

CITY OF SACRAMENTO

Permit No: 9809931

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 1930 9TH ST SAC

Sub-Type: ACOM

Parcel No: 0090066004

Housing (Y/N): N

CONTRACTOR

CIMORELLI CONSTRUCTION CO
11333 SUNCO DR
RANCHO CORDOVA CA 95742

OWNER

AMALGAMATED MEAT CUTTERS & BUTCHERS WORK
819 T ST
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: INTERIOR REMODEL

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 B License Number 525704 Date 10-26-98 Contractor Signature [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 herby authorize representative(s) of this city to enter upon the above-mentioned property for inspection purposes.

Date 10-26-98 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.

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 Golden Eagle Ins. Policy Number NWC 476899-01 Exp Date 07-99

(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 10-26-98 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

# EXPRESS PLAN REVIEW

| SUBMITTAL DATES |     |            |     |            |     |
|-----------------|-----|------------|-----|------------|-----|
| First Review    |     | 2nd Review |     | 3rd Review |     |
| IN              | OUT | IN         | OUT | IN         | OUT |
| 10 16 198       | 1 1 | 10 22 198  | 1 1 | 1 1        | 1 1 |

PLAN CHECK # 9931 X  
 ADDRESS: 1930 9th St  
 Commercial  Residential

ACCEPTED by (Staff):  
JAC

| DISCIPLINE          | 1ST REVIEW |       |         | 2ND REVIEW |       |          | 3RD REVIEW |       |      |
|---------------------|------------|-------|---------|------------|-------|----------|------------|-------|------|
|                     | Status     | Staff | Date    | Status     | Staff | Date     | Status     | Staff | Date |
| LIFE SAFETY         | 13         | JT    | 10/7/98 |            |       |          |            |       |      |
| STRUCTURAL          |            | NONE  |         |            |       |          |            |       |      |
| MECHANICAL/PLUMBING | 3          | JMT   | 10/7/98 | 13         | JMT   | 10/23/98 |            |       |      |
| ELECTRICAL          | 13         | T.M.  | 10/7/98 |            |       |          |            |       |      |
| FIRE                | 03         | JT    | 10/7/98 | 13         | JT    | 10/23    |            |       |      |
| PLANNING            |            |       |         |            |       |          |            |       |      |

STAFF COMMENTS:  
 Resubmitting for fire and HVAC. HVAC is showing work to be done - all ~~fire~~ rooms have supply and return ceiling is plenum.

STUDY  
 BILLS  
 FOR  
 MECH. NOTES  
 ENERGY  
 NOTES

CITY OF SACRAMENTO  
APPLICATION FOR **[REDACTED]** BUILDING PERMIT

9809931

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION  
1231 I Street, Rm. 200  
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # 9731 X Insp. Area A

Applicant **MUST** complete **ALL Unshaded areas** this page only

ADDRESS 1930 9th Street Suite \_\_\_\_\_  
PARCEL # 009-0066-004

|  |  |  |  |
|--|--|--|--|
| <b>CONTACT</b><br>Name <u>Bret Hogge</u><br>Address <u>11333 Sunco Dr. #103</u><br><u>Rancho Cordova</u> Zip <u>95742</u><br>Phone <u>635-4440</u> FAX <u>635-7084</u> |  | <b>LICENSED CONTRACTOR</b> Lic No. # <u>525704</u><br>Name <u>Cimorelli Construction</u><br>Address <u>11333 Sunco Dr. #103</u><br><u>Rancho Cordova</u> Zip <u>95742</u><br>Phone <u>635-4440</u> FAX <u>635-7084</u> |  |
| <b>ARCHITECT/ENGINEER</b><br>Name <u>John Mastrototaro</u><br>Address <u>5960 Sampson Blvd.</u><br><u>Sacramento</u> Zip _____<br>Phone <u>421-9501</u> FAX _____      |  | <b>OWNER</b> <u>[REDACTED]</u><br>Name <u>Emergency Medical Services.</u><br>Address <u>1930 9th Street</u><br><u>Sacramento</u> Zip _____<br>Phone _____ FAX _____  |  |

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

→ If yes, WORKER'S COMPENSATION POLICY # NWC 476 899-01 EXPIRATION DATE: 7-99

NAME OF INSURANCE COMPANY: Golden Eagle Ins.

NATURE OF WORK IN DETAIL: Interior alteration  
Office Remodel

DBA: Emergency Medical Services VALUATION: 32 K

|                   |              |             |          |            |            |               |       |           |           |     |
|-------------------|--------------|-------------|----------|------------|------------|---------------|-------|-----------|-----------|-----|
| FLOOD STATUS:     |              |             |          | S.C.A.T.   |            |               |       |           |           |     |
| JOB DESCRIPTION   |              | BLDG        | SHEL     | APT        | TI ( )     | REM (X)       | SW    | FIRE      | ADD       | OTH |
| INSP. 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 |     |
|                   | <u>14618</u> | <u>7309</u> |          | <u>B</u>   | <u>VU</u>  | Spr           | Alarm | <u>15</u> |           |     |
| <u>B</u>          | <u>L</u>     | <u>P</u>    | <u>M</u> | <u>E</u>   | <u>F</u>   | <u>S</u>      |       | <u>D</u>  | <u>R</u>  |     |

COMMENTS:

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

BLDGFRM. (REV 05/98)  WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS  Yes  No

**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: Emergency Medical Service Authority Phone: \_\_\_\_\_

Site Address: 1930 9th Street Suite: \_\_\_\_\_  
(Street) (Zip)

Business Owner/Representative: Bret Hogge Phone: 635 4440

Nature of Business: Office

Property Owner: Amalgamated Meat Cutters & Butchers Work Phone: \_\_\_\_\_

Address: 819 T St Suite: \_\_\_\_\_  
(Street)

Sacramento CA 95814  
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes \_\_\_ No X Is this permit for a shell building? Yes \_\_\_ No X

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 X

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No X

**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: Bret Hogge  
(Print)  
[Signature] 10-26-98  
(Signature) (Date)

|  |
|--|
| BID Use Only: Plan Ck# <u>9931</u> Permit # <u>98-09931</u>                                    |
| OK to issue prmt? <u>10-26-98</u> F.D. Appr Req'd? Yes <u>(No)</u><br><small>init date</small> |
| Hold on Certificate of Occupancy? Yes <u>(No)</u>  |
| Fire Dept. Use Only:   |
| OK to issue permit? init ___ date _____  |
| OK to issue Certificate of Occupancy? init ___ date _____                                      |