

CITY OF SACRAMENTO

Permit No: 9806209

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 4333 WINTERS ST SAC
Parcel No: 2380140040

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

CONTRACTOR

OWNER

ARCHITECT

RICHARDS FAMILY REVOCABLE TRUST
8445 WEST GRANITE DR
ROSEVILLE, CA 95746

Nature of Work: INT REMODEL WAS ;LAUNDRY. NOW SPECIALIZED CLEANING
I.E.LEATHER WEDDING DRESSES PILLOWS;

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 1/27/99 Owner Signature Charles H. Heineck

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 1/27/99 Applicant/Agent Signature Charles H. Heineck

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 Industrial Indemnity 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 1/27/99 Applicant Signature Charles H. Heineck

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.



Insp. Area 4C

AUTHORIZATION TO START WORK

CITY OF SACRAMENTO, BUILDING INSPECTIONS DIVISION
1231 I ST., ROOM 200, SACRAMENTO, CA 95814

Per Byron

Company: PRESTIGE CLEANERS, INC. PC # 6233
 Address: 4333 WINTERS AVE BID App. (BYRON) B.J.
 Job Phone: 567-7841 Office Ph. _____ Fee \$132⁰⁰
 SUBJECT: Project Address: 4333 WINTERS AVE Suite # _____

I request permission to start the following work FRAMING PIPING
MECH ELECTRICAL. NO COVER UP, NO
INSPECTION

I realize that all work will be at the owner's and contractor's risk without assurance that the permit for the project will be granted. Any code conflicts will be corrected. I agree not to cover or conceal any work or portion thereof. I realize that inspections will not be made on this project until a building permit is issued. All changes required to conform to the approved plans will be completed without dispute. Work affecting the structural integrity of the existing building is not permitted.

I will expedite necessary revisions, corrections and clarifications as required to obtain the building permit.

If it should be determined subsequently by the City that changes in the design of the building are necessary after commencement of the work authorized, I assume full responsibility and all risk of loss which may result by reason of such changes. I agree that the building shall conform to the approved final plans as amended, without regard to the stage of completion.

This authorization is valid for 30 days while the plans are being processed for permit. These state required declarations must be properly executed before this authorization is valid. This authorization is valid when initialed by authorized Building Department personnel and stamped approved. Keep posted on job site at all times.

Stamp

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 the Business and Professions Code and my license is in full force and effect.

Lic. Class: _____ Lic. Number: _____ COMPANY NAME _____

SIGNATURE DATE

PERMIT NO.

9806209E

CITY OF SACRAMENTO

1231 I ST. ROOM 200

BUILDING INSPECTIONS DIVISION

AREA NO.

21

WHEN CORRECTIONS HAVE BEEN MADE, CALL 264-5191 FOR REINSPECTION OF WORK.

JOB LOCATION

4333 WINTERS RD

INSPECTION REQUESTED

Plumbing

THE UNDERSIGNED

BUILDING

PLUMBING

MECHANICAL

ELECTRICAL

INSPECTOR THIS DAY INSPECTED THIS STRUCTURE FOR THE REQUESTED INSPECTION AND FOUND THE FOLLOWING VIOLATIONS OF CITY AND/OR STATE LAWS GOVERNING SAME:

① Provide Backing Top of
1 R/R Wall and Shear with
Roof Shear Nails

INSPECTOR

W H

DATE

2/3/99

BUILDING INSPECTIONS 264 5716

INSPECTOR'S COPY

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Section 703.1, Business and Professions Code: Any city or county which requires a permit to construct, alter, 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 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 Professions 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 or her own employees, provided that such improvement 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 or 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 & P Code for this reason _____

→ Charles H. Heuck
SIGNATURE

7-6-98
DATE

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 the work for which this 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: _____ exp. _____

Policy No.: _____

I certify under penalty of perjury 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.

→ Charles H. Heuck
SIGNATURE

7-6-98
DATE

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 FEES.

In issuing this 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 the 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 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, understand and agree to the above conditions. I certify under penalty of perjury that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

→ Charles H. Heuck
SIGNATURE OF APPLICANT OR AGENT

7-6-98
DATE

CITY OF SACRAMENTO
APPLICATION FOR BUILDING PERMIT

REF #
98-06209C

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES DIVISION

1231 I Street, Rm. 200
Sacramento, CA 95814

(916) 264-7619 FAX 264-7046

→ Applicant must complete ALL Unshaded areas ←

PC# 6233 AREA # 4C

ADDRESS 4333 WINTERS AVE SACRAMENTO CA 95838 Suite _____
PARCEL # 35 0140 040

<p>CONTACT</p> <p>Name <u>Jim Douglas / CHARLES HEIECK</u></p> <p>Address <u>4333 WINTERS AVE</u> <u>SACRAMENTO CA</u> Zip <u>95838</u></p> <p>Phone <u>567-7841</u> FAX <u>922-1601</u></p>		<p>LICENCED CONTRACTOR Lic No. # _____</p> <p>Name <u>OWNER / BUILDER</u></p> <p>Address _____ Zip _____</p> <p>Phone _____ FAX _____</p>	
<p>ARCHITECT/ENGINEER</p> <p>Name <u>NA</u></p> <p>Address _____ Zip _____</p> <p>Phone _____ FAX _____</p>		<p>OWNER/TENANT</p> <p>Name <u>RAM LEATHER CARE INC.</u></p> <p>Address <u>4333 WINTERS AVE</u> <u>SACRAMENTO CA</u> Zip <u>95838</u></p> <p>Phone <u>567-7842</u> FAX <u>922-1601</u></p>	

→ Will the permittee have any employees on the jobsite? Yes No

→ If yes, WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NAME OF INSURANCE COMPANY: Industrial Identity

NATURE OF WORK IN DETAIL: Laundry leathers + pillows
int remodel
Specialized cleaning wedding dresses
was a laundry 5 New Swamp Coolers 1 HVAC NEW

DBA: RAM LEATHER CARE INC. VALUATION: 75,000.00

FLOOD STATUS:		S.C.A.T. <u>X49</u>									
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM(<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH	
INSP. DISCIPLINES		<input checked="" type="checkbox"/> BLDG		<input checked="" type="checkbox"/> MECH		<input checked="" type="checkbox"/> PLUMB		<input checked="" type="checkbox"/> ELEC		<input checked="" type="checkbox"/> 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		
		<u>8000</u>		<u>F-1</u>		Spr <input checked="" type="checkbox"/> Alarm <input checked="" type="checkbox"/>		<u>10</u>	<input checked="" type="checkbox"/>		
B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	S		<input checked="" type="checkbox"/> D	R		
	<u>BT</u>	<u>80-110</u>	<u>80-110</u>	<u>ENDD</u>	<u>03 87</u>						

COMMENTS: cleaning job (B2) 11/9/97 gals -
2nd set of plans. Reg. San. ELECTRICAL LOAD CALC
EQUIPMENT ACTION BOILER ROOM DETAILS & SPEC
PROVIDE T-21 Energy Documentation / BOILER STEAM PIPING

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

BLDGFRM. (REV 05/98) NEED LOAD CALC'S, LIGHTING LAYOUT?

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: RAM LEATHER CARE INC Phone: 567-7841
 Site Address: 4333 WINTERS ST SAC 95838 Suite: 922-2986
 Business Owner/Representative: JIM DOUGLAS / CHAS HEIECK (Street) (Zip) Phone: 567-7842
 Nature of Business: WHOLESALE LAUNDRY / LEATHER CLEANING
 Property Owner: _____ Phone: _____
 Address: _____ Suite: _____
 (Street) (City) (State) (Zip)

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~~ 264-5266

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: CHARLES HEIECK
 (Print)
Ch Heieck (Signature) 9/24/98 (Date)

BID Use Only: Plan Ck# <u>98-06209</u> Permit # <u>1</u>
OK to issue prmt? <u>Ch. 1/27/99</u> F.D. Appr Req'd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
init date _____
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Fire Dept. Use Only:
OK to issue permit? init _____ date _____
OK to issue Certificate of Occupancy? init _____ date _____



**City of Sacramento Development Services Division
Planning and Zoning Information Request**

Project Address: 4333 WINTERS

Assessor's Parcel Number: 238-0140-040

Description of Request: Warehouse - leather
cleaning

Zoning Designation: M-1

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

Comments: no planning issues.
Parking O.K. Use O.K.

Are There Any Planning Issues?: (Circle One) YES NO

Planning Review Required? (Circle One) YES NO

Design Review/ Preservation Required?: (Circle One) YES NO

Planning Review by/Date: H. Lopez 7.23.98

For a list of items that must be reviewed by Planning, please see reverse side of this form.



CITY OF SACRAMENTO

DIVISION OF BUILDING INSPECTION
1231 I STREET, SACRAMENTO, CA
ROOM 200

Dear Property Owner:

An application for a building permit has been submitted in your name listing yourself as the builder of the property improvements specified.

For your protection you should be aware that as owner-builder you are the responsible party of record on such a permit. Building permits are not required to be signed by property owners unless they are personally performing their own work. If your work is being performed by someone other than yourself, you may protect yourself from possible liability if that person applies for the proper permit in his or her name.

Contractors are required by law to be licensed and bonded by the State of California and to have a business license from the city or county. They are also required by law to put their license number on all permits for which they apply.

If you plan to do your own work, with the exception of various trades that you plan to subcontract, you should be aware of the following information for your benefit and protection.

If you employ or otherwise engage any persons other than your immediate family, and the work (including materials and other costs) is \$200 or more for the entire project, and such persons are not licensed as contractors or subcontractors, then you may be an employer.

If you are an employer, you must register with the state and federal government as an employer and you are subject to several obligations including state and federal income tax withholding, federal social security taxes, workers' compensation insurance, disability insurance costs, and unemployment compensation contributions.

There may be financial risks for you if you do not carry out these obligations, and these risks are especially serious with respect to workers' compensation insurance.

For more specific information about your obligations under federal law, contact the Internal Revenue Service (and, if you wish, the U.S. Small Business Administration). For more specific information about your obligations under state law, contact the Department of Benefit Payments and the Division of Industrial Accidents.

If the structure is intended for sale, property owners who are not licensed contractors are allowed to perform their work personally or through their own employees, without a licensed contractor or subcontractor, only under limited conditions.

A frequent practice of unlicensed persons professing to be contractors is to secure an owner-builder building permit, erroneously implying that the property owner is providing his or her own labor and material personally. Building permits are not required to be signed by property owners unless they are performing their own work personally.

Information about licensed contractors may be obtained by contacting the Contractors' State License Board in your community or at 1020 N Street, Sacramento, California 95814.

Please complete and return the owner-builder verification form on the reverse side of this notice so that we can confirm that you are aware of these matters. The building permit will not be issued until the verification is returned.

Very truly yours,
Sacramento City Building Inspections Division

(E5)



EXHIBIT 1

I have read and am familiar with the contents of City's standard Owner-Builder Notification and Owner-Builder Verification, as required by California Health and Safety Code Section 19830 and 19831.

I authorize my agent(s) Sam Heather Cure / Charles Hebeck to sign the Owner-Builder Verification on my behalf.

Signature

John G. Richards

Print Name

JOHN G. RICHARDS

Address

240 CLEARVIEW CT.
ROSEVILLE CA 95747

Telephone

(916) 991-1934