "	1	PERF →			100		94
	2	PERF →			275		280
	3	PERF →			275		263
	4	PERF →			275		277
DESIGN TOTAL - 925 FINAL TOTAL - 914							
TEST PERFORMED BY: DAVID PETERSON							

REMARKS:

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO  
PLANNING & BUILDING DIVISION  
PERMIT SERVICES SECTION  
(916) 808-2534 FAX: (916) 808-7046**

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

ADDRESS: 1200 K St PAID CITY OF SACRAMENTO Suite: \_\_\_\_\_

PARCEL #: \_\_\_\_\_ AUG 25 2005

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name: _____ Street Address: _____ City/State/Zip: _____ Phone: _____ E-Mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>573644</u></p> <p>Name: <u>G.P. Development</u> Street Address: <u>902 Madison Ave #39</u> City/State/Zip: <u>North Highlands, CA 95660</u> Phone: <u>916-332-2300</u> E-Mail: <u>fpeterson@gpdevelopmentcorp.com</u></p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name: <u>Officina + Assoc.</u> Street Address: <u>4070 Bridle St #7</u> City/State/Zip: <u>Fair Oaks, CA 95628</u> Phone: <u>916-536-0768</u> E-Mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name: <u>HCV Partners</u> Street Address: <u>222 Kern St #552</u> City/State/Zip: <u>San Francisco, CA 94108</u> Phone: <u>415-249-0800</u> E-Mail: _____</p>

⇒ Will permittee have any employees on the jobsite?  No  Yes ⇒ Insurance Co.: Applied Underwriters

⇒ WORKER'S COMPANSATION POLICY # WC 115 14554 EXPIRATION DATE: 1/1/06

NATURE OF WORK IN DETAIL: \_\_\_\_\_

OCCUPANT/TENANT: Cafe Dolce VALUATION: \$6500<sup>00</sup>

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

COMMENTS: \_\_\_\_\_

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT:  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed