

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0011645

Insp Area: 3

Site Address: 8491 FRUITRIDGE RD SAC

Parcel No: 061-0173-009

Sub-Type: NOTHR

Housing (Y/N): N

CONTRACTOR

TANK SPECIALISTS OF CALIFORNIA
12425 MILLS AV
CHINO CA 91710

OWNER

BLT ENT
511 SPECTRUM CIR
OXNARD CA 93030

ARCHITECT

Nature of Work: INSTALL 12000 GA ABOVE GROUND FUEL TANK

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.

Y License Class B & PC License Number 70000 Date 2/1/01 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.)

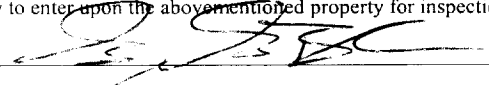
____ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s)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

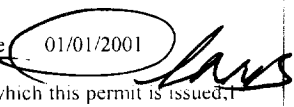
I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Y Date 2/1/01 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.

→ X 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 1477413-98 Exp Date 01/01/2001 

____ (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.

Y Date _____ 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 BUILDING PERMIT

00116ASC

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # _____ Insp. Area _____

Applicant MUST complete ALL Unshaded areas this page only

ADDRESS 8491 Fruit Ridge Road, Sacramento Suite _____

PARCEL # _____

CONTACT Name <u>Shawn Gutierrez</u> Address <u>8491 Fruit Ridge Road</u> <u>Sacramento, CA</u> Zip <u>95826</u> Phone <u>(916) 379-0500</u> FAX <u>(916) 379-0501</u>		LICENSED CONTRACTOR Lic No. # <u>745065 A/B-H-2</u> Name <u>Think Specialists of California</u> Address <u>12425 Mills Ave</u> <u>Cucina, CA</u> Zip <u>91710</u> Phone <u>(909) 590-5416</u> FAX <u>(909) 590-5417</u>	
ARCHITECT/ENGINEER Name <u>Think Specialists of California</u> Address <u>12425 Mills Ave</u> <u>Cucina, CA</u> Zip <u>91710</u> Phone <u>(909) 590-5416</u> FAX <u>(909) 590-5417</u>		OWNER Name <u>BLT Interpresses</u> Address <u>511 Spectrum Ct</u> <u>Oxnard, CA</u> Zip <u>93030</u> Phone <u>(916) 379-0500</u> FAX _____	

Will the permittee have any employees on the jobsite? Yes No

If yes, WORKER'S COMPENSATION POLICY # State Fund 1477-113-98 EXPIRATION DATE: 01/01/01

NAME OF INSURANCE COMPANY: State Fund

NATURE OF WORK IN DETAIL: ABOVE GROUND FUEL TANKS OVER 1000
#gallons 12,000 gal UNDER 1000
Circle one

DBA: Sacramento Recycling & Transfer Station VALUATION _____

FLOOD STATUS		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHEL	ARTS	TI	REM	SW	FRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	PL	SITE	FIRE			
Stories	Is. Area	Total Area	Use/Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vis. File		
						Sprink	Alarms			
AMB	AD	ADP	M	E	F	S	D	R		

COMMENTS: 4 sets plans for fuel tanks
Does not go to room 100
fire location separate list
if under 100 gal's set ok
Do not go to 2nd floor just room

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

Date of Request: 9/30
By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 8491 Fruitridge Rd

Assessor's Parcel Number: 061 0173 009

Previous Use: _____

Description of Request/Proposed Use: new 12000 gallon
above ground fuel tank

Is This a Change of Use? _____

Prior Applications for Project Site(P#, Z#, DRPB#): _____
Zoning Designation: M 25
P99-122

Comments: Needs a ZASP modif if not in plan
checking w/ Budgetto william

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: [Signature] 10-2-00

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

MICROFILM AFTER FINAL

