

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 9914645**  
**Insp Area: 3**

**Site Address: 8310 BELVEDERE AV SAC**  
Parcel No: 061-0140-061

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

CONTRACTOR

OWNER

ARCHITECT

8310 BELVEDERE AVENUE PARTNERSHIP  
8310 BELVEDERE AV  
SACRAMENTO CA 95826

**Nature of Work:** ADD 750SQ FT OFFICE SPACE ON SECOND FLOOR

**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 3 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 5-11-01 Owner Signature Man Atwater

**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 5-11-01 Applicant/Agent Signature Man Atwater

**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 Exempt 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 5-11-01 Applicant Signature Man Atwater

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 COMMERCIAL BUILDING PERMIT

876-6063

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

1231 I Street, Rm. 200  
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 991464SC Insp. Area 3

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 8310 Belvedere Av Suite \_\_\_\_\_  
PARCEL # \_\_\_\_\_

<p><b>CONTACT</b></p> <p>Name <u>MATT TUCKER</u></p> <p>Address <u>8310 BELVEDERE AVE.</u></p> <p>Phone <u>916-387-0777</u> FAX <u>916-387-1276</u></p> <p>E-mail <u>N/A</u></p>		<p><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name <u>OWNER BUILD.</u></p> <p>Address _____</p> <p>Phone _____ FAX _____</p> <p>E-mail _____</p>	
<p><b>ARCHITECT/ENGINEER</b></p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____ FAX _____</p> <p>E-mail _____</p>		<p><b>OWNER</b></p> <p>Name <u><del>OWNER</del> 8310 BELVEDERE AVE</u></p> <p>Address <u>(SAME) PARTNERSHIP</u></p> <p>Phone _____ FAX _____</p> <p>E-mail _____</p>	

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

NATURE OF WORK IN DETAIL: new 2nd floor addition

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 9999

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( )	SW	FIRE	<u>ADD</u>	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	PLUMB	<u>ELEC</u>	SITE	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y</u> / N	Fed Code	Vio. File		
		<u>750</u>		<u>B</u>	<u>TIN</u>	<u>SPR</u> / ALARM	<u>18</u>	[H]	[Quad]	
<u>B</u>	<u>L</u>	P	<u>M</u>	<u>E</u>	<u>F</u>	S	D	PW	UTIL	

COMMENTS: relates to 9804839C

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

**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: CINCO Phone: 916 277 0777  
 Site Address: 5310 Belvedere Ave Suite: -  
 (Street) (Zip)  
 Business Owner/Representative: Mark Thomas Phone: 277 0777  
 Nature of Business: Dr. Home Care Services  
 Property Owner: Mark Thomas Phone: 916 277 0777  
 Address: Belvedere Suite: -  
 (Street) (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: Mark Thomas  
 (Print)  
Mark Thomas  
 (Signature) (Date)

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

**Certification of Compliance**  
School District Development

**Part I--To be completed by the APPLICANT**

Owner's Name/Address W. J. & M. J. Wilson (owner)  
Project Address 7710 DELMAR AVE. SAC. CA. 95266  
Parcel Number 61461 Lot No. \_\_\_\_\_  
Subdivision Name \_\_\_\_\_ No. of Units \_\_\_\_\_  
Applicant's Signature W. J. Wilson Title Principal  
Phone No. 706-387-6777 Date 5/11/01

**Notice to Applicant:** Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

**Part II--To be completed by the BUILDING DEPARTMENT**

Plan Identification Number 944-45  
Building Type (check one)  Residential  Apartment/Condominium  Commercial/Industrial  
Square Feet of Chargeable Building Area 750 sq ft  
Signature/Title Bob Murray Date 5/11/01

**Part III--To be completed by the SCHOOL DISTRICT**

School District WUSD Certificate No. 7085  
 Exempt Comments \_\_\_\_\_  
Residential/Apartment/etc. \_\_\_\_\_ Square ft. x \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
Commercial/Industrial 750 Square ft. x \$ .28 = \$ 210-  
Total fees collected..... = \$ 210-

*This certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.*

*As the authorized school official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.*

Signature [Signature] Date 5/11/01

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) YES
2. I (have/have not) HAVE 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 HMH CONST. Address 8589 THYS CRT.

City SAC, 95828 Telephone \_\_\_\_\_

Contractors License No. 780999

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
_____	_____	_____	_____
_____	_____	_____	_____

Signed Man n Tam

Job Address 8310 BELVAORE AVE.

Permit No: 9914645

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

By: \_\_\_\_\_

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 8310 Belvedere Av.

Assessor's Parcel Number: 061 - 0140 - 061

Previous Use: Whse. / office

Description of Request/Proposed Use: \_\_\_\_\_

Add office/storage over  
1st floor

Is This a Change of Use? \_\_\_\_\_

Zoning Designation: M-2-S

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

Comments: Need to check rear  
parking area to verify  
it meets zoning code for  
shading & maneuvering

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: W. Tibbitts 12/28/99

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

MICROFILM AFTER FINAL

**MEMORANDUM**

**SACRAMENTO FIRE DEPARTMENT**

**TO:** BUILDING DEPARTMENT

**DATE:** 11-6-01

**FROM:** Troy Malaspino  
Fire Marshal

**SUBJECT:** FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

8310 Balvedere Ave

Has been conducted by Inspector

A. Wilborn

On

11-2-01

99-14645  
Permit Number

7504  
Square Footage

Remodel with sprinklers  
Type of Inspection

They system is acceptable by this department.

R. Woodman  
By: Ross L. Woodman,  
Fire Prevention Officer II

TI - A153  
F.D. Reference Number

✓