

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0109225

Insp Area: 1
Thos Bros: 318E1

Site Address: 8383 FOLSOM BL SAC
Parcel No: 079-0163-002

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

CONTRACTOR
DAVID QUE LE
8523 PINEDROPS CT
ELC GROVE CA

OWNER
CAL-AMERICAN INCOME PROPERTY FUND
2029 CENTURY PK EA #155
LOS ANGELES CA 90067

ARCHITECT

Nature of Work: INTERIOR REMODEL SPACE TO BEAUTY SALON

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 668254 _____ 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 with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. _____ B & PC for this reason: _____

Date 10/30/01 Owner Signature *[Signature]*

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation that the applicant has 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 10/30/01 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 _____ 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 10/30/01 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.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 8383 FOLSOM BLVD Permit No. 0109225

Building Use: BEAUTY SALON Occupancy: B

Building Owner: ANK KIM NHAN NGUYEN Construction Type: VN

Owner Address: 9557 HOLLINGSWORTH WY Sprinkled? Yes No

Portion of Building Occupied: ENTIRE Area: 1,500 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

12/11/01

Date

By:Print


Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[TCO approvals: DV,BK,GJ,DP]

BC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE

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 # 0109225	Insp. Area IC
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 8383 Folsom Blvd CA 95826 Suite _____
 PARCEL # 079-0163-002

CONTACT Name <u>Richard Le</u> Street Address <u>8425 Honeycomb way</u> City/State/Zip <u>Sacramento 95828</u> Phone <u>916-227-8628</u> FAX <u>916-682-0992</u> E-mail: <u>richard_le@dot.ca.gov</u>		LICENSED CONTRACTOR Lic No. # <u>668254</u> Name <u>David Que Le</u> Address <u>8523 Pine drops CT</u> City/State/Zip <u>Elk grove</u> Phone <u>(916) 425-4273</u> FAX _____ E-mail: _____	
ARCHITECT/ENGINEER Name <u>Richard Le</u> CS2489 Address <u>8425 Honeycomb way</u> City/State/Zip <u>Sacramento 95828</u> Phone <u>916-227-8628</u> FAX <u>(916) 682-0992</u> E-mail: <u>richard_le@dot.ca.gov</u>		OWNER Name <u>Ank kim Nhan Nguyen</u> Address <u>9557 Holling Sworth way</u> City/State/Zip <u>Sacramento 95827</u> Phone _____ 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: Partition wall (non bearing wall), wall removal, for one facial room, one storage, new sewer & water lines, new plugs
INTERIOR REMODEL TO BEAUTY SALON

OCCUPANT/TENANT: _____ VALUATION: \$ 9000.00

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 checked="" type="checkbox"/> MECH	<input type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE				
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> SPR <input checked="" type="checkbox"/> ALARM	Fed Code	Vio. File			
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> 1500	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> VN	<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 15	[H] [Quad]			
						S	D	PW	UTIL		

COMMENTS: _____

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

0509
90-7162/3222

ANH KIM NGUYEN
9557 HOLLINGSWORTH WAY
SACRAMENTO, CA 95827-3730

10 - 29 - 01 (Date)

Pay to the Order of SRCSD \$ 350⁰⁰
three hundred fifty only Dollars

Washington Mutual
Washington Mutual Bank, FA
Line of Credit
P.O. Box 1071
Northridge, CA 91328-1071 1-800-282-4840

For anh Nguyen

⑆322271627⑆440030456032⑆ 0509



**Sacramento Regional
County Sanitation
District**

10545 Armstrong Avenue
Suite 101
Father, California
95655

Customer Service:
Sewer Fees,
Permitting Information,
Sewer Service Locations

Office: (916) 876-6100
Fax: (916) 876-6161
www.srscsd.com

Technology in balance with nature

COUNTY SANITATION DISTRICT NO. 1
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
**SEWER IMPACT FEE
PERMIT AND CALCULATION**

029-01

APPLICATION NO:	BLDG PERMIT NO. <u>SRD 2001-00740</u>
GENERAL INFORMATION	THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER OCT 29 2001 BY: <u>[Signature]</u> THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE
City of Sac Act # 0109225	
FEE CALCULATION	BUILDING USE
INSPECTION	RESIDENTIAL <input type="checkbox"/> SF <input type="checkbox"/> MF <input type="checkbox"/>
CSD-1	COMMERCIAL USE
SRCSD	<u>Beauty Salon</u>
CONSTRUCTION	<u># stations</u>
IN-LIEU	
TOTAL FEE	\$ 350
APN:	<u>079-0163-002</u>
DESCRIPTION/ SUBDIVISION	LOT:
PROPERTY ADDRESS	<u>8383 FOLSOM BLVD</u>
OWNER	<u>HOUSE OF STYLE</u>
MAILING ADDRESS	
CITY-STATE-ZIP	PHONE
ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.	
APPLICANT SIGNATURE	<u>[Signature]</u>
CONSOLIDATED UTILITY BILLING USE ONLY	
ACCT _____	INPUT _____ START _____

OFFICE COPY



Sacramento County Regional Sanitation District
10545 Armstrong Avenue, Suite 101
Mather, California
95655

October 29, 2001
RECEIVING FAX: 916-682-0992
SENDING FAX: 916-876-6161

TO: **HOUSE OF STYLE**
ATTN: RICHARD LE

FROM: **DOLORES ROSS**
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

RE: **SEWER FACILITY IMPACT FEES**
8383 Folsom Blvd.

*Pay \$1925.00
to COREG.SAN*

APN: **079-0163-002**
SWD2001-00740
Act. No. 0109225

The Sewer Facility Impact Fees due for the proposed hair and nail salon at the above address are as follows:

Impact: 7 stations x 0.1 ESD
Credit: 1500 sq.ft x 0.1/1000 sq.ft

0.7 ESDs
-0.15 ESDs
0.55 ESDs

0.55 ESDs @ \$3,500/ESD=

\$1,925

Payment should be made at 827 Seventh Street, Room 105, Window 11. Please take this letter with you when making payment. If you have any questions regarding the above, please call me at 876-6100.

cc: Barbara Larsen
City of Sacramento

This fee is also subject to adjustment if the data supplied is changed.
www.srcsd.com / www.csd-1.com