

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0319609

Insp Area: 2

Thos Bros: 337 C3

Site Address: 1441 MEADOWVIEW RD SAC

Sub-Type: TI

Parcel No: 048-0250-025

SUITE C MEADOWVIEW PLAZA

Housing (Y/N):

N

CONTRACTOR

GUAJARDO CONSTRUCTION CO  
5029 J PARKWAY  
SAC CA 95823

OWNER

MCLEAN RICHARD A TRUST  
102 TOWER ROCK CT  
FOLSOM CA 95630

ARCHITECT

Nature of Work: TENANT IMPROVEMENT, INCL. PLUMB, ELECTR, NEW WALLS

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/PC License Number 361195 Date 12/24/03 Contractor Signature [Signature] FOR DAN GUJARDO

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 12/24/03 Applicant/Agent Signature [Signature] FOR DAN GUJARDO

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:

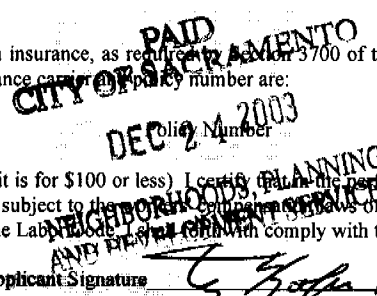
Carrier NO EMPLOYEES Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

(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 provisions of the Labor Code, and I agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall comply with those provisions.

Date 12/24/03 Applicant Signature [Signature] FOR DAN GUJARDO

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 COMMERCIAL BUILDING PERMIT**

**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DEPARTMENT**  
 1231 I Street, Suite 200 or 2101 Arena Bl., 200  
 Sacramento, CA 95814 Sacramento, CA 95834  
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

<b>ACTIVITY #</b> <u>0319609</u>	<b>Insp. Area</b>
-------------------------------------	-------------------

*Applicant to complete all areas down to valuation*

**ADDRESS** 1441 MEADOWVIEW ROAD Suite C  
**PARCEL #** 048-0

<b>CONTACT</b>		<b>LICENSED CONTRACTOR</b> Lic No. # <u>361195</u>	
Name <u>TERRY KOELZEN</u>	Street Address <u>7425 WILLOW CREEK RD</u>	Name <u>GUJARDO CONSTRUCTION</u>	Address <u>8131-36 AVE</u>
City/State/Zip <u>CITRUS HEIGHTS, CA.</u>	Phone <u>965 7341</u> FAX <u>---</u>	City/State/Zip <u>SACRAMENTO, CA 95824</u>	Phone <u>439 5326</u> FAX <u>---</u>
E-mail: <u>SFOX@INTERACTIVESOLUTION.COM</u>		E-mail:	
<b>ARCHITECT/ENGINEER</b>		<b>OWNER</b>	
Name <u>TERRY KOELZEN</u>	Address <u>7425 WILLOW CREEK RD</u>	Name <u>PRP INVESTORS, LLC</u> CAPITAL MANAGEMENT SERVICES	Address <u>PO BOX 215361</u>
City/State/Zip <u>CITRUS HEIGHTS, CA.</u>	Phone <u>965 7341</u> FAX <u>---</u>	City/State/Zip <u>SACRAMENTO 95821</u>	Phone <u>(916) 224-6240</u> FAX <u>(530) 872-5066</u>
E-mail: <u>SFOX@INTERACTIVESOLUTION.COM</u>		E-mail: <u>DEBORAH MILLER @ATT.NET</u>	

→ Will permittee have any employees on the jobsite?  No  Yes → **INSURANCE CO:** \_\_\_\_\_  
 → **WORKER'S COMPENSATION POLICY:** EXEMPTION BEING SENT **EXPIRATION DATE:** \_\_\_\_\_

**NATURE OF WORK IN DETAIL:** FIRST TIME T.O. IN A COMMERCIAL BLDG. CONSISTS OF (A) PLUMBING FOR W/D, MON SINK & SERVICE SINK [REST ROOM IS EXISTING]

**OCCUPANT/TENANT:** NUEVA IMAGEN BEAUTY SALON VALUATION: \$1

<b>FLOOD STATUS</b>				<b>S.C.A.T.</b>						
<b>JOB DESCRIPTION</b>		BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TI ( ) <input type="checkbox"/>	REM <input checked="" type="checkbox"/>	SW <input type="checkbox"/>	FIRE <input type="checkbox"/>	ADD <input type="checkbox"/>	OTHER <input type="checkbox"/>
<b>INSPECTION DISCIPLINES</b>		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1 <sup>st</sup> flr Area.	Total Area	Use Zone	Occp Group	Const type	<b>Fire Req</b> <input checked="" type="checkbox"/> N		Fed Code	Vio. File	
B	<u>73</u>	<u>1050</u>	M	<u>AB</u>	<u>F</u>	SPR	ALARM	<u>D</u>	PW	UTIL
	<u>APPR</u>			<u>APR</u>	<u>70</u>			<u>LV</u>		

**COMMENTS:** MORE INFO NEEDED, ELE; FIRE  
wall details.  
Reg San fees - DOLORIS ROSS

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No  
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Yes  No



Sacramento Regional County Sanitation District  
10545 Armstrong Ave., Ste. 101  
Mather, California  
95655

DECEMBER 24, 2003  
RECEIVING FAX: 916-264-5987  
SENDING FAX: 916-876-6161

TO: **WHOM IT MAY CONCERN**  
  
FROM: **DOLORES ROSS**  
**SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT**

RE: **SEWER FACILITY IMPACT FEES**      APN: **048-0250-025**  
**1441 Meadowview Rd.**                      **Plan Check No. 03-19609**

There are no Sewer Facility Impact Fees due for the following project:

**Project:**      **Beauty Salon ( 2 stations )**  
  
**Address:**      **1441 Meadowview Rd.**

If you have any questions regarding the above, please feel free to call me at 876-6100.

*Sewer Impact Fee Rates quoted with this document represent current rates applicable at the time of quote preparation.  
Since Sewer Impact Fee Rates are subject to change, the rates current at the time fees are paid shall apply.  
Fees are subject to adjustment if the data supplied is changed.*  
**www.srcsd.com /www.csd-1.com**  
**RossD@SacCounty.Net**