

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

**Permit No: 0013934**  
**Insp Area: 1**

**Site Address: 2700 J ST SAC**  
Parcel No: 007-0111-002 ON ALLEY SIDE

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

**CONTRACTOR**  
\*ASI - ANTHONY & SONS  
1790 TERMINAL ST  
WEST SACRAMENTO CA 95691

**OWNER**  
GJM GROUP LLC  
2005 N ST  
SACTO CA 95814

**ARCHITECT**  
CHMD ARCHITECTS  
2150 CAPITOL AVE # 200  
SAC, CA.

**Nature of Work:** NEW WINDOWS ADDED TO SOUTH EXTERIOR WALL ONLY OF OFFICE BUILDING

**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 N/A. 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 B License Number 360117 Date 1/19/2001 Contractor Signature [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 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 \_\_\_\_\_ Owner 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 1/19/2001 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 STATE FUND Policy Number 713-98 UNIT 126 Exp Date 10/01/2000

(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 1/19/2001 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 # 0013934 Insp. Area 10

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 700 J street Suite \_\_\_\_\_  
 PARCEL # 007.0111-002 003

<p align="center"><b>CONTACT</b></p> Name <u>Kelly Hammer Jan Kford</u> Street Address <u>2150 Capitol Ave # 200</u> City/State/Zip <u>Sacramento, CA 95816</u> Phone <u>446-7741</u> FAX <u>446-0451</u> E-mail <u>kellyh@chmdarchitects.com</u>		<p align="center"><b>LICENSED CONTRACTOR Lic No. #</b></p> Name <u>451 (TONY ANZELC)</u> Address <u>1790 Terminal Rd.</u> City/State/Zip <u>West Sacramento, CA</u> Phone <u>373-0707</u> FAX <u>373-1523</u> E-mail: _____	
<p align="center"><b>ARCHITECT/ENGINEER</b></p> Name <u>see above</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail _____		<p align="center"><b>OWNER</b></p> Name <u>GMJ GROUP LLC</u> Address <u>2905 E N ST</u> City/State/Zip <u>BERKELEY CA 94704</u> Phone <u>(448-6956</u> FAX _____ E-mail <u>GLASS</u>	

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

NATURE OF WORK IN DETAIL: NEW WINDOWS ALLEY SIDE OF BLDG.  
IS EXTERIOR - WALL SOUTH SIDE (ALLEY)  
NEW WINDOWS ALLEY SIDE OF BLDG.

OCCUPANT/TENANT: GLASS MC CLURE VALUATION: \$ 9999.00

FLOOD STATUS:		S.C.A.T. <u>XI.16 XII, XII.2 XII.6</u>								
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM(X)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	MECH	PLUMB	ELEC	<u>SITE</u>	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N	Fed Code	Vio. File		
<u>3</u>				<u>B</u>	<u>V1-HR</u>	SPR   ALARM	<u>15</u>	[H]	[Quad]	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	PW	UTIL	

COMMENTS: SEE ATTACHED PLANNING SHEET  
Next time please send this to Tony or Celia I put on KXII X16 for  
get it pre signed after in  
THANKS P.Y. CELIA GLASS '16 Mar. 13

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

Please see for details

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

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

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 2700 J St

Assessor's Parcel Number: 007-0111-002

Previous Use: \_\_\_\_\_

Description of Request/Proposed Use: New storefront windows

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

Zoning Designation: \_\_\_\_\_

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

Comments: DR 99-169, 183 see approved DR 99-169

Plans okay to be submitted, but must be stamped/signed  
off by Ellen

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: Sandra Lopez 20 Nov 00

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

MICROFILM AFTER FINAL