

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0011808
Insp Area: 1

Site Address: 2244 FAIR OAKS BL SAC
Parcel No: 295-0381-002

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

CONTRACTOR

OWNER
VICORP INC
400 WEST 48TH AV
DENVER CO 80216

ARCHITECT

Nature of Work: INTERIOR RESTAURANT REMODEL (AWNING AND REROOF ON SEPERATE PERMIT)

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.)

ETA 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 *10/20/00* 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 *10/20/00* 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 _____ Policy Number _____ Exp Date _____
ETA This section need not be completed. 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 *10/20/00* 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.

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>0011808</u>	Insp. Area <u>1</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2244 FAIR OAKS BLVD Suite _____
 PARCEL # 295-0381-002

<p style="text-align: center;">CONTACT</p> Name <u>GEORGE MONTESANTOS</u> Street Address <u>1302 A INDUSTRIAL DR.</u> City/State/Zip <u>ITASCA, IL 60143</u> Phone <u>630-514-5158</u> FAX <u>630-775-9565</u> E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>JOHN STUDEBAKER</u> Address <u>400 W. 48TH AVE</u> City/State/Zip <u>DENVER, CO 80216</u> Phone <u>303-296-2121</u> FAX _____ E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>VICORP INC.</u> Address <u>400 W. 48TH AVE</u> City/State/Zip <u>DENVER, CO 80216</u> Phone <u>303-296-2121</u> FAX _____ E-mail: _____

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

NATURE OF WORK IN DETAIL: REMOVE/REPLACE BOOTPOSTS, ~~ROOF~~. INTERIOR
EXCELIFT. EXT. PAINT, ~~NEW ROOF~~
INTERIOR RESTAURANT REMODEL:
(REROOF & AWNING IN SEPARATE PERMIT)

OCCUPANT/TENANT: BAKERS SQUARE RESTAURANT VALUATION: \$ 50,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> MECH	<input type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input type="checkbox"/> SITE	<input type="checkbox"/> FIRE		
# Stories	1st firArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
		<u>2600</u>		<u>A-3</u>		SPR	ALARM	<u>18</u>	[H]	[Quad]
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input type="checkbox"/> P	<input type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input type="checkbox"/> S		<input checked="" type="checkbox"/> D	PW	UTIL
				<u>(D) GMC</u>				<u>SAB</u>		

COMMENTS: EXPRESS O.K. PER YANG LIAO
NEED HEALTH DEPT APPROVAL

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

**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION**

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # _____
 ADDRESS: _____
 Commercial Residential



ACCEPTED by (Staff): _____

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
STRUCTURAL	3	JL	10/4	13	JL	10/20			
MERIT/GENERAL	3	JL	10/4	13	JL	10/20			
MECHANICAL/PLUMBING									
ELECTRICAL	13	DM	10/3/00						
FIRE									
PLANNING									

STAFF COMMENTS: _____

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) _____
2. I (~~have~~ have not) _____ signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name TBD Address _____
City _____ Telephone _____
Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name _____ Address _____
City _____ Telephone _____
Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

x Signed [Signature]

Job Address 2244 FAIR OAKS BL x DATE 10/20/00

Permit No: 0011808

Date of Request: _____

By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 2244 Fair Oaks Blvd.

Assessor's Parcel Number: 295-0381-002.

Previous Use: Commercial

Description of Request/Proposed Use: Interior Modifications

Showing Sep 10/02

Is This a Change of Use? NO.

Zoning Designation: SC PUP

Prior Applications for Project Site(P#, Z#, DRPB#): DR 99-039 DR 95-153
299-021 P95-03.

Comments: Interior Modifications

do not require design review.

OK per Luis Sanchez for Campus Commons

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

OK per Luis Sanchez

Planning Review by/Date: [Signature] 10/20/02

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

MICROFILM AFTER FINAL

0011808

011 808



DEPARTMENT OF
NEIGHBORHOODS, PLANNING
AND DEVELOPMENT SERVICES

CITY OF SACRAMENTO
CALIFORNIA

1231 I STREET
ROOM 200
SACRAMENTO, CA
95814-2904

DEVELOPMENT SERVICES
DIVISION

916-264-7619
FAX 916-264-7046

EXHIBIT 1

I have read and am familiar with the contents of the 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) GEORGE MONTESANDS

to sign the Owner-Builder Verification on my behalf.

xSignature

xPrint Name

RICK FOERSTER

x Address

400 W. 40th AVENUE

DENVER, CO

x Telephone

303-236-2121