

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0014484
Insp Area: 1

Site Address: 21 HOWE AV SAC
Parcel No: 079-0200-056

Sub-Type: NCOM
Housing (Y/N): N

CONTRACTOR
COVENANT CONSTRUCTION
CLOVIS CA.
8225 FOWLER AV

OWNER
KANA SACRAMENTO LLC
2190 W. MACARTHUR BL
OAKLAND CA 94609

ARCHITECT
LEE GAGE

Nature of Work: NEW HOTEL 3 STORY

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).

dw 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 5/31/2002 Owner Signature [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 5/31/2002 Applicant/Agent Signature [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 STATE COMPENSATION INSURANCE POLICY NUMBER 713-00 UNIT 0006540 Exp Date 10/01/2001

dw (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 that is subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation program administered by the State Development Services, I shall forthwith comply with those provisions.

Date 5/31/2002 Applicant Signature [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.

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy
For Information Contact (916) 264-5716

Building Address: 21 HOWE AVENUE Permit No. 0014484

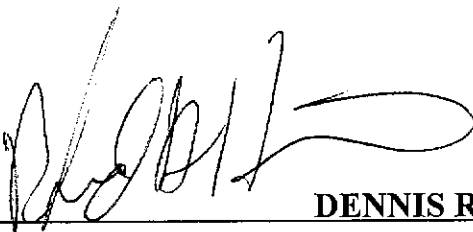
Building Use: HOTEL Occupancy: R1

Building Owner: KANA SACRAMENTO Construction Type: V1

Owner Address : 2190 W. MACARTHUR BLVD Sprinkled? [X] Yes [] No

Portion of Building Occupied: ENTIRE Area: 36,730 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

5/31/02 RICHARD HEINS  DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[TCO approvals:: VF,LLS,SLG,MJG,CP]

BC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 21 HOWE AV Permit No. 0014484

Building Use: HOTEL DBA: COMFORT INN & SUITES Occupancy: RQ

Building Owner: KANA SACRAMENTO LLC Construction Type: VIHR

Owner Address: OAKLAND, CA Sprinkled? [] Yes [] No

Portion of Building Occupied: ENTIRE Area: 36730 Sq. Ft.

6/4/02 C. Helmer [Signature] DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By: VF,LLS,SLG,CP,MJG]

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 City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE

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 # 0014484	Insp. Area K
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 21 HOWE AVE Suite _____
 PARCEL # 079-0200-056

<p style="text-align: center;">CONTACT</p> Name <u>Bobby Newman</u> Street Address <u>490 W. McArthur Blvd</u> City/State/Zip <u>Oakland, CA 94609</u> Phone <u>510-428-1220</u> FAX <u>510-654-6750</u> E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>773193</u></p> Name <u>Calvin Construction Co.</u> Address <u>8225 N. Fowlm AV.</u> City/State/Zip <u>CLAVIS, CA 9364</u> Phone <u>559-322-5295</u> FAX <u>559-322-5428</u> E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>Lee George & Associates</u> Address <u>7636 N. Ingram Suite #107</u> City/State/Zip <u>Fresno, CA 93711</u> Phone <u>559-439-2222</u> FAX <u>559-439-2298</u> E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>Kona Sacramento, LLC</u> Address <u>2190 West McArthur Blvd</u> City/State/Zip <u>Oakland CA 94609</u> Phone <u>510-428-1220</u> FAX <u>510-654-6750</u> E-mail: <u>510-521-8400 / 510-268-1442</u>

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

NATURE OF WORK IN DETAIL: NEW 3 STORY HOTEL

OCCUPANT/TENANT: Comfort Inn & Suites VALUATION: \$ 2,700,806

FLOOD STATUS: <u>A99</u> <small>No Flood Hazard certificate required</small>		S.C.A.T. <u>100, 200, 101, 201, X11, X12, X1.33, X1.34</u>								
JOB DESCRIPTION		<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> SHELL	<input type="checkbox"/> APT	<input type="checkbox"/> TI ()	<input type="checkbox"/> REM ()	<input type="checkbox"/> SW	<input type="checkbox"/> FIRE	<input type="checkbox"/> ADD	<input type="checkbox"/> OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input checked="" type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE			
# Stories <u>3</u>	1st flr Area	Total Area <u>38,046</u>	Use Zone	Occp Group <u>R1</u>	Const type <u>VI</u>	Fire Req. Y/N SPR <input checked="" type="checkbox"/> ALARM <input checked="" type="checkbox"/>	Fed Cde <u>06</u>	Vio. File [H] [Quad]		
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> S	<input checked="" type="checkbox"/> D	<input checked="" type="checkbox"/> PW	<input checked="" type="checkbox"/> UTI	

COMMENTS: SOILS REPORT

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: 21 Howe Ave

Assessor's Parcel Number: 079-0200-055

Previous Use: Vacant

Description of Request/Proposed Use: Med

Is This a Change of Use? Yes

Prior Applications for Project Site(P#, Z#, DRPB#): _____
Zoning Designation: P90-199

Comments: _____

site review is needed.

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] 12-7-00

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

MICROFILM AFTER FINAL

Certification of Compliance
School District Development

RECEIVED

MAY 31 2001

Part I - To be completed by the APPLICANT

As of.....

Owner's Name/Address Kentucky Supermarkets LLC, 21 Howe Ave., Sacramento
 Project Address 21 Howe Ave
 Parcel Number 079 0200 056 Lot No. _____
 Subdivision Name Comber's No. of Units 68
 Applicant's Signature [Signature] Title Manager
 Phone No. 916 718 1071 Date 5/31/01

Notice to Applicant: Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

Part II - To be completed by the BUILDING DEPARTMENT

Plan Identification Number 0014480
 Building Type (check one) Residential ^{Hotel} Apartment/Condominium Commercial/Industrial
 Square Feet of Chargeable Building Area 36730
 Signature/Title [Signature] Date 5/16/01

Part III - To be completed by the SCHOOL DISTRICT

School District _____ Certificate No. _____
 Exempt Comments _____
 Residential/Apartment/etc. _____ Square ft. x \$ _____ = \$ _____
 Commercial/Industrial _____ Square ft. x \$ _____ = \$ _____
 Total fees collected..... = \$ 10 284.40

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 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.

Signature [Signature] Date 5/31/01

COUNTY SANITATION DISTRICT NO. 1
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

SEWER IMPACT FEE *EFB*
PERMIT AND CALCULATION *5-31-01 City*

APPLICATION NO: _____ BLDG PERMIT NO. *SHD200-00470*

GENERAL INFORMATION

THIS PERMIT GOOD ONLY WHEN
VALIDATED BY THE CASHIER

271867 EFB
5-31-01

THIS PERMIT TO CONNECT EXPIRES
ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION

BUILDING USE

INSPECTION		RESIDENTIAL	SF <input type="checkbox"/>	MF <input type="checkbox"/>
CSD-1	<i>3,264</i>	COMMERCIAL USE		
SRCSD	<i>95,200</i>	<i>HOTEL</i>		
CONSTRUCTION				
IN-LIEU				
TOTAL FEE	<i>98,464</i>			

APN: *079-0200-056*

DESCRIPTION/
SUBDIVISION _____ LOT: _____

PROPERTY ADDRESS *21 HOWE AVE.*

OWNER *Kania Sacramento LLC*

MAILING ADDRESS *490 West MacArthur Blvd*

CITY-STATE-ZIP *Orland, CA 94609* PHONE *916-428-1220*

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE *[Signature]*

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____

RECEIPT

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 COVENANT CONST Address 8225 N FOWLER AVE

City CLOVIS CA Telephone 559.322.5295

Contractors License No. 773193

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

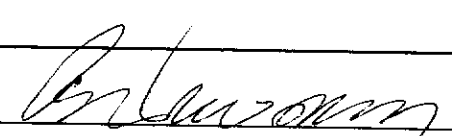
Name _____ Address _____

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 

Job Address 21 HOWE AVE

Permit No: 0014484

**City of Sacramento
Water and Sewer Service Quotation
FY 99/00**

Date:	03/12/01	Time:		Planning No.:		Plan Check No.:	0014484
Address:	21 HOWE AVE.					Parcel No.:	079-020-056
Description:	68 ROOMS COMFORT INN						
Subdivision Map:	REDDING RANCH 686 LOT2 BLK 4					Water Page No.:	40
Estimate By:	RT						
Engineering Firm:	LEE GAGE AND ASSOCIATES				Project Engineer:	ART LUCAS	
					Phone No.:	559-439-2222	
					Fax No.:	559-439-2298	
Sewer Jurisdiction:	<input checked="" type="checkbox"/> County			<input type="checkbox"/> City			
Comment No.1	THIS ESTIMATE SUPERCEDES THE ONES DATED 11/6/00 AND 2/25/00						
Comment No.2	THIS 38 HRS IS TOTAL FOR THE PROJECT INCLUDING PREVIOUS PERMIT #9906859.						
Comment No.3	HOWEVER, IT DOES NOT INCLUDE PW HOURS. PLEASE GET THEM DIRECTLY FROM PW.						
Comment No.4							
Comment No.5							
Comment No.6							
TOTAL WATER DEV. FEES:	\$7,642					38 hrs x \$75 per hour	\$2,850
TOTAL SEWER DEV. FEES:	\$0					or \$300.00 (whichever is greater)	
						Total on-site grading and drainage review fee:	\$2,850

Water Service Quotations

Main Size	Serv. Size			St. Tap	Esmt. Tap	Description	No. of Tap	No. of Meter	Tap Fee/ea.	Meter Fee/ea.	Total Tap cost	Development Fees
	D	I	F									
8	2				x	TAP & METER	1	1	\$980	\$610	\$1,590	\$7,642
12			6		x	BUILDING SPRINKLER	1		\$1,425		\$1,425	
12			8		x	TAP FOR FH	2		\$1,685		\$3,370	
12			10		x	TAP FOR FH	1		\$2,560		\$2,560	
											\$0	
											\$0	
											\$0	
4" TAP AND 3" METER												
											n/a	
											n/a	
ABANDONMENT												
	Abandon				in.							
	Abandon				in.							
CREDIT												
	Credit for				in.			1				
	Credit for				in.			1				
								0		Fire Hydrant		
Total for Water											\$8,945	\$7,642

COUNTY SEWER

Main Size	Service Size	Description	QTY	Full St W (FT)	No. OF MH	Total Tap cost	Development Fees
		Development Fee Only				\$0	
		Easement Tap + MH + Dev. Fee				\$0	
		Street Tap + MH + Dev. Fee				\$0	
		Credit					\$0
Total for Sewer						\$0	\$0

Note: Total cost = Qty. x Street/2 x Tap Fee + MH Fee, MH Fee is \$1200.00

Rob Fly
3/12/01

Sewer Tap Construction Charge: \$0
Water Main Construction Charge: \$8,945
Total For Address: \$8,945

DATE: Thurs. Aug 30, 2001
PROJECT #: 05K0010048
PROJECT: COMFORT INN & SUITES
LOCATION: 21 HOWE AVE, SAL CA
KRAZAN PROJECT MANAGER: JOHAN JACOBSEN

CONTRACTOR: R. D. R
I.O.R.: _____
PRESENT AT SITE: BOB YERGEN
COPIES TO: BOB YERGEN
WEATHER: Sunny TEMP: 80°

CONCRETE MASONRY Other _____

- Inspected the batch plant operations. Batch Plant: _____
 - per UBC Discrepancies as noted below
- Inspected placement of CONCRETE / CMU'S / VENEER / GROUT at the following locations: _____
- CAST / PICKED UP _____ set (s) of _____ CONCRETE / MORTAR / GROUT / PRISMS / SAMPLES were cast for mix # _____ with a slump(s) of _____ inches, temperature of _____ F, an air content of _____ %, and unit weight of _____ at the following locations: _____
- Total Yards Placed: _____
- Number of workers on CONCRETE / MASONRY / GROUT crew: _____
- Lab Data Sheet No(s): _____

REINFORCING STEEL

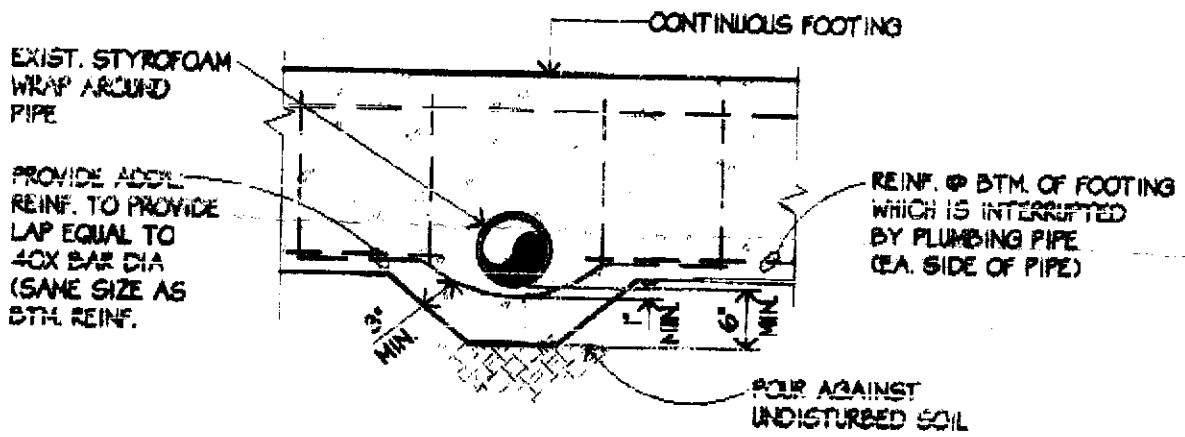
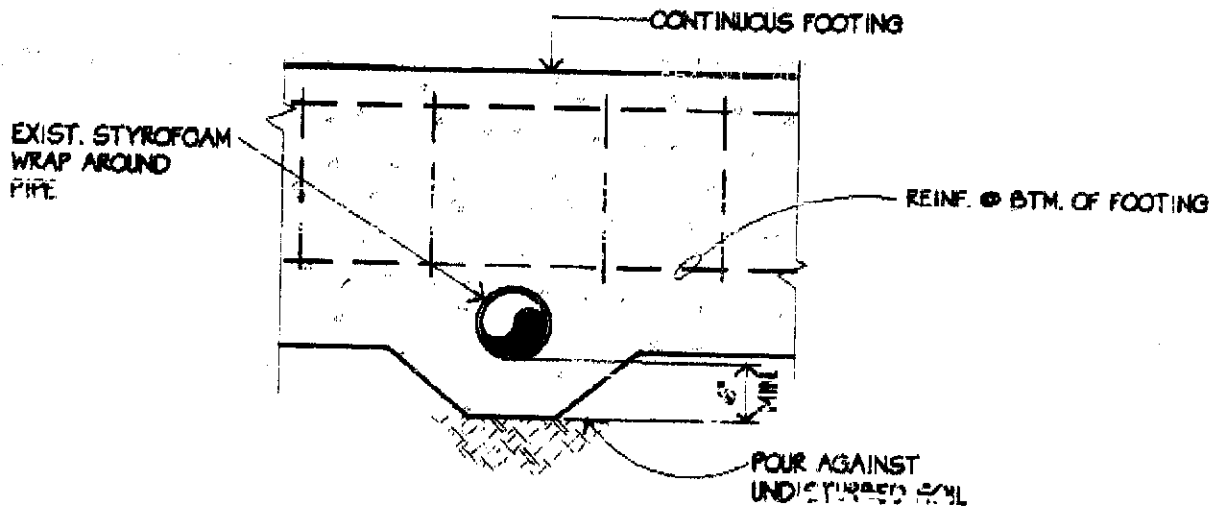
- SAMPLED / TAGGED reinforcing steel from _____
Size(s)/Heat Numbers: _____
- Inspected the placement of reinforcing steel for the S.O.G./Rebar at the following locations: BUILDING PAD AREAS

NOTES DISCREPANCIES _____ % COMPLETE

Rebar/S.O.G. inspection MET ALL Requirements
AS NOTED ON PLANS AND SPEC.
Placement of concrete 2500 psi, AS of BOB YERGEN
* S.O.G. WILL NEED APPROVAL OF CITY INSPECTOR
BEFORE CONCRETE PLACEMENT

To the best of my knowledge, the above WAS / ~~WAS NOT~~ performed in accordance with the approved plans, specifications, and regulatory requirements.

Superintendent/Representative: _____ Technician: _____



		TITLE: PIPES RUNNING PERPENDICULAR TO FOOTING	
LEE GAGE, C-6718		PROJECT: COMFORT SUITES 21 HOWE AVE., SACRAMENTO, CA.	SHEET NO. 1
LEE GAGE & ASSOCIATES, INC.		CLIENT: DINESH PATEL	
architectural	engineering	planning	
7030 N. INGRAM BLVD #107 FRESNO, CALIFORNIA 93711	PHONE: 559-439-2222 FAX: 559-439-2286	PREPARED BY: J.W.F.	DATE: 8-15-01
		CHECKED BY: --	SCALE: 3/4"=1'-0"
			OF 1