

CITY OF SACRAMENTO

Permit No: 9809106

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 3741 ALTOS AV SAC

Sub-Type: REM

Parcel No: 2500092010

Housing (Y/N): N

CONTRACTOR

FRAZIER CONST
9042 LAGUNA LAKE WY
ELK GROVE CA 95758

OWNER

SACRAMENTO MASONIC BUILDING ASS
7048 HOGAN DR
SACRAMENTO CA 95822

ARCHITECT

Nature of Work: REMODELASSEMBLY/OFFICE/DINE/KITCHEN/BAR/NEW
LNDSCAP&RESTRIPE PRKG.

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 License Number 541041 Date 11-25-98 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 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 NOV 25 1998

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 11-25-98 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 State Farm Policy Number 1218902 Exp Date 10/30/99

(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 XXXXXXXXXX BUILDING PERMIT

Waiting  
9809106

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

PLAN CHECK # 6395 Insp. Area 4C

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

Applicant MUST complete ALL Unshaded areas this page only

ADDRESS 3741 ALJOS AVE SAC 95838 Suite \_\_\_\_\_  
PARCEL # 250-0092-010, 250-0092-009, 250-0092-012 & 250-0092-013

<b>CONTACT</b> Name <u>WILLIAM HARPELL</u> Address <u>2320 BROADWAY SAC</u> Zip <u>95818</u> Phone <u>454-2051</u> FAX <u>454-1109</u>		<b>LICENSED CONTRACTOR</b> Lic No. # _____ Name <u>TBA</u> Address _____ Zip _____ Phone _____ FAX _____	
<b>ARCHITECT/ENGINEER</b> Name <u>HARPELL ARCH. PARTNERSHIP</u> Address <u>2320 BROADWAY SAC</u> Zip <u>95818</u> Phone <u>454-2051</u> FAX <u>454-1109</u>		<b>OWNER</b> Name <u>GEORGE BLUE</u> Name <u>SAC. PRINCE HALL MASONIC LODGE</u> Address <u>405 SULLYND WAY SAC</u> Zip <u>95831</u> Phone _____ FAX _____	

→ Will the permittee have any employees on the jobsite?  Yes  No  
 → If yes, WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
 NAME OF INSURANCE COMPANY: \_\_\_\_\_

NATURE OF WORK IN DETAIL: ~~REMODEL~~ 7989 SF REMODEL ASSEMBLY/OFFICE/DINE KIT  
4N ENTRY OVER HANGS BAR  
restripe + landscaping

DBA: MASONIC (PRINCE HALL) VALUATION: 320,000.00

FLOOD STATUS:				S.C.A.T. <u>X 11 X 12 X 13</u>						
JOB DESCRIPTION		BLDG	SHEL	APT	TI( )	REM(X)	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>elec</u>	<u>SITE</u>	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
		<u>7989</u>		<u>A-3B</u>	<u>V 1H</u>	Spr N	Alarm Y		<u>HV</u>	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	<u>R</u>	
Name	<u>JT</u>	<u>V. JH</u>	<u>V. JH</u>	<u>V. JH</u>	<u>V. JH</u>	Pos. Rev. NO				

COMMENTS: Provide one more set of plans for site plan check  
FIRE NEEDS FIRE ALARM DRAWINGS signed by fire alarm agency.  
Riser diagram, cut sheets, battery and cable drop. pull  
data  
Owner wants to see the drawings.

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

BLDGFRM (REV 05/98)  WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS  Yes  No



**City of Sacramento Development Services Division  
Planning and Zoning Information Request**

Project Address: 3741 ALTOS AVE.

Assessor's Parcel Number: 250-0092-010

Description of Request: Massive Lodge

Zoning Designation: R-2A

Prior Applications for Project Site(P#,Z#,DRPB#): P98-025 + DR98-034

Comments: Plans must comply with  
above referenced conditions of  
approved Plan Check must  
be reviewed

Are There Any Planning Issues?: (Circle One) YES  NO

Planning Review Required? (Circle One) YES  NO

Design Review/ Preservation Required?: (Circle One) YES  NO

Planning Review by/Date: [Signature] 9.15.98

For a list of items that must be reviewed by Planning, please see reverse side of this form.