

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0107905

Insp Area: 4

Thos Bros: 298B1

Site Address: 1780 CHALLENGE WY SAC

Parcel No: 277-0271-028

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

CRAFT CONSTRUCTION COMPANY  
2306 LOSEE RD.  
LAS VEGAS, NV 89030

OWNER

TWO FORTY ASSOCIATES  
ORLANDO, FL  
32859-3123

ARCHITECT

**Nature of Work:** INTERIOR REMODEL OF DINING AREA REPAINT EXTERIOR, ADA COMPLIANCE IN RESTROOMS/RESTRIPPING HC PARKING

**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 B License Number 790985 Date 8/27/01 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 \_\_\_\_\_ 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 8/27/01 Applicant/Agent 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.

EX 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 8/27/01 Applicant 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 #

0107905

Insp. Area

f

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1780 challenge way Suite \_\_\_\_\_  
 PARCEL # 277-0271-028

<p><b>CONTACT TOM SWAN</b></p> <p>Name <u>TOM SWAN</u>                  Street Address <u>801 BRIDGE RD</u>                  City/State/Zip <u>SAN LEANDRO, CA 94577</u>                  Phone <u>510 352 4165</u> FAX <u>510 352 4175</u>                  E-mail: <u>tsdewcon@aol.com</u></p>	<p><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name <u>TPA</u>                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>
<p><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>IND GROUP</u>                  Address <u>1400 107th AVE SUITE 301</u>                  City/State/Zip <u>MIAMI, FL 33172</u>                  Phone <u>305 594 2975</u> FAX <u>305 594 2979</u>                  E-mail: _____</p>	<p><b>OWNER</b></p> <p>Name <u>DARREN RESTAURANTS, INC</u>                  Address <u>1751 DIRECTORS ROW</u>                  City/State/Zip <u>ORLANDO, FL 32809</u>                  Phone <u>407 245 5059</u> FAX _____                  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: Interior remodel of dining area, paint exterior, ADA compliance in restrooms, restriping handicap parking  
CONDITIONS: XII; X12; 207; 199

OCCUPANT/TENANT: The Olive Garden VALUATION: \$180,000

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

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

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

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

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

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project

Address: 1780 Challenge Way

Assessor's Parcel Number: 277-0271-028

Previous Use: Restaurant Restaurant

Description of Request/Proposed Use: Paint exterior, resal d

restripe part of parking lot, new handicap

sign, interior rehab

Is This a Change of Use? No

Zoning Designation: SC-R

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

Comments: Route to site for parking d handicap

sign

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: Ronda Hay 6-22-01

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:** 10-9-01

**FROM: Troy Malaspino  
Fire Marshal**

**SUBJECT: FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

1780 Challenge Way

Has been conducted by Inspector

S. Bodick

On

10-8-01

01-07905  
Permit Number

8,475  
Square Footage

Remodel w/ sprinklers  
Type of Inspection

The system is acceptable by this department.

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

01-201  
F.D. Reference Number

R/1

✓