	CITY OF SACRAMENTO		Permit No:	0502265			
	1231 I Street, Sacramento, CA 958	814	Insp Area: Thos Bros:	1 297F6			
٠	gaarige and a second of the se						
	Site Address: 1675 ALHAMBRA BL Parcel No: 007-0353-005	SAC	Sub-Type: Housing (Y/N):				
	September 2		7 1				
7.	CONTRACTOR RC PACIFIC CONSTR	OWNER TSAKOPOULOS ELAINE	<u>ARCHITECT</u> CRMS				
	660 COMMERCE DR	8616 ELDER CREEK RD 200	5921 FLOSOM BL	05010			
:	RSVL CA 95678	SACRAMENTO, CA 95828	SACRAMENTO CA	95819			
	Nature of Work: REMODEL W/CHANG	E OF USE TO DELI - 610 SQ FT					
1		CONSTRUCTION LENDING AGENCY: 1 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 721485	Date 5 605 Contractor Signature	Aller Com				
	OWNER-BUILDER DECLARATION: I here reason (Sec. 7031.5, Business and Professions Code; as prior to its issuance, also requires the applicant for such License Law (Chapter 9 (commencing with Section 70).	by affirm under penalty of perjury that I am exempt from any city or county which requires a permit to construct, an permit to file a signed statement that he or she is licens 00) of Division 8 of the Business and Professions Code ion 7031.5 by any applicant for a permit subjects the approximation of the permit subjects t	lter, improve, demolish, ed pursuant to the provi) or that he or she is ex	or repair any structure, sions of the Contractors empt therefrom and the			
	sale (Sec. 7044, Business and Professional Code: The who does such work himself or herself or through his/t the building or improvement is sold within one year of the purpose of sale.)	tracting with licensed contractors to construct the projector of property who builds or improves thereon, and who	property who builds of e not intended or offer roving have bedid r	and Professions Code:			
	I am exempt under SecB	& PC for this reason:	INTER	11 1			
47	DateO	wner Signature					
	measurements and locations shown on the application	cant represents, and the city relies on the representation or accompanying drawings and that the improvement locations for such improvements. This building permit relating to location of improvements.	to be constructed does	not violate any law or			
,	I certify that I have read this application and state that a building construction and herby authorize representative	all information is correct. I agree to comply with all city te(s) of this city to enter upon the above mentioned proper	and county ordinances a by for inspection purpos	and state laws relating to es.			
<	Date 5 6 Ar	oplicant/Agent Signature					
		FION: I hereby affirm under penalty of perjury one of t to self-insure for workers' compensation as provided f					
•		insurance, as required by Section 3700 of the Labor Conce carrier and policy number are:	ode, for the performanc	e of the work for which			
	Carrier STATE FUND INS	Policy Number 713-0008068	Exp Date	10/01/2005			
	not employ any person in any manner so as to become	t is for \$100 or less) I certify that in the performance of subject to the workers' compensation laws of California e Labor Code, I shall forthwith comply with those provis	and agree that if I shou				
_	DateAp	oplicant Signature					
	CRIMINAL PENALTIES AND CIVIL FINES UP	COMPENSATION COVERAGE IS UNLAWFUL AT TO ONE HUNDRED THOUSAND DOLLARS (\$10 IN SECTION 3706 OF THE LABOR CODE, INTERE	0,000) IN ADDITION	TO THE COST OF			

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 808-5716

Building Address:	Permit No.:	0502265	
Building Use:	DELI RESTAURANT DBA: CANNERY (CAFE Occupancy:	B
Building Owner:	ELAINE TSAKOPOULOS	Construction Type:	VN
Owner Address:	SACRAMENTO, CALIF 95828	Sprinkled? [X] Yes	[] No
Portion of Building	Occupied: ENTIRE	Area: 610	Sq. Ft.
09/13/2005	Jan 1	RON BEEHLE	R wylled
Date By:	(Print) Sign	CHIEF BUILDING	G OFFICIAL

[Finaled By: JPZ, SLG, RLB, GP, GRS

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE

0502265

Insp. Area

APPLICATION FOR COMMERCIAL BUILDING PERMIT

ACTIVITY # CITY OF SACRAMENTO 050 2265 PLANNING & BUILDING DEPARTMENT 1231 I Street, Suite 200 or 2101 Arena Bl., 200 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org Applicant to complete all areas down to valuation Sacramento, CA 95834 ADDRESS 1675 Alhambra Blud 007-0353-005 PARCEL# Lic No.# LICENSED CONTRACTOR CONTACT Name <u> Jimenez</u> Javier Name 660 Commerce Street Address 4500 26 th Ave City/State/Zip Sacromento CA. 95820 Rose VIII' City/State/Zip Phone 782-5682 FAX Phone 916) 451-9938 FAX 916) 451-9938 E-mail: E-mail: OWNER ARCHITECT/ENGINEER Name Javier & Claudia Timenez Name Mark Mcilvain Address 4500 26th Ave Address 5921 Folsom Blud. City/State/Zip Sacramento CA. 95830 City/State/Zip Sacromento CA. Phone 916 451-9938 FAX 916) 451-9938 Phone 916) 451-1500 FAX 916) 451-1600 E-mail: E-mail: → Will permittee have any employees on the jobsite?

No
Yes → INSURANCE CO: ____ 000, *21* **EXPIRATION DATE:** → WORKER'S COMPENSATION POLICY # NATURE OF WORK IN DETAIL: TENONT Improvement OCCUPANT/TENANT: CONCECU VALUATION: S S.C.A.T. FLOOD STATUS) SW FIRE ADD JOB DESCRIPTION | BLDG | SHELL | APT | TI(OTHER [) REM(FIRE ELEC SITE PLUMB INSPECTION DISCIPLINES BLDG MECH Vio. File Fed Code Fire Req. Y/N Const type Occp Group Use Zone 1" fir Area. SPR ALARM PW UTIL D F S E M COMMENTS: HEALTH DEPARTMENT? Yes No

Yes No

REGIONAL SANITATION FEES? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?

City of Sacramento Planning Division PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 1671 ALHAMBRA BLVD (AKA 1675)	APN: 007-0353-005				
DRPB AREA / PUD / SPD; ALHAMBRA CORRIDOR	ZONING: C-2-SPD				
EXISTING LAND USE: MEDICAL OFFICE BLDG					
PROPOSED USE: TI TO ADD 610 SQ FT DELI TO EXIS	STING BLDG				
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:					
Planning review is NOT required. Use is NOT allowed; applicant CANNOT submit is	or plan check.				
Requires APPLICATION(s): PC ZA	IR ER DR PB				
	* 10 101 aboole				

DATE:	02/17/05	BY:	Bonnie Surgeon II
<u> </u>		<u> </u>	

7.k

Q

RECEIPT ENVIRONMENTAL MANAGEMENT DEPARTMENT ENVIRONMENTAL HEALTH

wager 1		DA	TE: V/	141	
RECEIVED FROM: JAVIND JIMYDER	Sec	928	16		
ADDRESS. 4500 26 TK AVE AMOUNT RECEIVED: \$ 1.016.50 CHECK		/ C	ASH □ C	REDIT C	
FACILITY NAME: Canaly Care FACILITY ADDRESS: 1675 Athans		#		A Charles of the Control of the Cont	
CASE NO.					
☐ IN FEE SUMMARY	COST CTR.	REVENUE	ORDER#	AMOU	
REVENUE DESCRIPTION: (KEY 33)	6206202304		E32142	\$ 101	
PLAN REVIEW (FOOD)	6206202304	96964403	E32143	\$	
PLAN REVIEW NOISE	6206202304	96964302	E32142	\$	
PLAN REVIEW - POOLS	6206202304	92929018	E32131	\$	
PUBLIC POOL FEE (CONSTRUCTION INSPECTIONS) PLAN REVIEW - TENTATIVE PLOT APPROVAL	6206202304	96964402	E32142	\$	
SIGNATURE: January	Thai		a managaga yana dana dana managangan dan dan dan dan dan dan dan dan dan d		
REVISED 10/25/00 White - Cashler W/OATA/FORMS/EHD/RECEIPT	A GHIOM TO COOKING.		- Environmental Management Dep		
the control of the co					

Transaction 2/14/2005 11:47:00084 Date / Time: Receipt #: 1200600000000000156 Case # Total: Check EMD Env Houth Food Check Fee Type Received: Cardem No: Borni S: Check I /Accid. Amount Tendered: County of Sacramento Accounting & Fiscal Services *** Outoney necessit *** In Person 1141 2052-05 W2005-70534 Fee Amount 1,016,00 \$1,016.00 \$1,016.00