

**CITY OF SACRAMENTO**  
123TT Street, Sacramento, CA 95814

**Permit No: 0100415**  
**Insp Area: 4**

**Site Address: 3261 NORTHGATE BL SAC**  
Parcel No: 262-0015-016

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

CONTRACTOR

OWNER

ARCHITECT

MORRISON DON D/LORRAINE M  
1090 COLOMA RD  
PLACERVILLE CA. 95667

**Nature of Work:** CHANGE SERVICE DOOR HIGHT 9' TO 12'.

**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, C.V. 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 8 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 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 7/19/01 Owner Signature Don Morrison

**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 7/19/01 Applicant-Agent Signature Don Morrison

**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 7/19/01 Applicant Signature Don Morrison

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 # <span style="font-size: 1.5em; font-family: cursive;">0100415</span>	Insp. Area <span style="font-size: 1.5em; font-family: cursive;">4C</span>
------------------------------------------------------------------------------------	-------------------------------------------------------------------------------

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 3251 NORTGATE BL. SACRAMENTO Suite \_\_\_\_\_  
 PARCEL # 262-015-16

<p style="text-align: center;"><b>CONTACT</b></p> Name <u>NEAL FRANZSEN</u> Street Address <u>1150 COLLEGE TOWN DR. STE 300</u> City/State/Zip <u>SACRAMENTO, CA 95826</u> Phone <u>916-333-7288</u> FAX <u>-</u> E-mail: <u>-</u>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name <u>JISE FRANZSEN GROUP</u> Address <u>1150 COLLEGE TOWN DR. STE 300</u> City/State/Zip <u>SACRAMENTO, CA 95826</u> Phone <u>916-333-7288</u> FAX <u>-</u> E-mail: <u>-</u>	<p style="text-align: center;"><b>OWNER</b></p> Name <u>DON MORRISON</u> Address <u>1090 COLONIA RD</u> City/State/Zip <u>PLACERVILLE, CA 95667</u> Phone <u>503-626-4011</u> FAX <u>-</u> E-mail: <u>-</u>

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

NATURE OF WORK IN DETAIL: ENLARGE EXISTING OPENING FROM 9'-0" HIGH TO 12'-0" HIGH.

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 5,000

FLOOD STATUS:		S.C.A.T. <u>X1.32</u>								
JOB DESCRIPTION		BLDG	SHELL	APT	TI ( )	REM ( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC		SITE		FIRE	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code		Vio. File
						SPR	ALARM			[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>	<u>PW</u>	<u>UTIL</u>	

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
1/10/01	1/1	1/1	1/1	1/1	1/1

PLAN CHECK NO. \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 Commercial  Residential

ACCEPTED BY \_\_\_\_\_  
 DATE \_\_\_\_\_

	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
STRUCTURAL	3	YL	1/12/01						
MECHANICAL/PLUMBING									
ELECTRICAL									
OTHER									
REMARKS									

STAFF COMMENTS: CHANGE 9' HIGH ROLL UP DOOR TO 12' HIGH. (CONCRETE WALL)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 3251 <sup>3261</sup> NORTHGATE BLVD

Assessor's Parcel Number: 262-0015-06

Previous Use: AUTO REPAIR

Description of Request/Proposed Use: AUTO REPAIR FAC.

Is This a Change of Use? NO

Prior Applications for Project Site(P#, Z#, DRPB#): P9186 Zoning Designation: C2-ER

Comments: AUTO REPAIR FACILITY OK IN C2 ZONE IF WORK IS CONFINED TO BUILDING, NO EXPANDED NORTH DESIGN REVIEW NECESSARY FOR COMMERCIAL BUILDING. PARKING TO BE 1 SPACE PER 500 GROSS SQ. FT

Are There Any Planning Issues?: (circle one)  YES  NO SEE ABOVE

- \* 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: [Signature] 1/16/01

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

MICROFILM AFTER FINAL

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) \_\_\_\_\_
2. I (have/have not) \_\_\_\_\_ 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 \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

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
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_____	_____	_____	_____
_____	_____	_____	_____

Signed Don Morrison

Job Address 3261 Northgate Blvd.

Permit No: \_\_\_\_\_



CONSOLIDATED ENGINEERING  
LABORATORIES

Project: <i>Clutch King Improvement</i>	Date: <i>Sept 30 01</i>
Location: <i>3251 Northgate Blvd Sacto</i>	Project No.: <i>51899</i>
Inspector: <i>Charles Ager</i>	Page No.:

EPOXIED ANCHOR INSTALLATION

Location: <i>New door opening header at existing opening.</i>	Detail No.: <i>A &amp; B / 51</i>	Drawing No.: <i>51</i>
Anchor Type: <i>1/2" All thread</i>	Amount: <i>(5) 1/2" x 5" All thread Anchor bolts</i>	
Anchor Size: <i>5"</i>		
Hole Size: <i>5/8"</i>		
Hole Depth: <i>4 3/4"</i>	Remarks: <i>old 9ft+ high opening w/ removal of 3ft of CMU to make new 12ft+ high opening w/ 4' x 6" x 3/4" Angle for Header</i>	
Hole Position: <i>Horiz. @ 3' 9" o.c.</i>		
Epoxy Type: <i>Simpson Set-pac Epoxy Model # Set Pac 10 ICBO # ER 5279</i>		
Holes were clean, dry and anchors fully embedded in epoxy, and was mixed and placed in accordance with Manufacturer's	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>