

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

**Permit No: 0006939**  
**Insp Area: 4**

**Site Address: 2454 DEL PASO BL SAC**  
Parcel No: 265-0293-021

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

**CONTRACTOR**  
RICK EVANOFF  
2093 MOONSTROKE CIR  
EL DORADO HILLS CA

**OWNER**  
SOLODKO FAM TRUST  
4705 HIDDEN OAKS LN  
LOOMIS CA

**ARCHITECT**

**Nature of Work: T/I OFFICE REMODEL 3985 SQFT**

**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 12-15-00  Owner Signature Cynthia S Kitada

**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 12-15-00  Applicant/Agent Signature Cynthia S Kitada

**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 STATE COMPENSATION INSURANCE F Policy Number 713-99 UNIT 0004668 Exp Date 10/01/2000

(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 12-15-00  Applicant Signature Cynthia S Kitada

**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 # <u>00.06939</u>	Insp. Area <u>4C</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2454 Del Paso Blvd. Sacramento Ca Suite \_\_\_\_\_  
 PARCEL # 265-0293-021

**CONTACT**

Name Rick Evanoff  
 Street Address 2093 Moonstone Circle  
 City/State/Zip El Dorado hills, Ca 95762  
 Phone 939 6747 FAX 939 6747  
 E-mail: \_\_\_\_\_

**LICENSED CONTRACTOR** Lic No. # 748250

Name Evanoff Construction  
 Address 2093 Moonstone Circle  
 City/State/Zip El Dorado hills Ca 95762  
 Phone 939 6747 FAX 939 6747  
 E-mail: \_\_\_\_\_

**ARCHITECT/ENGINEER**

Name Shawn Smith  
 Address 5001 Del Paso Road  
 City/State/Zip Sacramento Ca 95822  
 Phone 486-3142 FAX \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**OWNER**

Name Nader & Daisy Afrooz  
 Address 90 West Coast Properties 4945 Mack Rd.  
 City/State/Zip Sacramento, Ca 95823  
 Phone (408) 989-9064 FAX (408) 736-5894  
 E-mail: \_\_\_\_\_

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: Siger seth  
 → WORKER'S COMPENSATION POLICY # 713-4668-99 EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: Add partition walls for Offices, Drop & Move HVAC, Relocate lighting, Add electrical, Carpet and Cabinets

OCCUPANT/TENANT: Same as owner A/Rooz VALUATION: \$ 39,850.00

FLOOD STATUS:		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI ( )	REM (✓)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	PLUMB	<u>ELEC</u>	SITE	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y (N)	Fed Code	Vio. File [H] [Quad]		
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>B</u>	<u>YN</u>	SPR	ALARM	<u>15</u>		
						S	D	PW	UTIL	

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

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

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 EVANOFF CONST Address 2093 MOONSTONE CR

City EDH Telephone 939.6747

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 Cynthia S. Kitade

Job Address 2454 DEL PASO BLVD

Permit No: 0006939

DATE 7-20-00 PLAN CHECK # 0006939

PROJECT ADDRESS 245A DEL PASO BL

# PLAN REVIEW RESUBMITTAL

1 <sup>ST</sup> CYCLE	B	L	P	M	E	F	S	U	PW
STATUS	<u>APP (3)</u> <u>VJL</u>	<u>APP (3)</u> <u>VJL</u>	<u>APP (3)</u> <u>JMT</u>	<u>APP (3)</u> <u>JMT</u>	<u>APP (3)</u> <u>CMC</u>	<u>(3)</u> <u>EHC</u>			
2 <sup>ND</sup> CYCLE	B	L	P	M	E	F	S	U	PW
STATUS						<u>EHC APP</u>			
3 <sup>RD</sup> CYCLE	B	L	P	M	E	F	S	U	PW
STATUS									

**PROJECT  
DETAILS:**

**REMODELS & T.I.'s .....2 SETS    NEW BLDGS & ADD's. ....5 SETS**  
**\*\* APPLICANT TO PROVIDE SAME NUMBER OF PLANS AS 1<sup>ST</sup> REVIEW.**  
*For remodels and T.I.'s an additional set of any fire protection systems drawings are required for Fire Dept use.*

NUMBER OF SETS SUBMITTED: 2 RECEIVED BY: 

SUBMITTED BY: Rick Evanoff

PHONE # 939 6747 FAX # 939 6747

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