

CITY OF SACRAMENTO

Permit No: 9810744

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 602 12TH ST SAC

Sub-Type: ACOM

Parcel No: 0020157008

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

GARFINKEL ALAN
3206 WILLOW PASS RD
CONCORD CA 94519

Nature of Work: TI FOR DOMINOS PIZZA

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 1-21-99 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 1-21-99 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 Policy Number Exp Date

(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 1-21-99 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.

APPLICATION FOR **[REDACTED]** BUILDING PERMIT

98157444

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

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

PLAN CHECK # 6463 Insp. Area \_\_\_\_\_

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

ADDRESS 602 12<sup>th</sup> ST SACRAMENTO Suite \_\_\_\_\_  
PARCEL # 002-0157-008-0000

<b>CONTACT</b> Name <u>Tim O'Connell</u> Address <u>3449 Del Mesa Ct</u> <u>SACRAMENTO CA</u> Zip _____ Phone <u>916-483-5225</u> FAX <u>916-486-4996</u>		<b>LICENSED CONTRACTOR</b> Lic No. # _____ Name <u>013</u> Address _____ Zip _____ Phone _____ FAX _____	
<b>ARCHITECT/ENGINEER</b> Name <u>California Western Group</u> Address <u>2100 Northleaf Ave</u> <u>SACRAMENTO CA</u> Zip <u>95822</u> Phone <u>916-923-6447</u> FAX _____		<b>OWNER</b> <u>[REDACTED] CO. INC.</u> Name <u>SACRAMENTO'S GREATEST PIZZA</u> Address <u>7250-B FAIR OAK Blvd.</u> <u>CARMICHAEL, CA</u> Zip <u>95608</u> Phone <u>916-483-5225</u> FAX <u>916-486-4996</u>	

→ 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: TENANT IMPROVEMENT FOR DOMINO'S PIZZA DELIVERY ONLY UNIT

DBA: DOMINO'S PIZZA VALUATION: 23,000

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>1265</u>		<u>B</u>	<u>V</u>	Sprink	Alarm			
(B)	(L)	(P)	(M)	(E)	(F)	(S)	(D)	(R)		

COMMENTS: Start 1st cycle - Expedite

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

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

PL 6463

City of Sacramento Development Services Division  
Planning and Zoning Information Request

Project Address: 602 12<sup>th</sup> ST Sacramento, CA

Assessor's Parcel Number: 002-0157-008-0000

Current Land Use: C-2

Description of Request/Proposed Use: Pizza Delivery

Domino's Delivery Only

No Signs

Zoning Designation: C-2

Prior Applications for Project Site(P#,Z#,DRPB#): \_\_\_\_\_

Comments: Business defined two as

a retail business. The

parking requirement is

2 spaces per 250 sq ft. However, historically

the space was used for retail

Are There Any Planning Issues?: (Circle One)

YES

NO

Site Plan Check Required? (Circle One)

YES

NO

Design Review/ Preservation Required? (Circle One)

YES

NO

Planning Review by/Date: [Signature]

10.28.99

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

DIVISION OF WATER & SEWER  
INFORMATION SHEET  
RE:  
GREASE INTERCEPTOR REQUIREMENT\*

CONTACT:  
Farrell Crawford  
Division of Water/Sewer  
5730 24th St. Bldg. #20  
Sacramento, CA 95822  
(916)433-6224  
FAX# (916)433-6328

- 1 APPLICANTS NAME: SACRAMENTO'S GAMMA PIZZA CO INC PHONE: 916-483-5225  
ADDRESS: 602 12<sup>th</sup> ST SACRAMENTO, CA  
DATE: 1-13-99
- 2 FIRM NAME: Same: DBA DOMINOS PIZZA PHONE # 483 5225 FAX# 486-4996
- 3 PROJECT LOCATION: 602 12<sup>th</sup> ST SACRAMENTO, CA TYPE  
OF BUSINESS: Pizza Delivery NEW  
OR REMODELING TE OF EXISTING LOC.
- 4 REFERRED TO WATER & SEWER DIVISION BY: SACR CITY BUILDING DEPT.
- 5 IF PROJECT WILL PREPARE FOOD:  
A) CARRY-OUT X OR SIT-DOWN SERVICE  
B) NUMBER OF SIT-DOWN CUSTOMERS: 0  
C) TYPES OF FOOD SERVED PIZZA, Bread sticks  
D) TYPE OF PLATES, CUPS USED NONE
- 6 EQUIPMENT PURPOSE:  
A) GARBAGE GRINDER 0 B) VEGETABLE GRINDER  
C) SOLIDS COMPACTOR 0 D) STEAM TABLE  
E) POT & PAN SINKS 1 F) GREASE INTERCEPTORS: 0  
EXISTING SIZE G) OTHER
- 7 DRAWINGS PROVIDED BY:  
A) ARCHITECT B) MECHANICAL ENGINEER  
C) PLUMBING CONTRACTOR X D) GENERAL CONTRACTOR  
E) OTHER
- 8 INTERCEPTOR TYPE RECOMMENDED BY:  
A) OWNERS REP.  
B) BUILDING INSPECTION DIVISION as per sewer department  
C) SEWER MAINTENANCE SECTION None recommended at this time: Norm Chad  
D) WATER & SEWER ADMINISTRATION
- 9 RECOMMENDATION FORWARDED TO:  
A) BUILDING INSPECTION ON  
B) OWNERS REP. ON  
C) SEWER MAINT. SECTION ON
- 10 INFORMATION COMPILED BY:  
A) NAME: Tim O'Connell  
B) DATE: 1-13-99

\* 9/2/80 RWJ  
9/10/80 RWJ. REV 11

P.C. # 6463