

**NOTE:** DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL, PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.

INSPECTION	INSPECTOR	DATE
B10 FOUNDATION FORMS		
E60/B11 UFER GROUND		
B12 CONCRETE SLAB FORMS		
P40 PLUMB. UNDERFLOOR/SLAB		
M30 MECH/UNDERFLOOR/SLAB		
E61 ELECT UNDERGROUND		
E62 ELECT CONDUIT-SLAB		
B13 DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
FLOOR JOISTS OR GIRDERS		
DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED		
INSULATION/WALL/FLOOR		
P41 TOP PLUMBING		
M31 TOP MECHANICAL/WALL/CEIL		
E63 ROUGH ELECTRICAL/WALL/CEIL		
B19 FRAME		
B17 ROOF PLYWOOD NAIL COMM & APTS		
B18 EXTERIOR LATH/SIDING		
B22 DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
INT. LATH OR WALL BD. NAILING		
DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
E66 SERVICE UNDERGRD CONDUIT		
P43 SEWER SERVICE		
P42 WATER SERVICE		
P46 SPRINKLER SYSTEM		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
P47/M33 GAS TEST		
P48 TEMP GAS ISSUED		
E68 POWER POLE		
E67 TEMP POWER #		
<b>SWIMMING POOLS ONLY</b>		
P47 GAS TEST		
P51 PLUMBING PRE-GUNITE		
P52 PLUMBING PRE-DECK		
E70 ELECTRICAL PRE-GUNITE		
E71 ELECTRICAL PRE-DECK		
E72 ELECTRICAL UNDERGRD		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
<b>FINAL APPROVALS</b>		
B29 BUILDING	VF	3-23-01
E79 ELECTRICAL		
P59 PLUMBING		
M39 MECHANICAL		
F94 FIRE		
S92 SITE		

DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED  
**THIS CARD TO BE POSTED ON JOB AT ALL**

BUILDING SITE ADDRESS: 3119 BROADWAY SUITE 30

INSURANCE AREA: 30

PLAN CHECK NO.

COMMUNITY PLAN NO. 789-0510

ZIP CODE 94022

PHONE NO. 650-941-5681

ASSASSOR PARCEL NO. 0110-0303-005

NAME OF APPLICANT: APPLIED ARCHITECTURE

ADDRESS: 901 SUNRISE BLVD, ROSEVILLE, CA

LICENSED CONTRACTOR: TRIAMID INC

PROPERTY OWNER: HARMON MANAGEMENT

ARCH. ENGR: 2420 K ST, SACRAMENTO, CA

NO. OF STORIES: 1

NO. OF ROOMS: 1

ROOF COVERING: 1

AREA 1ST FLOOR: 1

TOTAL AREA: 1

GARAGE AREA: 1

PATIO AREA: 1

USE ZONE: FIRE

STREET WIDTH: 1

THIS PERMIT IS FOR:  BUILDING  MECHANICAL  PLUMBING  ELECTRICAL  SITE  FIRE

NATURE OF WORK IN DETAIL: REMODEL EXISTING RESTAURANT (PHASE 1)

FLOOD STATUS: NR

SPECIAL CONDITIONS ATTACHMENTS: X11; X12

VALUATION: \$49,500.00

ISSUED BY:

DATE ISSUED:

BUILDING PERMIT FEE: \$

PLAN CHECK/PROC. FEE: \$

S.M.I. FEE: \$

CONST. EXCISE TAX: \$

CITY BUS LICENSE: \$

TECH. FEE: \$

WATER FEE: \$

CITY SEWER DEV. FEE: \$

RECALIBRATION OF PLANNING SERVICES: \$

RESIDENTIAL CONST. TAX: \$

CITY OF SACRAMENTO BUILDING INSPECTION DIVISION 264-5191

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: \_\_\_\_\_

(This section need not be completed if the permit is for one hundred dollars (\$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: \_\_\_\_\_ Applicant: \_\_\_\_\_ (Signature)

WARNING: FAILURE TO SECURE WORKERS' 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 FEES.

TOTAL FEES \$

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
 DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION

2311 Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # **00.04586** Insp. Area **3**

Applicant **MUST** complete ALL Unshaded areas

ADDRESS \_\_\_\_\_ Suite \_\_\_\_\_

PARCEL # **010.0303.005**

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name _____</p> <p>Street Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <b>65425</b></p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip <b>95814</b></p> <p>Phone _____ FAX <b>781-1111</b></p> <p>E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name _____</p> <p>Address <b>2420</b></p> <p>City/State/Zip <b>95814</b></p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <b>Harmon Management</b></p> <p>Address <b>1st Street Suite 212</b></p> <p>City/State/Zip <b>95814</b></p> <p>Phone <b>916-567-1111</b> FAX <b>650-1111</b></p> <p>E-mail: _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: \_\_\_\_\_

→ WORKER'S COMPENSATION POLICY # **TAK Fund 62-11** EXPIRATION DATE: **10-1-00**

NATURE OF WORK IN DETAIL: \_\_\_\_\_

**PHASE I**

OCCUPANT/TENANT: **HARMON** VALUATION: \$ **492,000**

FLOOD STATUS: <b>NR</b>		S.C.A.T. <b>X11; X12</b>								
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"/> MECP	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input checked="" type="checkbox"/> SITE	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
<b>1</b>		<b>1695</b>		<b>B</b>	<b>VN</b>	SPR	ALARM	<b>1B</b>	[H]	[Quad]
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> S		<b>D</b>	PW	UTIL

COMMENTS: **Environmental Review will review future T.I. No review needed for this application. Call Patricia 4/28/00 916) 874-6428 PHASE II**

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**

Business Name: Mexican CAFE Phone: 789-0510

Site Address: 309 BROADWAY Suite: \_\_\_\_\_  
(Street)

Business Owner/Representative: Joe LeFord Phone: 7890510  
(Zip)

Nature of Business: Mexican CAFE

Property Owner: HORMAN Phone: \_\_\_\_\_

Address: 194 1st St Suite: \_\_\_\_\_  
Los Altos (City) CA (State) 94022 (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: Joe LeFord  
(Print)  
Joe LeFord (Signature) \_\_\_\_\_ (Date)

BID Use Only: Plan Ck# _____	Permit # <u>0004586</u>
OK to issue prmt? Y <u>12/13/00</u> F.D. Appr Req'd? <input checked="" type="checkbox"/> Yes No	<small>init date</small>
Hold on Certificate of Occupancy? Yes <input checked="" type="checkbox"/> No	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	