

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 align="center">CONTACT</p> Name <u>MATT TUCKER</u> Address <u>8310 BELVEDERE AVE.</u> Phone <u>916-387-0777</u> FAX <u>916-387-1276</u> E-mail <u>N/A</u>		<p align="center">LICENSED CONTRACTOR Lic No. # _____</p> Name <u>OWNER BUILD.</u> Address _____ Phone _____ FAX _____ E-mail _____	
<p align="center">ARCHITECT/ENGINEER</p> Name _____ Address _____ Phone _____ FAX _____ E-mail _____		<p align="center">OWNER</p> Name <u>OWNER 8310 BELVEDERE AVE</u> Address <u>(SAME) PARTNERSHIP</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: 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: CHICO Phone: 916 777 0777
 Site Address: 5310 Belvedere Ave Suite: -
 (Street) (Zip)
 Business Owner/Representative: MARTIN MICHAEL Phone: 916 777 0777
 Nature of Business: DRUG STORE
 Property Owner: CHICO Phone: 916 777 0777
 Address: 5310 Belvedere Ave 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: MARTIN MICHAEL
 (Print)
Martin Michael
 (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? ini _____ 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 WASA 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

✓