

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

**Permit No: 0104678**  
**Insp Area: 4**

**Site Address: 3581 TRUXEL RD SAC**  
Parcel No: 225-0170-039 #102

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

CONTRACTOR

OWNER  
GATEWAY TRUXEL PARTNERS  
SACRAMENTO CA  
95816

ARCHITECT

**Nature of Work: TI FOR NAIL SALON**

**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. 3997, 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 \_\_\_\_\_ License Number \_\_\_\_\_ Date \_\_\_\_\_ 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 04/30/01 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 04/30/01 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 \_\_\_\_\_ 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 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 4/30 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.**

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
**DEVELOPMENT SERVICES DIVISION**  
**PERMIT SERVICES SECTION**

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

ACTIVITY # <span style="font-size: 2em; font-weight: bold;">0104678</span>	Insp. Area
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 3581 TRUYEL RD  
 SACRAMENTO, CA 95834  
 PARCEL # \_\_\_\_\_ Suite 102

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>QUINN X. IDANG</u>                  Street Address <u>9550 VILLAGE TRAIL DR</u>                  City/State/Zip <u>ELK GROVE, CA 95758</u>                  Phone <u>(916) 269-8747</u> FAX _____                  E-mail: <u>quinnidang@hotmail.com</u></p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name _____                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>RICHARD LE</u>                  Address <u>8425 HONEYCOMB WAY</u>                  City/State/Zip <u>SACRAMENTO, CA 95828</u>                  Phone <u>(916) 227-8628</u> FAX _____                  E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>DOMINIQUE CATAPANO</u>                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>

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

NATURE OF WORK IN DETAIL: TI for nail salon

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 16,000

FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TI (X)	REM ( )	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE		FIRE			
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File		
<u>B</u>	<u>L</u>	<u>1600</u>	<u>M</u>	<u>B</u>	<u>F</u>	<u>Y</u>	<u>18</u>	<u>18</u>	<u>H</u>	<u>Quad</u>	
						SPR	ALARM		PW	UTIL	
					<u>1335</u>						

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

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

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 0104678  
 ADDRESS: 3581 TRUXEL RD  
 Commercial     Residential

ACCEPTED by (Staff): BK

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	3	JT	4/20/01	13	JT	4/26/01			
STRUCTURAL	13	JT	"						
MECHANICAL/PLUMBING	13/3	KAW	4-20-01						
ELECTRICAL	13	KAW	4-20-01						
FIRE	13	BJF	4/18						
PLANNING									

STAFF COMMENTS:

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OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) \_\_\_\_\_

2. I (have/have not) \_\_\_\_\_ signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No \_\_\_\_\_

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signed \_\_\_\_\_

Job Address \_\_\_\_\_ 3557 \_\_\_\_\_ RD

Permit No: \_\_\_\_\_ 210465

Date of Request: 4-16-01  
By: Quinn

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 3581 Truxel Road (in Natomas)  
Assessor's Parcel Number: 225-1040-??? Marketplace  
Previous Use: Vacant tenant space Shopping Center  
Description of Request/Proposed Use: dept. for mail shop.  
1st proposed  
time

Is This a Change of Use? No

Prior Applications for Project Site(P#, Z#, DRPB#): P96-056, P95-074 Zoning Designation: SC-PUD

Comments: Use is allowed in zone.  
This type of use was planned  
for in this shopping center.  
No planning concerns.

Are There Any Planning Issues?: (circle one) YES NO

- \* Staff Site Plan Check Required? (Circle one) ? YES NO
- \* ~~Field Inspection Required?~~ (Circle one) YES NO
- \* Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: [Signature] 4.16.01

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 3581 TRUXEL RD #1 Permit No. 0104678

Building Use: NAIL SALON Occupancy: B

Building Owner: GATEWAY TRUXEL PARTNERS Construction Type: \_\_\_\_\_

Owner Address: SACRAMENTO Sprinkled?  Yes  No

Portion of Building Occupied: SUITE 1 Area: \_\_\_\_\_ Sq. Ft.

7/6/01 *Dennis Richardson* **DENNIS RICHARDSON**  
Date By:Print Sign CITY BUILDING OFFICIAL

[ Finaled By:DB.JM.NRB.AW]

*This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.*

**POST IN A CONSPICUOUS PLACE**