

CITY OF SACRAMENTO

Permit No: 9812637

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 4213 NORWOOD AV SAC

Sub-Type: TI

Parcel No: 2370100031

SEPERATE PERMIT FOR TI

Housing (Y/N): N

CONTRACTOR

ADAL ELEC & CONST INC
7680 MORNINGSIDE DR
GRANITE BAY 95746

OWNER

HAPSMITH NORWOOD PROPERTIES L
4950 PACIFIC AVE
STOCKTON CA 95207

ARCHITECT

PHILIP HAWKINS ARCHITECT&ASSOC
2280 GRASSVALLEY HWY#272
AUBURN CA 95603

Nature of Work: LANDLORD IMPROVEMENTS FOR FUTURE TENANT

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 B-1 License Number 552190 Date 1/1/99 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 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 hereby authorize representative(s) of this city to enter upon the above mentioned property for inspection purposes.

Date 1/5/99 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 State Fund Policy Number 1325321 Exp Date 10/01/99

(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 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 [REDACTED] BUILDING PERMIT

98-12637CK

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION
 1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK _____ Insp. Area _____

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

ADDRESS 4213 NORWOOD Suite _____
 PARCEL # 237-0100-035 031

CONTACT Name <u>PHILIP HAWKINS ARCHITECT & ASSOC.</u> Address <u>2280 GRASS VALLEY HWY. #272</u> <u>AUBURN, CA.</u> Zip <u>95603</u> Phone <u>(530) 887-1234</u> FAX <u>(530) 887-1643</u>		LICENSED CONTRACTOR Lic. No. <u>552180</u> Name <u>ADAL CONSTRUCTION</u> Address <u>7680 MORNINGSIDE DR</u> <u>GRANITE BAY, CA.</u> Zip <u>95746</u> Phone <u>(916) 791-2329</u> FAX _____	
ARCHITECT/ENGINEER Name <u>PHILIP HAWKINS ARCHITECT & ASSOC.</u> Address <u>SAME</u> Zip _____ Phone _____ FAX _____		OWNER Name <u>ADVANCE AMERICA, INC.</u> Address <u>931 E. MAIN ST.</u> <u>SPARTANBURG, S.C.</u> Zip _____ Phone <u>530-620-4762</u> FAX <u>530-620-0911</u>	

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

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

NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: DEMOLISH WALL, RESTROOM, SUSPENDED CLG. AND LIGHTING - TENANT IMPROVEMENT AND EXISTING CHOPPING CENTER
Landlord improvements for future tenant

DBA: Advance America VALUATION: 12,000

FLOOD STATUS:		S.C.A.T. <u>X-30</u>							
JOB DESCRIPTION	BLDG	SHEL	APT	TIC <input checked="" type="checkbox"/>	REM ()	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fed Code	Vio. File	
		<u>1298</u>		<u>B</u>	<u>V 1A2</u>	<input checked="" type="checkbox"/> Spr <input type="checkbox"/> Alarm	<u>15</u>		
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input type="checkbox"/> S	<input checked="" type="checkbox"/> D	<input type="checkbox"/> R	

COMMENTS:

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION -**

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
12/28/98	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 119637K
 ADDRESS: 9213 Norwood Dr.
 Commercial Residential

ACCEPTED by (Staff):
CP

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	3	GTL	12/30						
STRUCTURAL									
MECHANICAL/PLUMBING	13	NB	12/30						
ELECTRICAL	3	Am	12/30/98						
FIRE	13	DW	30 Dec 98						
PLANNING									

STAFF COMMENTS: _____

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: ADVANCE AMERICA Phone: (530) 620-4762
 Site Address: 4213 NORWOOD AVE Suite: N/A
(Street) (Zip)
 Business Owner/Representative: PHILIP HAWKINS ARCHITECT Phone: (530) 887-1234
 Nature of Business: CASH ADVANCE
 Property Owner: HAPSMITH Phone: _____
 Address: _____ Suite: _____
(Street)
BEVERLY HILLS (City) _____ (State) _____ (Zip)

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

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 X

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

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 X

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No X

7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No ___ DON'T KNOW

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 ___ DON'T KNOW

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: PHILIP HAWKINS ARCHITECT
(Print)
Philip Hawkins (Signature) 12/31/98 (Date)

BID Use Only: Plan Ck# _____	Permit # <u>98-12637</u>
OK to issue prmt? <u>Y</u> <u>12/15/99</u> <small>init date</small>	F.D. Appr Req'd? Yes <u>(NO)</u>
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 _____	

MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 2-16-99

From: Gordon Duncan,
Fire Marshal

Subject: **FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

4213 NORWOOD AVE

has been conducted by Inspector D. DeMello

on 2-12-99.

48-12637-C

Permit Number

-

Square Footage

OH sprinklers

Type Inspection

The system is acceptable by this department.



By: Ross L. Woodman,
Fire Prevention Officer II

48-347

F. D. Reference Number