

CITY OF SACRAMENTO

1231 T Street, Sacramento, CA 95814

Permit No: 0103168

Insp Area: 2

Site Address: 5800 FREEPORT BL SAC

Parcel No: 035-0034-001

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

RC PACIFIC CONSTR
660 COMMERCE DR
RSVI CA 95678

OWNER

FOODMAKER INC
SAN DIEGO CA
95822

ARCHITECT

**Nature of Work: ADA COMPLIANCE RESTROOMS AND DINNING AREA.
NO WORK IN THE KITCHEN AREA. Jack In The Box Res. GAS WATER
HEATER C/O**

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 721485 Date 7/18/01 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 an employee 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/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) and I am an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) as set forth 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 above mentioned property for inspection purposes.

Date 7/18/01 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 LEGION INS CO Policy Number WC11579191 Exp Date 10/02/2001

(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 7/18/01 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.

CITY OF SACRAMENTO
BUILDING INSPECTIONS DIVISION
PERMIT SERVICES

PERMIT # 0103168

ADDRESS: 5800 FREEPORT BL

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)
(Orig. 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/Coaches
- County Regional Sanitation Fee (copy of receipt)
(Deloras Ross @ 827-7th street, Rm 105, window, 10-ph: 875-6679)
- Habitat Conservation Plan Fee (Bob Robinson or Farmarz Ansari)

PERMIT FEES \$ 743.41 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 XI (1 copy each folder, 1 to CAROLINE)

Flood Elevation Certificate (1 copy B. Nakashima, 1 in folder)

Other _____

TAMMY

Date Notified 6-12-01 Plans in Bin// 68
Initials By E.L. Processed By: J.R.M.

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 #	Insp. Area
0107070	4C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 198 OPPORTUNITY ST. Suite #3
 PARCEL # 250-0028-016

<p align="center">CONTACT</p> Name <u>JOE CIMORELLI</u> Street Address <u>11390 SUNRISE GOLD CR. #100</u> City/State/Zip <u>RANCHO CORDOVA, CA 95742</u> Phone <u>635-4440</u> FAX <u>635-7084</u> E-mail: _____		<p align="center">LICENSED CONTRACTOR Lic No. # <u>B-525704</u></p> Name <u>CIMORELLI CON. CO.</u> Address <u>SEE CONTACT</u> City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
<p align="center">ARCHITECT/ENGINEER</p> Name <u>XCEL RACK CONTRACTORS</u> Address <u>1500 W. EL CAMINO #287</u> City/State/Zip <u>SAC, CA 95833</u> Phone <u>(818)957-2990</u> FAX <u>N/A</u> E-mail: _____		<p align="center">OWNER</p> Name <u>RICHARD + MARTHA DIDATI</u> Address <u>3951 DEVELOPMENT DR.</u> City/State/Zip <u>SAC, CA 95838</u> Phone <u>852-4258</u> FAX <u>N/A</u> E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: ~~STATE FUND~~ STATE FUND
 → WORKER'S COMPENSATION POLICY # 229-00 UNIT-0013681 EXPIRATION DATE: 01/02

NATURE OF WORK IN DETAIL: INSTALLATION OF WAREHOUSE RACKS

OCCUPANT/TENANT: NORTSTAR NETWORKS VALUATION: \$ 8,000

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	FIRE		
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y N	Fed Code	Vio. File [H] [Quad]		
		4060		S1	111N	Y	10			
B	L	P	M	E	F	S	D	PW	UTIL	
SAMS										

COMMENTS: EXPRESS OK PER YANG LIM & LEVA BOWER

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

Date of Request: _____
By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 5800 FREEPORT BLVD.

Assessor's Parcel Number: 035 - 0034 - 001

Previous Use: exist. Jack-in-the-Box

Description of Request/Proposed Use: restripe handicap parking
space w/ new ramp; no other
exterior work

Is This a Change of Use? NO

Prior Applications for Project Site(P#, Z#, DRPB#): IR 2138; IR 3239
(neither are applicable)
Zoning Designation: C-2

Comments: presume exist. drive-thru established prior to
special permit requirement (deemed approval)

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 3/14/01

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

MICROFILM AFTER 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>0103168</u>	Insp. Area <u>2C</u>
------------------------------	-------------------------

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 5800 FREEPORT Suite _____
 PARCEL # 035-0034-001

CONTACT Name <u>Ron Meade</u> Street Address <u>660 Commerce Dr Suite F</u> City/State/Zip <u>Roseville CA 95678</u> Phone <u>916 782 5682</u> FAX <u>916 782 9677</u> E-mail: <u>rcpac@calweb.com</u>	LICENSED CONTRACTOR Lic No. # <u>72485 (B)</u> Name <u>RC Pacific Const. Inc</u> Address <u>660 Commerce Dr Suite F</u> City/State/Zip <u>Roseville CA 95678</u> Phone <u>916 782 5682</u> FAX <u>(916) 782 9677</u> E-mail: <u>rcpac@calweb.net</u>
ARCHITECT/ENGINEER Name <u>RICHARD BARBER</u> Address <u>9330 Balboa Ave</u> City/State/Zip <u>SAN DIEGO CA 92123</u> Phone <u>658 571-2121</u> FAX <u>658-694-1572</u> E-mail: _____	OWNER Name <u>Jack in the Box Inc.</u> Address <u>9330 Balboa Ave.</u> City/State/Zip <u>SAN DIEGO CA 92123</u> Phone <u>658 571-2121</u> FAX <u>658-694-1572</u> E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: LEGION INS CO.
 → WORKER'S COMPENSATION POLICY # WC11579191 EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: ADA Compliance, IMAGE ENHANCEMENT
in Rest Rooms: Dining Room

OCCUPANT/TENANT: Jack in the Box VALUATION: \$ 45,000

FLOOD STATUS:		S.C.A.T.									
		BLDG	SHELL	APT	TI ()	REM ()	SW	FIRE	ADD	OTH	
JOB DESCRIPTION											
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	18	[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>	<u>NR</u>			

COMMENTS: HEALTH DEPT. PLANS AND NOTED.

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