

NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL, PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.

INSPECTION	INSPECTOR	DATE
B10 FOUNDATION FORMS		
E60/B11 UFER GROUND		
B12 CONCRETE SLAB FORMS		
P40 PLUMB. UNDERFLOOR/SLAB		
M30 MECH/UNDERFLOOR/SLAB		
E61 ELECT. UNDERGROUND		
E62 ELECT. CONDUIT-SLAB		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B13 FLOOR JOISTS OR GIRDERS		
DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED		
B14/15 INSULATION/WALL/FLOOR		
P41 TOP PLUMBING		
M31 TOP MECHANICAL/WALL/CEIL.		
E63 ROUGH ELECTRICAL/WALL/CEIL.		
B19 FRAME		
B17 ROOF PLYWOOD NAIL COMM. & APPTS		
B18 EXTERIOR LATH/SIDING		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B22 INT LATH OR WALL BD. NAILING		
DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
E66 SERVICE UNDERGRD CONDUIT		
P43 SEWER SERVICE		
P42 WATER SERVICE		
P46 SPRINKLER SYSTEM		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
E42/M33 GAS TEST		
P48 TEMP GAS		
E68 POWER POLE		
E67 TEMP POWER #		
SWIMMING POOLS ONLY		
P47 GAS TEST		
P51 PLUMBING PRE-GUNITE		
P52 PLUMBING PRE-DECK		
E70 ELECTRICAL PRE-GUNITE		
E71 ELECTRICAL PRE-DECK		
E72 ELECTRICAL UNDERGRD		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		

FINAL APPROVALS

VF 3-23-01

DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED
THIS CARD TO BE POSTED ON JOB AT ALL

BUILDING SITE ADDRESS

3119 BROADWAY

SUITE

INSP AREA

ASSESSOR PARCEL NO. 010-0303-005

COMMUNITY PLAN NO.

PLAN CHECK NO.

NAME OF APPLICANT

ADDRESS

ZIP CODE

PHONE NO.

LICENSED CONTRACTOR

901 SUNRISE BLVD
ROSEVILLE, CA

789-0510

PROPERTY OWNER

199 1ST STREET SUITE 212
LOS ALTOS, CA

650-941-5681

ARCH. ENGR.

2420 K ST
SACRAMENTO, CA

LICENSE NO.

APPLIED ARCHITECTURE

SACRAMENTO, CA

ZIP CODE

PHONE NO.

NO. OF STORIES

NO. OF ROOMS

ROOF COVERING

AREA 1ST FLOOR

TOTAL AREA

GARAGE AREA

PATIO AREA

USE ZONE

STREET WIDTH

THIS PERMIT IS FOR

BUILDING

MECHANICAL

PLUMBING

ELECTRICAL

SITE

FIRE

NATURE OF WORK IN DETAIL

REMODEL EXISTING RESTAURANT (PHASE 1)

OCCUP. GROUP

B

FLOOD STATUS

NR

SPECIAL CONDITIONS ATTACHMENTS:

X11; X12

CITY OF SACRAMENTO

BUILDING INSPECTION DIVISION

264-5191

INSPECTIONS

VALUATION

\$49,500.00

ISSUED BY:

DATE ISSUED

PERMIT FEE

\$

PLAN CHECK/PROC. FEE

\$

S.M.I. FEE

\$

CONST. EXCISE TAX

\$

CITY BUS LICENSE

\$

TECH. FEE

\$

WATER DEV. FEE

\$

CITY SEWER DEV. FEE

\$

REG. LIBRARY/SEWER/RESIDENTIAL CONST. TAX

\$

TOTAL FEES

\$

PLANNING SERVICES

\$

PLANNING SERVICES

\$

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 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. My workers' compensation insurance carrier and policy number are:

Carrier: _____
Policy Number: _____

This section need not be completed if the permit is for one hundred dollars (\$100) or less. I certify that the performance of the work for which this permit is issued, I shall and 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 these provisions.

Date: _____ Applicant (Signature): _____

WARNING FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL PENALTIES INCLUDING FINE AND IMPRISONMENT AS PROVIDED FOR IN SECTION 3700 OF THE LABOR CODE, PENALTIES AND ATTORNEY'S FEES.

VALUATION	\$49,500.00	FIRE SP.	
ISSUED BY:		PERM. NO.	
DATE ISSUED		FED. CODE	
BUILDING PERMIT FEE	\$	18	
PLAN CHECK/PROC. FEE	\$		
S.M.I. FEE	\$		
CONST. EXCISE TAX	\$		
CITY BUS LICENSE	\$		
TECH. FEE	\$		
WATER DEV. FEE	\$		
CITY SEWER DEV. FEE	\$		
REG. LIBRARY/SEWER/RESIDENTIAL CONST. TAX	\$		
TOTAL FEES	\$		

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 # 00.04586 Insp. Area 3

Applicant **MUST** complete ALL Unshaded areas

ADDRESS _____ Suite _____

PARCEL # 010.0303.005

<p align="center">CONTACT</p> <p>Name _____</p> <p>Street Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>	<p align="center">LICENSED CONTRACTOR Lic No. # <u>754</u></p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>
<p align="center">ARCHITECT/ENGINEER</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>	<p align="center">OWNER</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____

→ WORKER'S COMPENSATION POLICY # Take from 761-44 EXPIRATION DATE: 10/01/01

NATURE OF WORK IN DETAIL: _____

Removal of building PHASE I

OCCUPANT/TENANT: HARMON VALUATION: \$ 450,000

FLOOD STATUS: <u>NR</u>		S.C.A.T. <u>X11; X12</u>								
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(✓)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
<u>1</u>		<u>1695</u>		<u>B</u>	<u>VN</u>	SPR	ALARM	<u>1B</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>D</u>	<u>F</u>	<u>S</u>		<u>D</u>	PW	UTIL

COMMENTS: Environmental review on review future T.I. No review needed
plus application. Call City/County 4/28/01 916) 874-6428 **PHASE II**

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

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: Mexican CAFE Phone: 789-0510
 Site Address: 3179 BROADWAY Suite: _____
 (Street) (Zip)
 Business Owner/Representative: Joe LeFord Phone: 7890510
 Nature of Business: Mexican CAFE
 Property Owner: HARMONDS Phone: _____
 Address: 199 1st St Suite: _____
Los Altos (City) CA (State) 94022 (Zip)

2 Are you developing an undetermined tenant space? Yes ___ No Is this permit for a shell building? Yes ___ No

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

4 Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No

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: Joe LeFord
 (Print)
Joe LeFord (Signature) _____ (Date)

BID Use Only: Plan Ck# _____	Permit # <u>0004586</u>
OK to issue prmt? Y <u>12/13/00</u> F.D. Appr Req'd? <u>Yes</u> No	init date
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 _____	