

CITY OF SACRAMENTO

Permit No: 9805260

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 901 EL CAMINO AV SAC

Sub-Type: NOTHR

Parcel No: 2650321016

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

TAYLOR ROBERT P & JANICE M
901 EL CAMINO AV
SACRAMENTO CA 95815

Nature of Work: NEW FLOOR SINK

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);

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 6/12/98 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 abovementioned property for inspection purposes.

Date 6/12/98 Applicant/Agent 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 No Employee Policy Number

(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 6/12/98 Applicant 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
APPLICATION FOR COMMERCIAL BUILDING PERMIT

980 5260 c

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # 980558 c **Insp. Area** 4

Applicant MUST complete ALL Unshaded areas this page only

ADDRESS 901 E/ Camino Ave **Suite** _____
PARCEL # 265-0321-025

<p align="center">CONTACT</p> <p>Name <u>James Barber</u> Address <u>PO Box 2316</u> <u>San Gabriel</u> Zip <u>91770</u> Phone <u>(888) 341-3151</u> FAX <u>927-8777</u></p>	<p align="center">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name _____ Address _____ _____ Zip _____ Phone _____ FAX _____</p>
<p align="center">ARCHITECT/ENGINEER</p> <p>Name <u>Shimotsu Architecture</u> Address <u>2705 K ST #6</u> <u>Sacramento</u> Zip <u>95816</u> Phone <u>325-1880</u> FAX <u>325-1885</u></p>	<p align="center">OWNER/TENANT</p> <p>Name <u>Fred Taylor</u> Address <u>9672 Sandberry Way</u> <u>OLANDALE</u> Zip <u>95662</u> Phone <u>(920) 878-1458</u> FAX _____</p>

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

→ If yes, WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: was Popey's Restaurant closed 4 yrs now to
Re open as same
New floor sink safety wip? gas test

DBA: _____ VALUATION: \$ 800

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSP. DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SHE	FIRE		
# Stories	1st fl Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
						Spr	Alarm			
B	L	P	M	E	F	S		D	R	

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No **HEALTH DEPARTMENT?** Yes No

LETTER OF AGENCY

If the applicant is not the owner of record of the subject site, a Letter of Agency (Form B) from the owner or the owner's authorized representative must be submitted which grants the applicant permission to make application for the requested entitlement.

Date: 6/6/98

To: City of Sacramento
Department of Planning and Development
1231 I Street, Suite 200
Sacramento, CA 95814

Planning and Development Department:

I, the undersigned legal owner of record, hereby grant permission to:

Applicant: James Banks Phone: (888) 341-3151

Applicant's address: P.O. Box 2316 San Gabriel, Ca 91778

to apply for the following entitlement(s):

- Plan Amendment
- Rezoning
- PUD Designation
- Tentative Map
- Lot Line Adjustment
- Subdivision Modification
- Special Permit
- Variance
- "R" Review (Development Plan Review)
- Other

The subject property is located at 901 El Camino Ave

Assessor's Parcel Number 265-03211-025

Bob Taylor
Signature of owner of record (must be original)

Fred / Robert Taylor
Name of owner of record

3500 SUGARVIEWED 1-530-878-1458
Address of owner of record Phone
MEADOW VISTA, CAL 95722

Application Number _____