

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0012453

Insp Area: 3

Thos Bros: 318A7 992

Site Address: 8900 FRUITRIDGE RD SAC

Parcel No: 062-0030-022

Sub-Type: AOTHR

Housing (Y/N): N

CONTRACTOR

OWNER

HOLT OF CALIFORNIA  
8900 FRUITRIDGE  
SACRAMENTO CA 95826

ARCHITECT

**Nature of Work:** NEW HEAVY EQUIPMENT WASH RACK WITH PROPANE TANK, PAVING, FIRE ACCESS, LAND SCAPING, DEISEL TANK, DRAINAGE, HYDRANTS.

**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.)

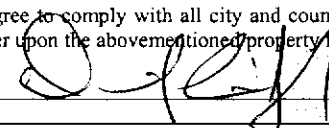
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

\_\_\_\_ I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_

Date 10-23-01 \_\_\_\_\_ 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 10-23-01 \_\_\_\_\_ 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.

\_\_\_\_ 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 10-23-01 \_\_\_\_\_ 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.**

PAID  
CITY OF SACRAMENTO  
OCT 23 2001  
NEIGHBORHOODS PLANNING  
AND DEVELOPMENT SERVICES

# 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 #	Insp. Area
00-12453	30

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 8900 FRUITRIDGE RD. Suite \_\_\_\_\_  
 PARCEL # 062-0030-027

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Holt of Calif (Chuck Treber)</u>                  Street Address <u>8900 FRUITRIDGE</u>                  City/State/Zip <u>SACRAMENTO</u>                  Phone <u>381-9950</u> FAX <u>381-9952</u>                  E-mail: <u>40</u></p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name <u>Annex Builder</u>                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>DR. J. KERSTEN P.E. &amp; ASSOC.</u>                  Address <u>11265 SUNRISE GOLD CIR. #L</u>                  City/State/Zip <u>PANCHO CORDOVA</u>                  Phone <u>635-0240</u> FAX _____                  E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>Holt of California</u>                  Address <u>7310 PACIFIC</u>                  City/State/Zip <u>PLEASANT GROVE</u>                  Phone <u>991-8200</u> FAX _____                  E-mail: <u>JERRY DERESO: 991-8317</u></p>

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

NATURE OF WORK IN DETAIL: INSTALL WASH RACK SYSTEM  
FOR EARTH MOVING EQUIPMENT LANDSCAPING  
PAVING

OCCUPANT/TENANT: Holt of CA. VALUATION: \$ 37000

FLOOD STATUS: <u>NR</u>		S.C.A.T. <u>X12</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		
1		470		B?		SPR ALARM	10	[H]	[Quad]	
B	L	P	M	E	F	S	D	UTIL		
NONE										

COMMENTS: Provide cert as was submitted on 1st Permit.  
00-05242 ELECT. PANEL 4 sets.

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: 8900 Fruitridge Road

Assessor's Parcel Number: 062-0032-022

Previous Use: Existing Heavy Equipment rental + storage.

Description of Request/Proposed Use: Heavy equipment storage + display on unpaved surface - lack of screening in fence in M25 zone.

Is This a Change of Use? NO Applicant wants to install wash rack for washing ~~heavy~~ <sup>earth moving</sup> equipment.  
Zoning Designation: ~~P97-076~~ M25 Zone

Prior Applications for Project Site(P#, Z#, DRPB#): P97-076

Comments: Requires a <sup>new</sup> planning variance. Was granted in Sept ~~1999~~ 1997, but expired in 1999. Variance relative to paving and screening.

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: W May 10-24-00

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

MICROFILM AFTER FINAL

**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*

1. Business Name: CAT RENTAL STORE - HOLT OF CALIF Phone: 381-9940  
 Site Address: 3900 FRUITRIDGE RD. Suite: \_\_\_\_\_  
(Street) (Zip)  
 Business Owner/Representative: CHUCK TREBER Phone: 381-9950  
 Nature of Business: EQUIP. RENTAL  
 Property Owner: HOLT OF CALIFORNIA Phone: 991-8200  
 Address: ~~1215~~ 7310 PACIFIC Suite: \_\_\_\_\_  
PLEASANT GROVE CALIF.  
(City) (State) (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: CHUCK TREBER  
(Print)  
Chuck Treber 10/17/00  
(Signature) (Date)

BID Use Only: Plan Ck# _____	Permit # <u>0012453</u>
OK to issue prmt? Y _____	F.D. Appr Req'd? <input checked="" type="checkbox"/> Yes No
_____ init date _____	
Hold on Certificate of Occupancy? Yes No	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

**Certificate of Compliance**  
 School District Building Fees

*(Print or Type) If Printing, press hard for four copies*

**PART I To be completed by APPLICANT**

OWNER'S NAME Holt of California  
 OWNER'S ADDRESS P.O. Box X Sacramento CA 95813  
 PROJECT ADDRESS 8900 FRUITRIDGE RD  
 PARCEL NUMBER 062-0030-022 LOT NO. \_\_\_\_\_  
 SUBDIVISION NAME \_\_\_\_\_  
 NUMBER OF UNITS \_\_\_\_\_

*Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.*

APPLICANT'S SIGNATURE [Signature]  
 TITLE OF APPLICANT Vice President  
 DATE 10-23-2001 PHONE NUMBER (916) 491-8200

**PART II To be completed by BUILDING DEPARTMENT**

PLAN IDENTIFICATION NUMBER 0010453  
 BUILDING TYPE  
 RESIDENTIAL ( ) APARTMENT/CONDOMINIUM ( ) COMMERCIAL/INDUSTRIAL   
 SQUARE FEET OF CHARGEABLE BUILDING AREA 3,113  
 SIGNATURE [Signature]  
 TITLE Building Inspector DATE 10-23-2001

**PART III To be completed by SCHOOL DISTRICT**

SCHOOL DISTRICT Elk Grove Unified School Dist.  
 DISTRICT CERTIFICATION NO. 30392

EXEMPT	COMMENTS	SQ FT X \$	= \$
RESIDENTIAL/APT/CONDO	<del>3,113</del>		
COMMERCIAL/INDUSTRIAL	3,113	33	1027.29
OTHER FEE TYPE			
<b>TOTAL FEES COLLECTED</b>			<b>1027.29</b>

This Certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

**AUTHORIZED SCHOOL DISTRICT OFFICIAL**

SIGNATURE [Signature] DATE 10/23/01  
 TITLE \_\_\_\_\_

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 GUZMAN ELECT. Address 5451 WAREHOUSE WLY #102  
City GRASS VALLEY Telephone 530.274.9655  
Contractors License No. 653669

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

Signed Chad Turner

Job Address 8900 FRUITRIDGE RD.

Permit No: 00.12453