

CITY OF SACRAMENTO

Permit No: 0105320

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Thos Bros: 277G7

Site Address: 1011 DEL PASO BL SAC

Sub-Type: ACOM

Parcel No: 275-0161-012

Housing (Y/N): N

CONTRACTOR

PAUL KELLEY CONSTRUCTION
3112 O ST SUITE 9
SACRAMENTO, CA 95816

OWNER

DAVID CUNNINGHAM
1011 DEL PASO BL
SAC CA 95815

ARCHITECT

Nature of Work: RESTRM ADD'N TO RESTAURANT/BAR & BRING (E) RESTROOM TO ADA COMPLIANCE/PATIO COVER& PATIO/10 FT WALL/8FT FENCE

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 308829 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 11/9/01 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 herby authorize representative(s) of this city to enter upon the above mentioned property for inspection purposes.

Date 11/9/01 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 FUND Policy Number 1313735 - 01 Exp Date 07/01/2002

(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 11/9/01 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.

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 # 0105320	Insp. Area 4/C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1011 Del Paso Blvd Sacramento CA Suite 95815
 PARCEL # 275-0161-012

<p style="text-align: center;">CONTACT</p> <p>Name <u>D. Cunningham</u> Street Address 2130 21st St City/State/Zip SS CA 95818 Phone _____ FAX _____ E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name _____ Address <u>PO Box 340413</u> City/State/Zip <u>95834</u> Phone _____ FAX _____ E-mail: <u>641-1541</u></p> <p style="text-align: right; font-size: 0.8em;">New living address</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>HMR Architects</u> Address <u>2130 21st St</u> City/State/Zip <u>Sacramento CA 95818</u> Phone <u>936-2724</u> FAX <u>936-0610</u> E-mail: _____</p>	<p style="text-align: center;">OWNER ✓</p> <p>Name <u>D. Cunningham</u> Address <u>1011 Del Paso Blvd</u> City/State/Zip <u>Sacramento CA 95815</u> Phone <u>922-9954</u> FAX _____ E-mail: <u>DAVEAC@PACBELL.NET</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: Upgrade Bathrooms to ADA
Room Addition near Bar/Restroom. Patio patio over
10' wall 8' fence.

OCCUPANT/TENANT: LIL' GALLEY VALUATION: \$ 70 to 80K

FLOOD 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		
		(N) 120		B	VN	SPR ALARM	15	[H]	[Quad]	
B	L	P	M	E	F	S	D	PW	UTIL	
		13, 14	N/A	TLM			SANS			

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

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 KELLEY CONST Address 3112 O ST STE 9
City SAC 95816 Telephone 916.454.3999
Contractors License No. 308829

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

X Signed 

Job Address 1011 DEL PASO BLVD

Permit No: 0105320

Certification of Compliance

School District Development Fees

PART I To be completed by APPLICANT

Owner's Name & Address _____
 Project Address 1011 Del Paso Bl
 Parcel Number 20161 Lot No. _____
 Subdivision Name _____ Number of Units _____
 Applicant's Signature & Title _____
 Date _____ Phone No. _____

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 BUILDING DEPARTMENT

Plan Identification Number _____ Building Type (CHECK ONE)
 () Residential
 () Apartment / Condominium
 () Commercial / Industrial
 Square Feet of Chargeable Building Area 130 #
 Signature _____ Date 11/1/01
 Title _____

PART III To be completed by SCHOOL DISTRICTS

Grant Joint Union High School District	
District Certification No. <u>110-02</u>	
EXEMPT _____	
Comments _____	
RESIDENTIAL / APARTMENT / CONDOMINIUM	
Sq. Ft. X \$	= \$
COMMERCIAL / INDUSTRIAL	
<u>130</u> Sq. Ft. X \$ <u>33</u>	= \$ <u>39.60</u>
OTHER FEE: TYPE _____	
Sq. Ft. X \$	= \$
TOTAL FEES COLLECTED = \$ <u>39.60</u>	

Robla Elementary School District	
District Certification No. _____	
EXEMPT _____	
Comments _____	
RESIDENTIAL / APARTMENT / CONDOMINIUM	
Sq. Ft. X \$	= \$
COMMERCIAL / INDUSTRIAL	
Sq. Ft. X \$	= \$
OTHER FEE: TYPE _____	
Sq. Ft. X \$	= \$
TOTAL FEES COLLECTED = \$	

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.

GRANT	Authorized School District Official	ROBLA
Signature _____	Signature _____	Signature _____
Title _____	Title _____	Title _____
Date _____	Date _____	Date _____

Original: Grant Joint Union High School District
 1st Copy: Robla Elementary School District
 2nd Building Department
 3rd Copy: Applicant