

CITY OF SACRAMENTO

Permit No: 9805854

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 1585 WEST EL CAMINO AV SAC

Sub-Type: ACOM

Parcel No: 2250960011

Housing (Y/N): N

CONTRACTOR

STEVENS HEMINGWAY STEVENS
902 KEARNEY ST
EL CERRITO CA 94530

OWNER

WELLS FARGO BANK, N.A., TRUSTEE
SAN FRANCISCO CA 94163

ARCHITECT

Nature of Work: INTERIOR RETAIL REMODEL FOR HOLLYWOOD VIDEO STORE

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 B License Number 467934 Date 6-26-98 Contractor Signature [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 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 6-26-98 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 TRAVELERS INS Policy Number COB 2369444

(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 these provisions.

Date 6-26-98 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  
APPLICATION FOR BUILDING PERMIT**

98-05854C

**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# 6085X AREA # 4

ADDRESS 1585 ~~1231~~ W. EL CAMINO AVE Suite \_\_\_\_\_  
PARCEL # 225-0960-011

<p align="center"><b>CONTACT</b></p> <p>Name <u>DAVE CAREY TOM DEKLEER</u> Address <u>4757 J STREET</u> <u>SAC. CA</u> Zip <u>95819</u> Phone <u>731-4726</u> FAX _____</p>	<p align="center"><b>LICENCED CONTRACTOR</b> Lic No. # _____</p> <p>Name <u>TBA</u> Address _____ Phone _____ FAX _____</p>
<p align="center"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>SAME</u> Address _____ Phone _____ FAX _____</p>	<p align="center"><b>OWNER/TENANT</b></p> <p>Name <u>HOLLYWOOD VIDEO</u> Address <u>25600 S.W. PARKWAY CENTER DR.</u> <u>WILSONVILLE OR</u> Zip <u>97070</u> Phone <u>503 570 1600</u> FAX <u>503 570 1722</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: \_\_\_\_\_

NATURE OF WORK IN DETAIL: EXISTING 5096# BUILDING, relocation of stairvent doors, new interior partition walls, reconfiguration of mechanical + electrical systems already existing. Additional restroom. New interior perimeter soffit. New Reflected ceiling plan. No fire sprinklers.

DBA: HOLLYWOOD VIDEO RENTALS VALUATION: \$50,960.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	PK ( )	REM ( )	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>YN</u>	Fed Code	Vio. File		
		<u>5065</u>		<u>M</u>	<u>VN</u>	Spr Alarm	<u>15</u>	<u>No</u>		
B	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	F	S	D	R		

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

ONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

6085X  
1584 W El Camino

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

# EXPRESS PLAN REVIEW

DATES					
1ST REVIEW		RECHECK		2ND RECHECK	
IN	OUT	IN	OUT	IN	OUT
5/20/98	1/1	6/15/98	1/1	6/16/98	1/1

PLAN CHECK NO. 6085X	COMM.	RES.
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CONTACT PERSON: \_\_\_\_\_ PHONE: 731-4726  
 PROJECT ADDRESS: 1584 W. El Camino FAX: 731-4916  
 DESCRIPTION OF WORK: ~~OFFICE REMODEL~~  
 RETAIL REMODEL

DISCIPLINE	1ST REVIEW			RECHECK			2ND RECHECK		
	EPR	OC	APPR	EPR	OC	APPR	EPR	OC	APPR
LIFE SAFETY			5/22/98 JT						
STRUCTURAL		None							
MECHANICAL/PLUMBING			5/22/98 BS						
ELECTRICAL	5/22/98 JT			6/22/98 JT					6/22/98 JT
FIRE						6/19/98 JT			6/22/98 JT
PLANNING									

Legend: EPR = OK for Express Plan Review  
 OC = OK for Over the Counter Recheck  
 APPR = Approved as submitted



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

Project Address: 1585 W. EL CAMINO AV

Assessor's Parcel Number: 225-0960-011

Current Land Use: Retail

Description of Request/Proposed Use:

Video Store

Zoning Designation: SC PUD

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

Comments: USE OK. SIGNS BY

SEPARATE PERMIT

STEVE DICK MORTENSEN

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

Site Plan Check Required? (Circle One) YES  NO

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

Planning Review by/Date: W JIGOUR 5/20/98

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

**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: HOLLYWOOD VIDEO Phone: 716 0032  
 Site Address: 1585 W EL CAMINO AVE. Suite: \_\_\_\_\_  
(Street) (Zip)  
 Business Owner/Representative: STEVEN SHENINGWAY STEVENS INC Phone: (510) 527 6635  
 Nature of Business: CONTRACTOR FOR HOLLYWOOD VIDEO  
 Property Owner: WELLS FARGO BANK N.A. TRUSTEE Phone: \_\_\_\_\_  
 Address: SAN FRANCISCO Suite: \_\_\_\_\_  
(Street)  
SAN FRANCISCO CA 94163  
(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.

**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: Steve Steward  
(Print)  
STEVE STEWARD 6-26-98  
(Signature) (Date)

BID Use Only: Plan Ck# _____ Permit # _____ OK to issue prmt? Y _____ F.D. Appr Req'd? Yes No <small>init date</small>	
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 _____	