



CITY OF SACRAMENTO

www.cityofsacramento.org
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
 Inspection Request: 1-916-808-7622

Downtown Permit Center
 New City Hall
 915 I Street, 3rd Floor
 Sacramento, CA 95814

North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834

Permit No. 0616021
 Date Applied 10/13/2006
 Type Commercial
 Subtype Remodel
 Category Retail Store

Permit Address 1500 BROADWAY
 SACRAMENTO CA
 Site Location

Parcel No. 00902620010000

Owner TESTAMENTARY TRUST FBO
 CAROL BLUMENFELD
 2426 VALLEJO ST
 SAN FRANCISCO, CA

Applicant TESTAMENTARY TRUST FBO
 CAROL BLUMENFELD
 TESTAMENTARY TRUST FBO
 CAROL BLUMENFELD
 2426 VALLEJO ST
 SAN FRANCISCO, CA
 415-921-1419

Valuation \$ 27,850.00

Fee Items	# of Each	Amount
Permit-Building-Com	1	\$502.00
Plan Ck-Building Com	1	\$395.00
Strong Motion	1	\$5.85
Bldg-Technology Surcharge	1	\$35.88
General Plan Surcharge	1	\$16.52
Total		\$955.25

ISSUED
CITY OF SACRAMENTO
 JAN 17 2007
DOWNTOWN PERMIT CENTER

LICENSED CONTRACTOR'S 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: 807470
 Date: 1-17-07 Contractor: NATIONWIDE CONTR. SERV. INC.

OWNER-BUILDER DECLARATIONS
 I hereby affirm that I am exempt from the Contractor's License Law (C.L.L.) for the following reason (Sec. 7031.5 B&P 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/she is licensed pursuant to the provisions of C.L.L. Chapter 9 (commencing with Sec.7000) of Division 3 of the B&P Code) or that he/she is exempt there from and the basis for the alleged exemption. Any violation of Sec. 7031.5 by any applicant for a permit subjects the applicant to civil penalty of not more than five hundred dollars (\$500):

I, as 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 B&P Code: The C.L.L. does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his 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 did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractor(s) to construct the project (Sec. 7044, B&P Code: The C.L.L. does not apply to an owner of property who holds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the C.L.L.)

I am exempt under Sec. _____ B & P.C. for this reason:

Date: _____ Owner: _____

WORKERS COMPENSATION DECLARATION
 I hereby affirm that I have a certificate of consent to self-insure, or a Certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec 3800, Labor Code).
 Policy Number: _____ Company: _____
 Certified copy is hereby furnished.
 Certified copy is filed with the city building inspection department or city _____ department.
 Date: 1-17-07 Applicant: _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to construction. I hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

Date: 1-17-07 Applicant or Agent: [Signature]

Description of Work:
 REMODEL STORE FRONT. "JOE MARTY'S SPORTS BAR"

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

PRODUCER TRITON OF CALIF INSURANCE SERVICES 2332 AUBURN BLVD SACRAMENTO, CA 95821	Serial # 104622 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED NATIONWIDE CONSTRUCTION SERVICES INC 9784 FOUNDERS WAY EKL GROVE, CA 95624	INSURERS AFFORDING COVERAGE INSURER A: NAVIGATORS INSURANCE COMPANY INSURER B: STATE FUND INSURER C: INSURER D: INSURER E:

COVERAGES
 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE	CLASS	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	GAN08903	05/13/06	05/13/07	EACH OCCURRENCE 2 \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Per occurrence) 3 \$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person) 3 \$ 5,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER OCCUR <input type="checkbox"/> LCC				PERSONAL & ADV INJURY 3 \$ 1,000,000
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Per accident) 2 \$
		ANY AUTO				BODILY INJURY (Per person) 3 \$
		ALL OWNED AUTOS				BODILY INJURY (Per accident) 3 \$
		SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) 3 \$
		HIRED AUTOS				AUTO ONLY - EA ACCIDENT 3 \$
		NON-OWNED AUTOS				OTHER THAN AUTO ONLY: CA ACC 3 \$
		GARAGE LIABILITY				AUTO ONLY: AGG 3 \$
		ANY AUTO				EACH OCCURRENCE 3 \$
		EXCESS/UMBRELLA LIABILITY				AGGREGATE 3 \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				3 \$
		DEDUCTIBLE				3 \$
		RETENTION \$				3 \$
B		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	713	05/12/06	05/12/07	EL EACH ACCIDENT 3 \$ 1,000,000
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				EL DISEASE - CA EMPLOYEE 3 \$
		OTHER				EL DISEASE - POLICY LIMIT 3 \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 33471


Date January 12, 2007

Re. 1500 Broadway Project (Joe Marty's Sports Bar), plan check #0616021

City of Sacramento Building Dept:

Please allow John Neff of Patterson + Neff design group, inc. to act in my behalf for the purpose of pulling the construction permit for the above mentioned project.

Please feel free to call me with any questions. Thank you.


Allan Blumenfeld, Owner
Tower Realty

cc Patterson + Neff design group, inc.

Phone (415) 921-1419

Fax (415) 474-4325

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 05-01-2006

GROUP: 000713
POLICY NUMBER: 0013884-2005
CERTIFICATE ID: 1
CERTIFICATE EXPIRES: 05-01-2007
05-01-2006/05-01-2007

CONTRACTORS STATE LICENSE BOARD
WORKERS COMPENSATION-UNIT
P.O. BOX 26000
SACRAMENTO, CA 95826

NF

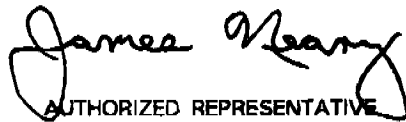
LICENSE NUMBER: LICENSE: 807470
INCEPTION DATE: 05-01-2006
DO: NF
STATE FUND - SACRAMENTO

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days advance written notice to the employer.

We will also give you 10 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.


AUTHORIZED REPRESENTATIVE


PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

EMPLOYER

NATIONWIDE CONSTRUCTION SERVC'S INC
8784 FOUNDERS WAY
ELK GROVE CA 95624

NF

STATE OF CALIFORNIA

Contractors State License Board

Pursuant to Chapter 9 of Division 3 of the Business and Professions Code and the Rules and Regulations of the Contractors State License Board, the Registrar of Contractors does hereby issue this license to:

NATIONWIDE CONSTRUCTION SERVICES INC

to engage in the business or act in the capacity of a contractor in the following classification(s):

B - GENERAL BUILDING CONTRACTOR

Witness my hand and seal this day, April 27, 2005

Issued May 1, 2002

Reissued April 26, 2005

Signature of Registrar of Contractors

Stephen P. Sands
Registrar of Contractors

Reassigned 807470

License Number

SIGNATURE OF LICENSEE

SIGNATURE OF LICENSE QUALIFIER

This license is the property of the Registrar of Contractors, is not transferrable, and shall be returned to the Registrar upon demand when suspended, revoked, or invalidated for any reason. It becomes void if not renewed.

MOTHER LODE INS SRVC
 PO BOX 1310
 SHINGLE SPRINGS, CA 95682
 530-677-8755

drive

NON-ADMITTED INSURANCE

Policy number: 05567156-0

Underwritten by:
 UNITED FINANCIAL CASUALTY COMPANY
 December 29, 2006
 Page 1 of 1

Certificate of Insurance

Certificate Holder	Insured	Agent
SEQUOIA PACIFIC BUILDERS ATTN: KATHIE NIPPERT 1358 BLUE OAK BLVD #100 ROSEVILLE, CA 95678	NATIONWIDE CONSTRUCTION I 9784 FOUNDERS WAY ELK GROVE, CA 95624	MOTHER LODE INS SRVC PO BOX 1310 SHINGLE SPRINGS, CA 95682

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Dec 14, 2006

Policy Expiration Date: Dec 14, 2007

Insurance coverage(s)	Limits
EMPLOYER'S NON-OWNED AUTO BIPD	\$1,000,000 COMBINED SINGLE LIMIT
BODILY INJURY/PROPERTY DAMAGE	\$1,000,000 COMBINED SINGLE LIMIT
HIRED AUTO BODILY INJURY/PROPERTY DAMAGE	\$1,000,000 COMBINED SINGLE LIMIT
UNINSURED/UNDERINSURED MOTORIST	\$1,000,000/\$1,000,000

Description of Location/Vehicles/Special Items

Scheduled autos only

1989 FORD F250 1FTEF26N8KLA04673	
MEDICAL PAYMENTS	\$5,000
UNINSURED MOTORIST PROPERTY DAMAGE	\$3,500

Certificate number

36306NET156

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.

