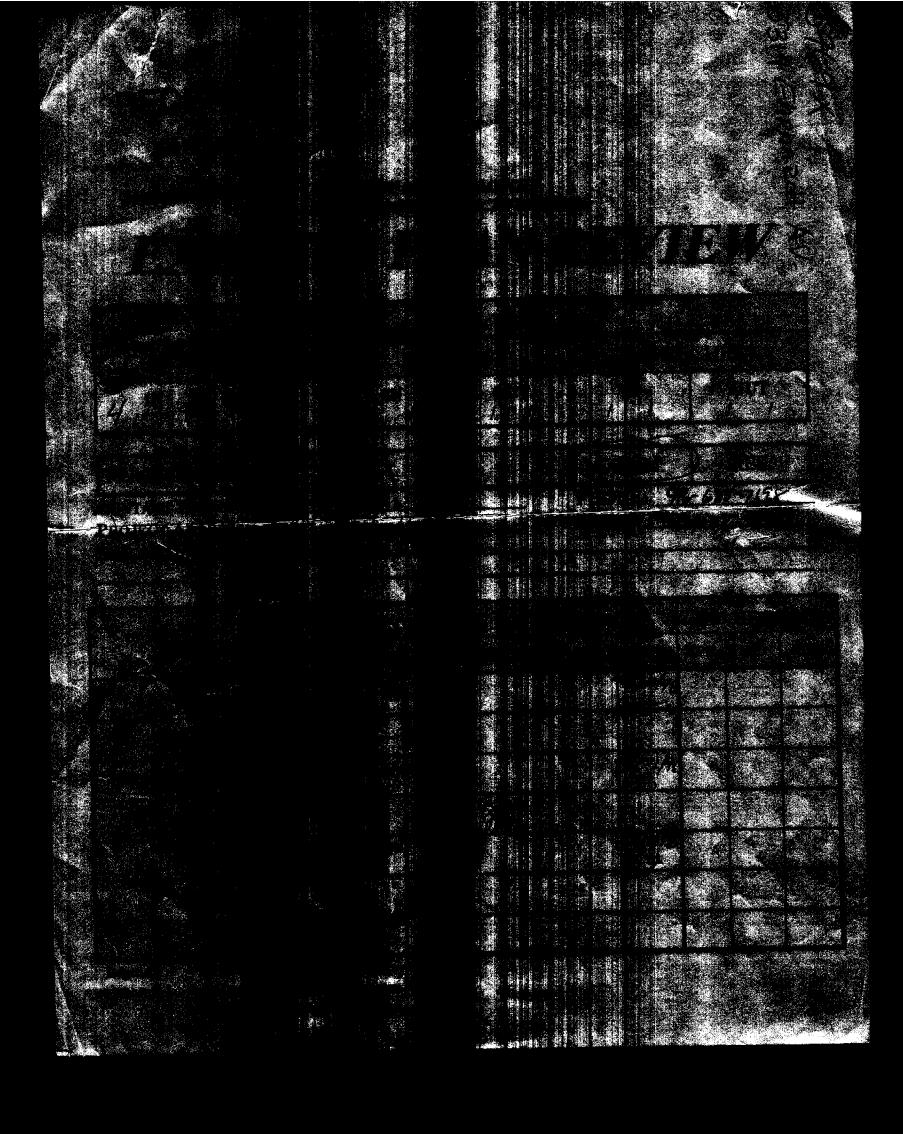
## CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814 Insp Area: Sub-Type: ACOM Site Address: 5314 EHRHARDT AV SAC Housing (Y/N): N UP TO 6 CLIENTS 1170132021 Parcel No: ARCHITECT CONTRACTOR **OWNER** ELLSWORTH RICHARD W/MARLENE K RL FUHS ENTERPRISES 5314 EHRHARDT AV 9228CUPERTINO DR SACRAMENTO CA 95624 ELK GROVE CA Nature of Work: CONVERT GARAGE TO LIVING AREA; CARE FACILITY 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'sAddress\_ Lender's Name 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 Number 59387 / Date 5-6-98 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:\_ 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. Applicant/Agent Signature WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of berjury 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: 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. 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.

Permit No:

9802755



CITT OF SACKAMENIO APPLICATION FOR BUILDING PERMIT DEPARTMENT OF PLANNING AND DEVELOPMENT 0 3755 C BUILDING INSPECTION DIVISION 980 3755 C 1231 I Street, Room 200 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046 APR 1 3 1998 P.C. # 5767X Building Inspection, Division 117 - 0132 SUTTE # AREA# CONTACT -LICENSED CONTRACTOR LIE# NAME NAME Worker's Comp Policy ADDRESS **ADDRESS** 922 ZIP 95624 PHONE FAX: ( 7/98 FAX(916) 685-7/99 ARCH./ENG. OWNER ADDRESS NAME ADDRESS ZIP ΖIP PHONE PHONE ( FAX( WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE? NO Garage R 2.2A D.B.A. VALUATION S.C.A.T. FLOOD STATUS JOB DESCR. BLDG SHEL REM(/) ADD ) OTH FIRE INSP. DISCIPLINES PLUMB X BLDG MECH SITE # OF OCCUP. GROUP TOTAL CONST. FIRE AREA VIO. STORIES AREA ALARM TYPE SPRINK FILE 400 SFAR 1.HV

(REGIONAL SAN FEES? Y/N)

REVISEDIZ

(HEALTH DEPT?Y/N)

## 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 Phone Number: Customer Name: EMPLHOROC Project address: APN: 117-0132 INITIAL 10 Need to verify AN Describe what is being required: ARA OLA Requested by: Overlay / SPD / PUD / R-review Zone Planning staff Raview required Planning Hearing required Design Review required No Planning Issues Counter ok review by site cond Prior Applications on site P DR# Comments: Planning review by MHILLO MUST BE REVIEWED BY PL

Care Facilities

Sementy GARES

Churches
Drive-through
Medical Offices

Anything Res

CELLULAR COMMENICATION FACILITIES

Sidewalk Cafe

## 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: Site Address: (Street) Business Owner/Representative: Nature of Business: \_ Phone: 3 55-15 No X is this permit for a shell building? Yes 2. Are you developing an undetermined tenant space? Yes \_\_\_ Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials. Does/Will your business generate hazardous waste? 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ 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. 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? 6. Do you handle, store or transport any amount of acutely hazardous materials? Yes 7. Is/Will your business be located within 1,000 feet of a school? 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 V 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. Permit # BID Use Only: F.D. Appr Req'd? OK to issue prmt? init date Applicant's Name: Yes Wo Hold on Certificate of Occupancy? (Print) Fire Dept. Use Only: date OK to issue permit? init (Signature) OK to issue Certificate of Occupancy? init date

**Building Use-Building Address** Owner Address -Building Owner. This Certificate, issued pursuant to the requirements of Sethon 109 of the Uniform Building Code, certifies that at time This Certificate, issued pursuant to the requirements of Sethon 109 of the Uniform Building Code as of issuance the described portion of the building anabeen inspected for compliance with the Uniform Building Code as of issuance the described portion of the Section of the Se not be valid. This certificate shall be posted the City Building Official. No changes shall Portion of Building Occupied Building Official. Withe la/Gilpin/Rodgers/ 09 /8 /8 RON PECCE Rickat POST IN A IFIGATE OF OCCUPANCY CITY-OF-SACRAMENTO The state of the s mation Contact (916) 264, NSPICUOUS PLACE City/Bullding Official ford J. Boehm, P.E. Sprinkledax)Yes () No incy R2 284 uction Type VN 98-02755