

CITY OF SACRAMENTO

Permit No: 9715527

1231 I Street, Sacramento, CA 95814

Insp Area: 3

Site Address: 3832 STOCKTON BL SAC

Sub-Type: REM

Parcel No: 0140294007

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

ADAMS GEORGIA JOANN
1340 44TH ST
SACRAMENTO CA 95819

Phone:

Phone:

Phone:

Nature of Work: FACADE IMPROVEMENTS&REMODEL INTERIOR VACANT SPACE WAREHOUSE

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 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 or 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 or 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 November 30, 1997 Owner Signature George J Adams

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.

Date November 30, 1997 Applicant/Agent Signature George J Adams

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

(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 November 30, 1997 Applicant Signature George J Adams

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
DEVELOPMENT SERVICES DIVISION

5363X

EXPRESS PLAN REVIEW

DATES					
1ST REVIEW		RECHECK		CHECK	
IN	OUT	IN	OUT	IN	OUT
8/25/97	1/1	9/13/97	1/1	11/8	1/1

PLAN CHECK NO. 5363	CONDA	RES.
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CONTACT PERSON: George Adams PHONE: 5-6397
 PROJECT ADDRESS: 3932 Stockton Blvd. FAX: ?
 DESCRIPTION OF WORK: _____

DEPARTMENT	1ST REVIEW			RECHECK			2ND RECHECK		
	EPR	OC	APPR	EPR	OC	APPR	EPR	OC	APPR
ENGINEERING									
PLUMBING									
ELECTRICAL									
Mechanical									
Fire Safety	6/27/97			6/27/97					11/7/97
Other									
Other									
Other									
Other									

Legend:
 EPR = OK for Express Plan Review
 OC = OK for Over the Counter Recheck
 APPR = Approved as submitted

Called
 10-26
 9-26
 8-26
 11-5-97
 10-26-97
 10-26-97

**CITY OF SACRAMENTO
APPLICATION FOR BUILDING PERMIT
DEPARTMENT OF PLANNING AND DEVELOPMENT
BUILDING INSPECTION DIVISION**

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

WORKERS COMP POLICY #
COMPANY

EXP. DATE

ADDRESS 3832 STOCKTON BLVD
 PARCEL # 014 0294 007

P.C. # 5363
SUITE # _____
AREA # 3C

CONTACT

LICENSED CONTRACTOR

NAME GEORGIA J ADAMS
ADDRESS 1340 44ST
SAC CA ZIP 95819
PHONE 916-855-6397 FAX: ()

NAME _____
ADDRESS _____
PHONE _____ ZIP _____

ARCH./ENG.

OWNER/

NAME TED WALKER
ADDRESS PO BOX 189681
SAC CA. ZIP 95818
PHONE _____

NAME GEORGIA J. ADAMS
ADDRESS 1340-44ST
SAC. CAL ZIP 95819
PHONE 916-855-6397

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE? YES NO

NATURE OF WORK IN DETAIL: ~~STRUCTURAL~~ ~~FA~~ ~~REPAIR~~
FACADE IMPROVEMENTS & TENANT IMPROVEMENTS
REMODEL FOR

D.B.A. _____ VALUATION 15,000

BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS Zone X S.C.A.T. _____

JOB DESCR. BLDG SHEL APT TI() REMODEL SW FIRE ADD OTH

INSP. DISCIPLINES BLDG MECH PLUMB ELEC SITE FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	USE ZONE	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FED CODE	VIO. FILE
			<u>C2</u>	<u>RE</u>	<u>V.N</u>	<u>N</u>	<u>10</u>	<u>V (Housing)</u>
<u>B</u>	<u>L</u>	<u>D</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>R</u>
						<u>13</u>		

COMMENTS: _____

Housing Case - To be issued by Housing

Planning Division COMMERCIAL PRELIMINARY Information Request

BUILDING CHECK ONE:

Over the counter review and issue permit _____
Will be taken in and reviewed for site conditions _____
Will be taken in but not reviewed for site conditions _____
Information only, pre-submittal information _____

Customer Name: GEORGIA ADAMS Phone Number: 4 855 6397

Project address: 3832 STOCKTON BLVD
APN: 014-294-007 Current site use: STORAGE

Need to verify APN Proposed Site use: WAREHOUSE

Describe what is being requested: APPROVAL & COMMENTS
exterior changes

Requested by: [Signature] Date: 8-25-97

Zone C-2 Overlay / SPD / PUD / R-review _____
Planning staff Review required _____
Planning Hearing required _____
Design Review required _____
No Planning Issues
Counter ok review by site cond. _____

Prior Applications on site P# _____ Z# _____

DR# 95-194 PB# _____ IR# _____

Comments: EXTERIOR CHANGES PREVIOUSLY REVIEWED (DR 95-194)

Proposed IS CONSISTENT W/ PREVIOUS APPROVAL.

Planning review by: H. Perry Date: 8.25.97

- MUST BE REVIEWED BY PLANNING
- | | | |
|-----------------|----------------------|---------------|
| Care Facilities | Anything Residential | Restaurants |
| Churches | Day care | Sidewalk Cafe |
| Drive-through | Lot Line adjustments | |
| Medical Offices | Bars | |

Security gates
CELLULAR COMMUNICATION FACILITIES

**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: GEORGE J. ADAMS - OWNER/OWNER Phone: 9168558397

Site Address: 3822 STUBBINS AVE, SACRAMENTO Suite: _____

Business Owner/Representative: SELF (Street) _____ (Zip) _____

Nature of Business: WILL REMOVE BUILDING FOR PERMIT 9715527

Property Owner: GEORGE J. ADAMS Phone: _____

Address: 1340-44 ST Suite: _____

SACRAMENTO (City) CA (State) 95819-4477 (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 RMP 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: GEORGE J. ADAMS (Print) [Signature] (Signature) _____
Date: 11-20-97 (Date)

BID Use Only: Plan Ck# _____ Permit # <u>9715527</u>	OK to issue permit? Y _____ F.D. Appr Req'd? Yes No _____
Fire Dept. Use Only: OK to issue permit? int _____ date _____	OK to issue Certificate of Occupancy? int _____ date _____