

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 9912229**  
**Insp Area: 1**

**Site Address: 455 BERCUT DR SAC**  
Parcel No: 001-0182-025

Sub-Type: ACOM  
Housing (Y/N): N

**CONTRACTOR**  
AAA FIRE PROTECTION SERVICES  
PO BOX 3626  
HANWARD CA 94540

**OWNER**  
MAZAD  
3302 VICTORIA PL.  
DAVIS CA

**ARCHITECT**

**Nature of Work: UPGRADE HOOD FIRE SUPPRESSION SYSTEM**

**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 C-16 License Number 719959 Date 11-8-99 Contractor Signature [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 a 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 3 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 11-8-99 Owner Signature [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 abovementioned property for inspection purposes.

Date 11-8-99 Applicant/Agent Signature [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: FREMONT COMPENSATION Policy Number: WN9955563406 Exp Date: 04/01/2000

(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 11-8-99 Applicant Signature [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**

6473

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

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

ACTIVITY # 9912229 Insp. Area IC

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 455 BERKELEY DR. Suite \_\_\_\_\_

PARCEL # get off computer pls. 001-0182-025

<b>CONTACT</b>				<b>LICENSED CONTRACTOR</b> Lic No. # <u>719959</u>			
Name <u>AARON SUAREZ</u>				Name <u>AAA FIRE PROTECTION</u>			
Address _____				Address <u>23453 BERNHARDT ST.</u>			
Phone <u>916 543-5556</u> FAX <u>(916) 785-6717</u>				Phone <u>1-800-543-5556</u> FAX <u>610-785-6717</u>			
E-mail _____				E-mail _____			
<b>ARCHITECT/ENGINEER</b>				<b>OWNER</b>			
Name <u>A</u>				Name <u>MOHAMMED AZAD</u>			
Address _____				Address <u>3302 VICTORIA PL DAVIS</u>			
Phone _____ FAX _____				Phone <u>(630) 219-1373</u> FAX _____			
E-mail _____				E-mail _____			

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: FREEMONT COMP

→ WORKER'S COMPENSATION POLICY # wn0995563405 EXPIRATION DATE: 4-01-2000

NATURE OF WORK IN DETAIL: INSURANCE UPGRADE EXISTING FIRE SUPPRESSION SYSTEM IN HOOD TO UL 300 STANDARDS

OCCUPANT/TENANT: MEMPHIS BBQ VALUATION: \$ 2000.00

FLOOD STATUS:				S.C.A.T.			
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( )	SW <u>FIRE</u> ADD OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	<u>FIRE</u>
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N	Fed Code
				<u>A</u>		SPR ALARM	<u>18</u>
					<u>F</u>		
B	L	P	M	E	<u>F</u>	S	D
							<u>13</u>

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11/5/99

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

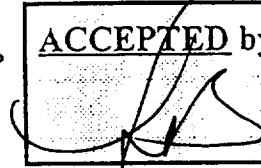
WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
10/21/99	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 6473 99/2229  
 ADDRESS: 455 BERGUT DR  
 Commercial  Residential

ACCEPTED by (Staff): 

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	13	JT	10/21/99						
STRUCTURAL	13	JT	"						
MECHANICAL/PLUMBING			10/22						
ELECTRICAL									
FIRE	03	RMB	10-26-99			11-4-99			
PLANNING									

STAFF COMMENTS:

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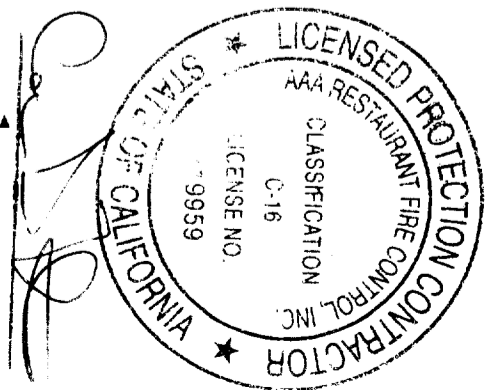
Building Department  
 The approval of this plan is not a guarantee of safety.  
 SHALL NOT be held to permit a violation of any City Ordinance of 1974



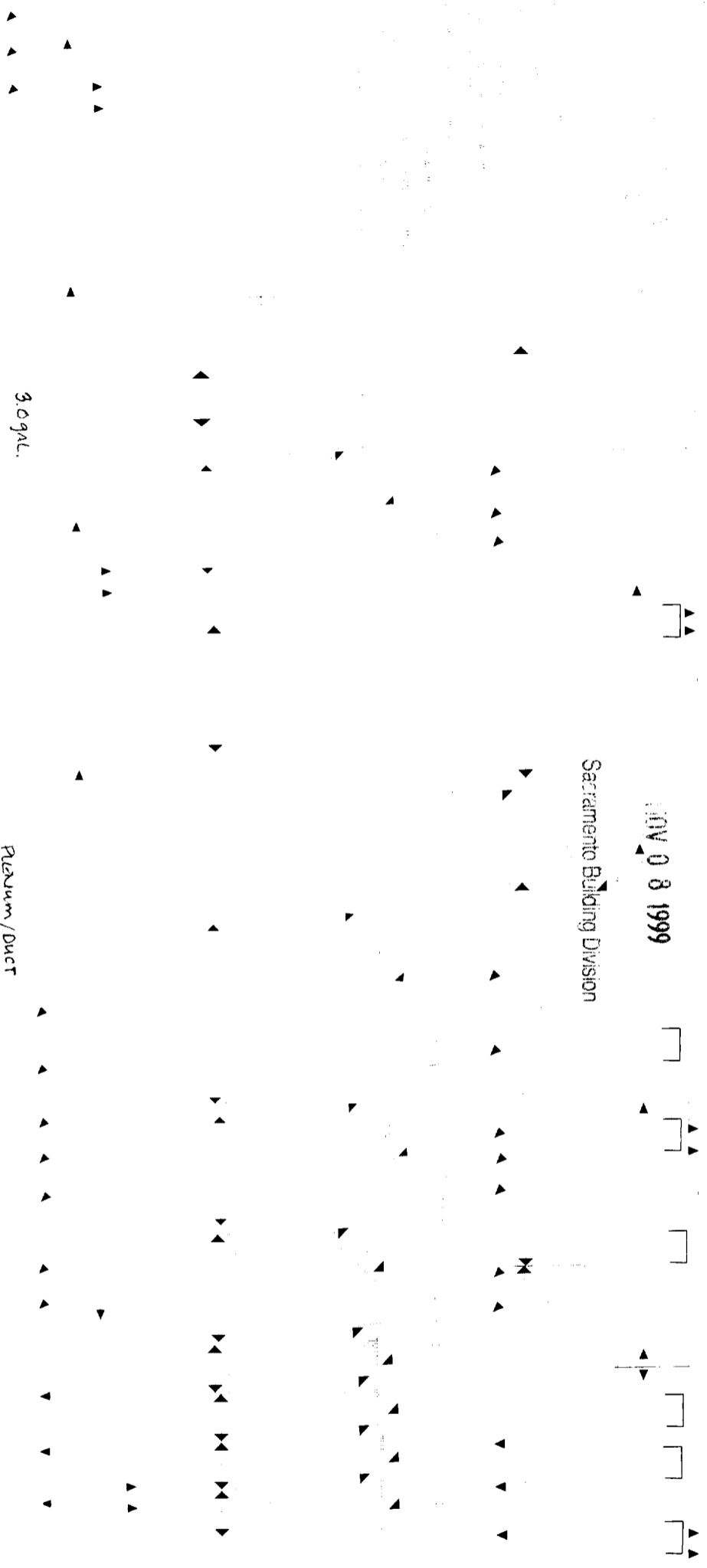
**ISSUED**

NOV 08 1999

Sacramento Building Division



Hood Supp.  
 City Copy  
 99-12229  
 455 BURCUT DR.



Plenum/Duct

ALL DEVICES

**APPROVED**  
 11.4.99  
 SACRAMENTO  
 FIRE DEPARTMENT

\*Contractor to provide  
 shut off for kettle  
 when system is tripped

- 1) Ansul Automan 79290
- 2) Gas Valve 55607
- 3) Remote Pull 4835
- 4) Detection Bracket/360 Dgr 417368/415745
- 5) Duct Protection 2 flow 419337
- 6) Plenum Protection 1flow 419335
- 7) Fryer Protection 2 flow 419339
- 8) Range Protection 1 flow 419333
- 9) Griddle Protection 1 flow 419335

- 10) Broiler Protection 2 flow 419340
- 11) Salamander Protection 2=1flow Spare

Description: Ansul 7.5 and 3.0 Fire Suppression System  
 Meets NFPA 17A/96 and UL 300 Requirements

All pipe to be scheduled 3/8s 40 Black Iron  
 Gas Valve to be readily accessible  
 Measurements are in inches

NOV 04 1999



**AAA Fire Protection Services**

P.O. Box 3626, Hayward, California 94540  
 Telephone: (800) 543-5556 & FAX: (510) 785-6717  
 STATE CONTRACTOR LICENSE #719553  
 CLASSIFICATION C16  
 CALIF STATE AFF'S LICENSE #40117

Quality Service Since 1974

99-04-1166-D