

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0008065
Insp Area: 1

Site Address: 2901 K ST SAC
Parcel No: 007-0177-001

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

CONTRACTOR

OWNER
STATE OF CALIFORNIA
SACRAMENTO CA
95812-2110

ARCHITECT
WESTPHAL JON
5749 EL CAMINO AV
CARMICHAEL CA 95608

Nature of Work: INTERIOR REMODEL: CHANGE FROM RETAIL TO 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 _____ 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 9-15-00 Owner Signature [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 9-15-00 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.

____ 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 Exempt Policy Number _____ Exp Date _____

(This section need not be completed if the permit is for ~~\$100,000~~ ^{\$100,000} less. I certify that 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 9-15-00 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.

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 2901 K ST #190 Permit No. 00 - 08065

Building Use: RESTAURANT DBA: QUIZNO'S SUBS Occupancy: A-3

Building Owner: STATE OF CALIFORNIA Construction Type: III-1HR

Owner Address: _____ Sprinkled? Yes No

Portion of Building Occupied: SUITE 190 Area: 2506 Sq. Ft.

3/01/01 Willie Harris DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By:GTD,DLV,JZB,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 # 0008065	Insp. Area 1
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2900 J STREET (29TH & J STREETS) Suite _____
 PARCEL # 007-0117-001

<p style="text-align: center;">CONTACT</p> <p>Name <u>John Westphal</u> Street Address <u>5749 EL CAMINO</u> City/State/Zip <u>CARMICHAEL, CA 95608</u> Phone <u>488-9019</u> FAX <u>488-9530</u> E-mail: <u>JWARCH@SPS.NET</u></p>	<p>LICENSED CONTRACTOR Lic No. # _____</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: <u>CONTACT</u></p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name _____ Address <u>SAME</u> City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>SONNY DUARTE</u> Address <u>2222 WATT AVENUE #3A</u> City/State/Zip <u>SACRAMENTO, CA 95825</u> Phone <u>257-4683</u> FAX <u>487-1270</u> E-mail: <u>SDuarte@aol.com</u></p>

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

NATURE OF WORK IN DETAIL: TENANT IMPROVEMENT (PREVIOUSLY OBTAINED) FOR
SUB-SUBSTITUTION RESTAURANT TO SUTTER GALLERY
IN 1200 SUTTER FROM RETAIL TO RESTAURANT

OCCUPANT/TENANT: QUIZENO'S SUBS VALUATION: \$ 75,000

FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM (X)	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<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>2506</u>		<u>B/A</u>	<u>TU-1st</u>	<u>SPR</u> ALARM	<u>18</u>	[H]	[Quad]		
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	S	<u>D</u>	PW	UTIL		
						<u>NONE (PUMP)</u>	<u>SLB</u>				

COMMENTS: RECEIVED 7/18/00
RECEIPT FOR HEALTH DEPT TO BE Faxed IN. PLANS APPROVED
FOR SUBMITTAL w/out SPRINKLER PLANS PER S. CLARK

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed
Per tables had credits for other restaurant.

CITY OF SACRAMENTO
 BUILDING INSPECTION DIVISION
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: _____ Phone: _____
 Site Address: 2901 K St Suite: 190
 (Street) (Zip)
 Business Owner/Representative: _____ Phone: _____
 Nature of Business: _____
 Property Owner: _____ Phone: _____
 Address: _____ Suite: _____
 (Street)

2. Are you developing an undetermined tenant space? Yes ___ No Is this permit for a shell building? Yes ___ No
 Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.
 3. Does/Will your business generate hazardous waste? Yes ___ No
 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes ___ No ___
 6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No ___
 7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No ___

If you answered "yes" to questions #6 and/or #7, complete the RMPP Informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes ___ No ___

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: _____
 (Print)

 (Signature) 9-15-00
 (Date)

BID Use Only: Plan Ck# _____ Permit # _____
OK to issue prmt? Y _____ F.D. Appr Req'd? Yes No _____ init date _____
Hold on Certificate of Occupancy? Yes No _____
Fire Dept. Use Only:
OK to issue permit? ini' _____ date _____
OK to issue Certificate of Occupancy? init _____ date _____



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

SEPTEMBER 15, 2000
RECEIVING FAX: 264-7046
SENDING FAX: 875-6253

TO: BARBARA LARSEN
 CITY OF SACRAMENTO

FROM: DOLORES ROSS
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

RE: SEWER FACILITY IMPACT FEES
2901 "K" ST., Ste. 190
 Plan Check # 0008065

APN: 007-0117-001
(2900 "J" St.)

This letter is a revision of one sent previously today regarding a new 2,031 sq. ft. Quizno's within Sutter Galleria on 29th St. between "J" and "K" Streets.

Sufficient credits remain with the parcel from the previous restaurant uses on the second floor totalling 3,800 sq. ft. It is understood that these restaurants vacated the building about two years ago.

If you have any questions regarding the above, please feel free to call me at 875-6679.

cc: Sunny Dharni
 Jon Westphal

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

www.srcsd.com

e-mail: rossd@pwa.co.sacramento.ca.us

Date of Request: _____

By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 2900 & SF

Assessor's Parcel Number: 007-0117-001

Previous Use: Retail

Description of Request/Proposed Use: Restaurant
72 seats

Is This a Change of Use? _____

Zoning Designation: TC

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

Comments: NO Exterior Alterations

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: [Signature] 7-17-00

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

MICROFILM AFTER FINAL

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 12-1-00

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

2900 K ST

Has been conducted by Inspector

E. Paek

On

12-1-00

00-08065-194
Permit Number ²⁰⁰ Square Footage

Remodel + OH Sprinklers
Type of Inspection

QUIZNO'S SUB.

They system is acceptable by this department.

R Woodman
By: Ross L. Woodman,
Fire Prevention Officer II

00-323
F.D. Reference Number

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