

CITY OF SACRAMENTO

Permit No: 0216433

1231 I Street, Sacramento, CA 95814

Insp Area: 4
Thos Bros: 277 F6

Site Address: 2830 NORTHGATE BL SAC

Sub-Type: AOTHR

Parcel No: 262-0171-019 UNIT #1

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

CLEOFATER BARRAGAN
2830 NORTHGATE BL
SACRAMENTO CA 95833

Nature of Work: NEW TYPE I HOOD AND GAS LINE TO EQUIPMENT.

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 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 NOV/13/02 Applicant/Agent Signature FOR MRS. BARRAGAN

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 NOV/13/02 Applicant Signature FOR MRS. BARRAGAN

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.

WEST STAR INDUSTRIES

265 GANDY DANCER DRIVE / TRACY, CA 95376 / (209) 832-2200

FACSIMILE TRANSMITTAL

TO: CAGUIA JOB NAME: CARNERIA

FROM: _____ # OF PAGES BEING TRANSMITTED 3
(INCLUDING THIS PAGE)

DATE: 4-9-04

COMMENTS: HOOR EVALUATION REPORT

IF YOU HAVE PROBLEMS WITH THIS COPY OR DID NOT RECEIVE ALL OF THE PAGES
PLEASE CALL (209) 832-2200
FAX # (209) 832-2221

WEST STAR INDUSTRIES
285 Gandy Dancer Drive
Tracy, CA 95376

HOOD SYSTEM VENTILATION SHEET

HOOD: UL-RN-MAKE-UP Air Hood
LAMBERTSON INDUSTRIES

1. TYPE NFPA-RETURN Air Hood
2. 10' L x 4' W x D
3. Total volume of exhaust 2030
4. Volume of exhaust at filter 330 CFM.

EXHAUST

1. CFM 2030
2. DUCT 19 " x 10 "
3. DUCT VELOCITY 154^{ft}

MAKE UP AIR

1. CFM 2030
2. VELOCITY AT REGISTERS
T-Bar type N/A
4-way type N/A ➔ RETURN Air Hood

HOOD SYSTEM VERIFIED BY: PAUL FUGIATO

DATE: 4-8-04

WEST STAR INDUSTRIES
205 Gandy Center Drive
Tracy, CA 95376

HOOD EVALUATION SHEET

PROJECT NUMBER: _____ DATE: 4-8-04

PROJECT NAME: CARYICERIA

PROJECT LOCATION: SACRAMENTO

SIZE OF FILTERS: 16 x 20

FPM PER FILTER: 193.43

TYPE OF FILTER: BAFFEL

FORMULA USED: AVERAGE FPM/FILTER X EFFECTIVE AREA (in square feet)
NINE READINGS PER FILTER

<u>243</u>	<u>213</u>	<u>245</u>
<u>120</u>	<u>235</u>	<u>87</u>
<u>165</u>	<u>191</u>	<u>103</u>

<u>213</u>	<u>245</u>	<u>251</u>
<u>191</u>	<u>185</u>	<u>207</u>
<u>273</u>	<u>240</u>	<u>262</u>

<u>147</u>	<u>114</u>	<u>145</u>
<u>300</u>	<u>218</u>	<u>131</u>
<u>145</u>	<u>229</u>	<u>114</u>

AVERAGE FPM: 178.00

AVERAGE FPM: 229.67

AVERAGE FPM: 171.44

<u>295</u>	<u>251</u>	<u>306</u>
<u>256</u>	<u>252</u>	<u>142</u>
<u>258</u>	<u>222</u>	<u>259</u>

<u>185</u>	<u>213</u>	<u>251</u>
<u>180</u>	<u>147</u>	<u>164</u>
<u>224</u>	<u>136</u>	<u>191</u>

<u>120</u>	<u>207</u>	<u>147</u>
<u>92</u>	<u>185</u>	<u>109</u>
<u>103</u>	<u>202</u>	<u>136</u>

AVERAGE FPM: 249.00

AVERAGE FPM: 187.89

AVERAGE FPM: 144.56

AVERAGE FPM: 0.00

AVERAGE FPM: 0.00

AVERAGE FPM: 0.00

TOTAL AVERAGE FPM: 193.43

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

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

ACTIVITY # <u>0216433</u>	Insp. Area <u>4C</u>
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ADDRESS 2830 Northgate Blvd. Suite #1
 RCEL # _____

Applicant **MUST** complete ALL Unshaded areas

<p style="text-align: center;">CONTACT</p> Name <u>Nassey Nikravi</u> Street Address <u>2830 Northgate Blvd #1</u> City/State/Zip <u>Sacramento CA 95833</u> Phone <u>524 0881</u> FAX <u>646 0103</u> E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> Name <u>owner Builder</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>owner Builder</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>Cleopater Barragan</u> Address <u>2830 Northgate Blvd #1</u> City/State/Zip <u>Sacto CA 95833</u> Phone <u>646 3696</u> FAX <u>646 0103</u> 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: install stove and a hood over it.
Stove / Ansul System

OCCUPANT/TENANT: _____ VALUATION: \$ 6,000.00

LOAD STATUS:		S.C.A.T.									
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