

**CITY OF SACRAMENTO**

**Permit No: 0105043**

**1231 I Street, Sacramento, CA 95814**

**Insp Area: 2**  
**Thos Bros: 297D6**

**Site Address: 2025 BROADWAY SAC**  
**Parcel No: 010-0217-008**

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

CONTRACTOR  
BSK & ASSOCIATES  
3140 GOLD CAMP DR # 160  
RANCHO CORDOVA, CA 95670

OWNER  
RYE JAGAT SING/JAGINDER  
2025 BROADWAY  
SACRAMENTO CA 95818

ARCHITECT

**Nature of Work: INSTALL TEMPORARY SOIL & GROUNDWATER REMEDIATION SYSTEM**

**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 490942 Date 9/6/01 Contractor Signature Jeff Yearvell

**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 abovementioned property for inspection purposes.

Date 9/6/01 Applicant/Agent Signature Jeff Yearvell

**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 FUND Policy Number 161807101 Exp Date 01/01/2002

(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 9/6/01 Applicant Signature Jeff Yearvell

**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  
BUILDING INSPECTIONS DIVISION  
PERMIT SERVICES

PERMIT # 0105043

ADDRESS: 2025 Broadway

This application will need one or more of the following items  
before it can be issued:

- Owner/Builder Form (legal document)
- Current Certificate of Workers' Comp.
- Hazardous Materials Form (hazmat)  
(Only in folder, golden-applicant, 2 to fire)
- Letter of Authorization Required to sign by Contractor or Owner
- School Impact Fee (copy of paid receipt)
- HCD Forms (state 445-4782) for Modular/Coachics
- County Regional Sanitation Fee (copy of receipt)  
(DeJoras Ross @ 827-7th street, Rm 105, window. 10-ph:875-6679)
- Habitat Conservation Plan Fee (Bob Robinson or Farmarz Ansari)
- PERMIT FEES 418.95 Duc

Driveway Permit \$ \_\_\_\_\_ (public works)

Encroachment Permit \$ \_\_\_\_\_

- Special Conditions (enter computer, mark margin of permit at final, attach instructions to permit, and 1 copy in each folder, + CUSTOMER COPY)
- Special Inspections X1 (1 copy each folder, 1 to CAROLINE)
- Flood Elevation Certificate (1 copy B. Nakashima, 1 in folder)
- Other \_\_\_\_\_

Date Notified 9-5-01

Plans in Bin// \_\_\_\_\_

Initials By [Signature]

Processed By: (B)

Microfilm @ Final

# 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>0105043</u>	Insp. Area <u>2</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2025 BROADWAY, SACRAMENTO Suite \_\_\_\_\_  
 PARCEL # 010-0217-0008

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>JEFF YEAZELL / BSK &amp; ASSOCIATES</u>                  Street Address <u>3140 GOLD CAMP DR. STE 160</u>                  City/State/Zip <u>PANCHO CORDOVA CA 95670</u>                  Phone <u>853-9293</u> FAX <u>853-9297</u>                  E-mail: <u>jyeazell@bstinc.com</u></p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>490942</u></p> <p>Name <u>BSK &amp; ASSOCIATES</u>                  Address <u>3140 GOLD CAMP DR. STE 160</u>                  City/State/Zip <u>PANCHO CORDOVA CA 95670</u>                  Phone <u>853-9293</u> FAX <u>853-9297</u>                  E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>BSK &amp; ASSOCIATES</u>                  Address <u>3140 GOLD CAMP DR. STE 160</u>                  City/State/Zip <u>PANCHO CORDOVA CA 95670</u>                  Phone <u>853-9293</u> FAX <u>853-9297</u>                  E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>JAGAT RYE</u>                  Address <u>616 DUDLEY WAY</u>                  City/State/Zip <u>SACRAMENTO CA 95818</u>                  Phone <u>443-5272</u> FAX _____                  E-mail: _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: SCIF  
 → WORKER'S COMPENSATION POLICY # 16180701 EXPIRATION DATE: 1/1/02

NATURE OF WORK IN DETAIL: INSTALL SOIL & GROUNDWATER REMEDIATION SYSTEM (VAPOUR EXTRACTION SYSTEM, AIR STRIPPER, PROPANE TANK, ELECTRICAL HOOKUP)

OCCUPANT/TENANT: N/A VALUATION: \$ 14,275

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

# ACORD - CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
01/09/01

**PRODUCER**  
HRH of Central California 11  
O Box 40022  
Fresno, CA 93755-4022  
559 432-1800

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

**INSURED**  
B S K & Associates Geotechnical  
Consultants  
567 W Shaw Ave Suite C1  
Fresno, CA 93704

INSURER A: State Compensation Insurance Fund  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$								
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	161807101	01/01/01	01/01/02	<table border="1"> <tr> <td>WC STATU- TORY LIMITS</td> <td>OTH- ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$1,000,000</td> </tr> </table>	WC STATU- TORY LIMITS	OTH- ER	E.L. EACH ACCIDENT	\$1,000,000	E.L. DISEASE - EA EMPLOYEE	\$1,000,000	E.L. DISEASE - POLICY LIMIT	\$1,000,000
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E.L. EACH ACCIDENT	\$1,000,000												
E.L. DISEASE - EA EMPLOYEE	\$1,000,000												
E.L. DISEASE - POLICY LIMIT	\$1,000,000												
	OTHER												

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*[Signature]*

Date of Request: \_\_\_\_\_  
By: \_\_\_\_\_

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 2025 Broadway

Assessor's Parcel Number: 010-0217-0008

Previous Use: Automotive Repair / smog check

Description of Request/Proposed Use: ~~XXXXXX~~ soil remediation extraction system to be installed for 2-5 years

Is This a Change of Use? No

Prior Applications for Project Site(P#, Z#, DRPB#): 188-383; DR 88-212 Zoning Designation: C-2

Comments: shall be screened with vinyl slats in chain link

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: Phil Reed 4/19/01

AS NOTED ABOVE

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

MICROFILM AFTER FINAL