

CITY OF SACRAMENTO

Permit No: 0105203

1231 I Street, Sacramento, CA 95814

Insp Area: 4
Thos Bros: 278A3

Site Address: 3701 MARYSVILLE BL SAC
Parcel No: 251-0122-012

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

CONTRACTOR
OWNER BUILDER

OWNER
MARYSVILLE BLVD LTD
324 ALHAMBRA BLVD
SACRAMENTO CA 95816

ARCHITECT

Nature of Work: RESTAURANT REMODEL: REMOVE & REPLACE SINKS, HOOD OVEN AND ELECTRICAL CHANGES

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.

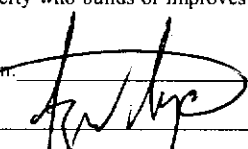
License Class _____ License Number _____ Date _____ Contractor Signature _____

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.)

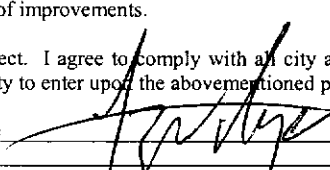
____ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

____ I am exempt under Sec. _____ B & PC for this reason _____

+ Date Dec 10th 01 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 Dec 10th 01 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 Dec 10th 01 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) 264-5716

Building Address: 3701 MARYSVILLE BL Permit No. 0105203

Building Use: RESTAURANT Occupancy: B

Building Owner: MARYSVILLE BLVD LTD Construction Type: VN

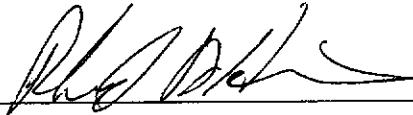
Owner Address: 324 ALHAMBRA BL SAC Sprinkled? [] Yes [X] No

Portion of Building Occupied: REMODEL Area: 2270 Sq. Ft.

2/13/02

Date

By:Print



Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[Finaled By:DP,MJB,BK,CP]

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

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 # 0105203	Insp. Area
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ADDRESS 3701 MARVILLE BLVD. Suite _____
 PARCEL # 251-0122-012

Applicant MUST complete ALL Unshaded areas

<p style="text-align: center;">CONTACT</p> Name <u>JOE CIMOREM</u> Street Address <u>11390 SUNRISE GOLD CR. #100</u> City/State/Zip <u>RANCHO COV., CA 95742</u> Phone <u>635-4440</u> FAX <u>635-7084</u> E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> Name <u>OWNER BUILDER</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>JOHN MASTROTOTARO</u> Address <u>5960 SAMPSON BLVD.</u> City/State/Zip <u>SAC CA 95824</u> Phone <u>421-9501</u> FAX <u>SAME</u> E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>MARYSVILLE BLVD LTD</u> Address <u>324 ALHAMBRA BLVD</u> City/State/Zip <u>SAC CA 95816</u> Phone _____ FAX _____ 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: R+R SINKS, R+R OVEN HOOD, + ASSOCIATED ELEC
Danny's Pizza

OCCUPANT/TENANT: ~~XXXXXXXXXX~~ VALUATION: \$ 5,000

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	SITE		<input checked="" type="checkbox"/> FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<u>2270</u>	<input checked="" type="checkbox"/> M	<u>A3</u>	<u>VN</u>	<input checked="" type="checkbox"/> N		<u>18</u>	<input type="checkbox"/> [H] <input type="checkbox"/> [Quad]	
<u>13</u>	<u>13</u>	<input checked="" type="checkbox"/> JMT	<input checked="" type="checkbox"/> JMT	<u>13T.L.M.</u>	<input checked="" type="checkbox"/> JMT	S		<u>D</u>	PW	UTIL
								<u>SMB</u>		

COMMENTS: _____

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

CIRCO System Balance, Inc.

SB JOB# _____
 SECTION _____ PAGE _____
 DATE 1-22-02

FAN & OUTLET TEST SHEET

AREA SERVED DANNY'S PIZZA UNIT MAKE-UP AIR

MOTOR NAMEPLATE DATA

MFG MARATHON FR 4BT
 HP 1/3 V 115 FLA 7.2
 PH 1 SF 1.15 RPM 1725

SHEAVE DATA:
 DIA 1 1/2" 56 SHAFT 1/2"
 ADJ % _____ FIXED _____

FAN NAMEPLATE DATA

MFG ADOBE AIR
 MODEL # ED630D
 TYPE _____
 SIZE _____

SHEAVE DATA:
 DIA 10" O.D. SHAFT 3/4"
 BELTS A-64

DATA	TEST 1	TEST 2	TEST 3
VOLTS	<u>120</u>		
AMPS	<u>7.0</u>		
B.H.P.	<u>.32</u>		
R.P.M.	<u>600</u>		
S.P. -	<u>.20</u>		
S.P. +	<u>.10</u>		
T.S.P.	<u>.30</u>		
FILTER S.P.			
CFM TOTAL			
CFM R.A.			
CFM O.A.			

FAN DESIGN DATA

CFM 2000 SP _____ RPM _____ BHP _____
 MIN. O.A. _____

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
<u>KIT.</u>	<u>1</u>	<u>C.D.</u>	<u>24x24"</u>	<u>1.0</u>		<u>2000</u>		<u>1920</u>				

REMARKS: _____

CIRCO System Balance, Inc.
 AIR & HYDRONICS • TEST & BALANCE AGENCY
 CONTRACTORS LICENSE NO. 624117

4100 FLORIN-PERKINS ROAD
 SACRAMENTO, CALIFORNIA 95826
 (916) 387-5100 • Pager/Cell Phone
 (650) 816-9255 • (415) 726-7021
 Fax (916) 387-5101

ROY C. STONE
 Balance Technician

AABC

CIRCO SYSTEM BALANCE, INC.

SB JOB NO. _____
 SECTION _____ PAGE _____
 DATE 1-22-02

FAN TEST SHEET

AREA SERVED DANNY'S PIZZA UNIT EF-1

MOTOR NAMEPLATE DATA

MFG MARATHON FR 56
 HP .5 V 115 FLA 6.2
 PH 1 SF 1.15 RPM 1725

SHEAVE DATA:
 DIA 1 1/4" SHAFT 1/2"
 ADJ MAX% FIXED _____

FAN NAMEPLATE DATA

MFG POWER VENT. CO.
 MODEL GD402

TYPE _____
 SIZE _____

SHEAVE DATA:
 DIA 4" O.D. SHAFT 5/8"
 BELTS (1) A-33

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS	<u>120</u>	<u>120</u>	
AMPS	<u>4.2</u>	<u>5.1</u>	
BHP	<u>.33</u>	<u>.41</u>	
RPM	<u>635</u>	<u>675</u>	
SP -	<u>N/A</u>	<u>N/A</u>	
SP +	<u>-</u>	<u>-</u>	
TSP	<u>-</u>	<u>-</u>	
FILTER SP	<u>-</u>	<u>-</u>	
CFM TOTAL	<u>1721</u>	<u>2593</u>	
CFM RA			
CFM OA			

FAN DESIGN DATA

CFM 2500 SP .75" RPM _____ BHP _____

REMARKS: HOOD OPEN'G. 14" x 11.5" = 11.18"

TEST # 1

- 123
- 180
- 185
- 170
- 140
- 126

$$924 \div 6 = 154 \text{ FPM Av.}$$

$$154 \times 11.18 \text{ ft}^2 = \underline{1721 \text{ CFM}}$$

TEST # 2

- 200
- 240
- 255
- 260
- 240
- 200

$$1395 \div 6 = 232 \text{ FPM Av.}$$

$$232 \times 11.18 \text{ ft}^2 = \underline{2593 \text{ CFM}}$$

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ROY C. STONE
 Balance Technician



AABC CHARTER MEMBER OF ASSOCIATED AIR BALANCE COUNCIL