

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9913315

Insp Area: 4

Site Address: 320 HARRIS AV SAC
Parcel No: 250-0027-013

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

CONTRACTOR
O&M CONSTRUCTION
3620 43RD ST
SACRAMENTO 95817

OWNER
SACRAMENTO PARTNERS
770 L ST #700
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: INTERIOR REMODEL (CHANGE OF USE FROM WAREHOUSE TO CHURCH,
NO DAY CARE)

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 _____ **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 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 1/15/2015 Owner Signature John J. Travers

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 1/15/2015 Applicant/Agent Signature John J. Travers

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 1/15/2015 Applicant Signature John J. Travers

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

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 9913315 Insp. Area 4

Applicant MUST complete ALL Unshaded areasADDRESS 320 HARRIS AVE. ~~#~~
PARCEL # 250-0027-013Suite #A

(ALL WHEN PROCESSED)

| | | | |
|--------------------|-------------------------------------|---------------------|-------------------------------------|
| CONTACT | | LICENSED CONTRACTOR | Lic No. # |
| Name | <u>APL LAURA KASS</u> | Name | |
| Address | | Address | |
| Phone | <u>612-71004</u> FAX | Phone | FAX |
| E-mail | | E-mail | |
| ARCHITECT/ENGINEER | | OWNER | |
| Name | <u>JIMMY CONFERRO</u> | Name | <u>EARL GOLDSTEIN & COMPANY</u> |
| Address | <u>916-12TH STREET</u> | Address | <u>6929 SUNRISE BLVD SITE 101</u> |
| Phone | <u>447-5790</u> FAX <u>447-5786</u> | Phone | <u>721-6143</u> FAX <u>721-8147</u> |
| E-mail | <u>447-9448</u> | E-mail | |

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

→ WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: TENANT IMPROVEMENT
Interior Removal
Change of use
Convert Warehouse to
Church and Day care.

OCCUPANT/TENANT: CHURCH (VICTORY OUTREACH CHURCH) EVALUATION: \$ 15000 = 14,999

| | | | | | | | | | | | |
|------------------------|---------------|-------------|----------|-------------|------------|---------------|-----------|-----------|------|--------|--|
| FLOOD STATUS: | | | S.C.A.T. | | | | | | | | |
| JOB DESCRIPTION | | BLDG | SHELL | APT | TI() | REM() | SW | FIRE | ADD | OTH | |
| INSPECTION DISCIPLINES | | | BLDG | MECH | PLUMB | ELEC | SITE | FIRE | | | |
| # Stories | 1st flr Area. | Total Area | Use Zone | Occup Group | Const type | Fire Req. Y/N | Fed. Code | Vio. File | | | |
| | | <u>4999</u> | | | | SPR | ALARM | <u>09</u> | [H] | [Quad] | |
| B | I | P | M | E | F | S | D | PW | UTIL | | |
| | | | | | | | <u>SR</u> | | | | |

| | | | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|--|--|
| COMMENTS: _____ | | | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|--|--|

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| REGIONAL SANITATION FEES? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | HEALTH DEPARTMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? <input type="checkbox"/> Provided <input type="checkbox"/> Faxed | | | | | | | |

COUNTY SANITATION DISTRICT NO. 1
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICTSEWER IMPACT FEE #10-10-0
PERMIT AND CALCULATION SHEET CITY

APPLICATION NO. _____

GENERAL INFORMATION

BLDG PERMIT NO. _____

THIS PERMIT GOOD ONLY WHEN
VALIDATED BY THE CASHIER

10-10-0

263601

THIS PERMIT TO CONNECT EXPIRES
ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION

BUILDING USE
RESIDENTIAL SF MF INSPECTION
CSD-1
SRCSD473
2404COMMERCIAL USE
UNITSCONSTRUCTION
IN-LIEU

TOTAL FEE

2877

APN: 250 - 0027 - 03

DESCRIPTION/
SUBDIVISION

LOT:

PROPERTY ADDRESS 320 HARZI2 AVE

OWNER Earl Goldstein

MAILING ADDRESS 7777 Grandack Lane, Suite 107

CITY-STATE-ZIP Citrus Heights, CA

PHONE (916) 721-6763

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE John J. Kehler

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____

INSPECTOR'S COPY

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 O&M CONST Address 3620 43rd ST
City SAC Telephone 731-5653
Contractors License No. 687077

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 |
|------|---------|-------|--------------|
| | | | |
| | | | |
| | | | |

X Signed Jim J. Ondrej

Job Address 320 HARRIS AVE XDATE 11/9/2000

Permit No: 9913315C

COLONIAL WOOD COMPANY
AGREEMENTS LOCAL COMPANY
SEWER IMPACT FEE
PERMIT AND CALCULATION SHEET

| | | |
|---|--------------|-------|
| APPLICATION NO. | PERMIT NO. | |
| GENERAL INFORMATION | | |
| THIS PERMIT GOOD ONE YEAR VALIDATED BY THE GAS BUREAU 01-10-01 263001 | | |
| PERMIT CALCULATION | | |
| INSPECTION | RESIDENTIAL | |
| 240 | 175 | |
| SRGSD | 24.04 | |
| CONSTRUCTION | | |
| IN-LIEU | | |
| TOTAL FEE | 23.77 | |
| APN # 250-0027-013 | | |
| DESCRIPTION / SUBDIVISION | | |
| PROPERTY ADDRESS 320 HAZZARD AVE | | |
| OWNER Carl Gosselin | | |
| MAILING ADDRESS 7777 Greenwich Ln, Sunnyside | | |
| CITY-STATE-ZIP Long Beach, CA | | |
| PHONE | | |
| ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT | | |
| APPLICANT SIGNATURE Carl Gosselin | | |
| CONSOLIDATED UTILITY BILLING USE ONLY | | |
| ACCT | INPUT | STAMP |
| RECEIVED | | |

Date of Request: 7/24/00
By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 320 Harris Ave

Assessor's Parcel Number: 250-0027-013

Previous Use: _____

Description of Request/Proposed Use: is P99 149 approved
as applicant wants authorization to
start work

Is This a Change of Use? _____

Zoning Designation: MIS (PUD)

Prior Applications for Project Site(P#, Z#, DRPB#): _____

Comments: Approved - must comply
with all conditions of
P99-149

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

- * Staff Site Plan Check Required? (Circle one)
- * Field Inspection Required? (Circle one)
- * Design Review/Preservation Required?: (Circle one)

YES NO
YES NO
YES NO

Planning Review by/Date: 5/2000 24/7/100

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

MICROFILM AFTER FINAL

REQUEST FOR SEWER FEE QUOTE

P C#

| | | | |
|------------------------------|---------------------|----------|-------|
| DATE | NUMBER OF PAGES | | |
| | 1 | | |
| FROM | REQUESTOR | FAX | PHONE |
| City of SACRAMENTO | | | |
| TO | RESPONDER | FAX | PHONE |
| SRCS Customer Service | Dulores Ross | 875-6253 | |

URGENT -- Applicant is in office or ready to pay permit

If urgent, call 875-6820 to notify an Engineering employee that you faxed a request.

Press zero to speak to the operator.

1 WEEK Would Be Fine

NOT URGENT -- Applicant has requested informal quote

| | | | |
|----------------|----------------------------------|---------------------|------------------|
| Applicant | NAME | | PHONE |
| Property | ASSESSOR'S PARCEL NUMBER(S) | | PROPERTY ADDRESS |
| Project | PLAN CHECK # BUILDING PERMIT NO. | New construction | |
| | | Remodel | Change in use |
| | USE | CURRENT // PREVIOUS | |
| SQUARE FOOTAGE | CURRENT // PREVIOUS | | PLANNED |

Date of Request: _____
By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 320 ~~H~~ HARVEY AVE

Assessor's Parcel Number: 250-0027-013

Previous Use: Industrial

Description of Request/Proposed Use: Convert space to church

4955 4

Is This a Change of Use? _____

Prior Applications for Project Site(P#, Z#, DRPB#): P99-744 (P86-074) Zoning Designation: MIS PUD

Comments: Needs S.P. approval before permit. Review in process as of 9/25/99 as of 10/20/99

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: John Scott 11-17-99

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

MICROFILM AFTER FINAL



Sacramento County Regional Sanitation District
9660 Ecology Lane
Sacramento, California
95827-3881

OCTOBER 10, 2000
RECEIVING FAX: 916-481-1284
SENDING FAX: 916-875-6253

TO: **PASTOR JIM ORNELAS**
VICTORY OUTREACH CHURCH

FROM: **DOLORES ROSS**
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

RE: **SEWER FACILITY IMPACT FEES**
320 HARRIS AVE.

APN: 250-0027-013
Plan Check # 99-13315

There are Sewer Facility Impact Fees due for the conversion of a 5,000 sq. ft. warehouse to the Victory Outreach Church. They are as follows:

| | |
|--|----------|
| Impact to County Sanitation District 1 | \$ 473 |
| Impact to Sac. Regional County San. District | \$ 2,404 |
| | <hr/> |
| | \$ 2,877 |

The above fees are effective through February 28, 2001. If you have any questions regarding the above, please feel free to call me at 875-6679.

cc: Sean Burke
City of Sacramento

This fee is also subject to adjustment if the data supplied is changed.

www.srcsd.com

e-mail: rossd@pwa.co.sacramento.ca.us



1 Copy for each supervisor inspector
Insp. Area 1C

AUTHORIZATION TO START WORK

CITY OF SACRAMENTO, BUILDING INSPECTIONS DIVISION
1231 1 ST., ROOM 200, SACRAMENTO, CA 95814

Company:

O&M Construction

PC # 09913315

Address:

3620 43rd St #3

BID APP. 0

Job Phone:

731-5653

Office Ph.

Fee 350.00

SUBJECT: Project Address: 320 Harris St.

Suite # A

I request permission to start the following work REMOVE INTERIOR NON BEARING PARTITION. ROUGH FRAME

* NO DRYWALL ON EITHER SIDE* 

Starting work @ own risk. If project not approved
Contractor assumes all liabilities

I realize that all work will be at the owner's and contractor's risk without assurance that the permit for the project will be granted. Any code conflicts will be corrected. I agree not to cover or conceal any work or portion thereof. I realize that inspections will not be made on this project until a building permit is issued. All changes required to conform to the approved plans will be completed without dispute. Work affecting the structural integrity of the existing building is not permitted.

I will expedite necessary revisions, corrections and clarifications as required to obtain the building permit.

If it should be determined subsequently by the City that changes in the design of the building are necessary after commencement of the work authorized, I assume full responsibility and all risk of loss which may result by reason of such changes. I agree that the building shall conform to the approved final plans as amended, without regard to the stage of completion.

This authorization is valid for 30 days while the plans are being processed for permit. These state required declarations must be properly executed before this authorization is valid. This authorization is valid when initialed by authorized Building Department personnel and stamped approved. Keep posted on job site at all times.

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.)

PAGE

AUG 13 2009

Lender's Name

NEIGHBORHOOD PLANNING
AND DEVELOPMENT SERVICES

Lender's Address

LICENSED CONTRACTORS DECLARATION

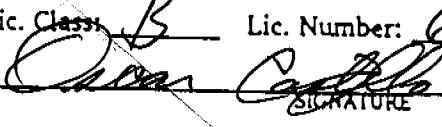
I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of the Business and Professions Code and my license is in full force and effect.

Lic. Class:

B

Lic. Number:

687077


Signature

COMPANY NAME

O&M Construction
8-18-2009
DATE

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Section 703.1, Business and Professions Code: Any city or county which requires a permit to construct, alter, 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):

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I am exempt under Sec. _____ B & P Code for this reason _____

SIGNATURE

DATE

WORKER'S COMPENSATION DECLARATION

I hereby affirm under penalty of perjury one of the following declarations:

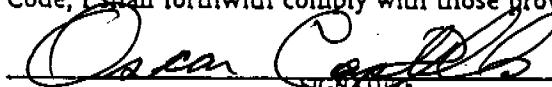
I have and will maintain a certificate of consent to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

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:

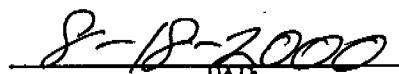
Carrier: _____ exp. _____

Policy No.: _____

I certify under penalty of perjury 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.



SIGNATURE

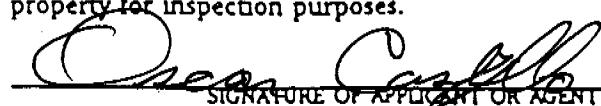


DATE

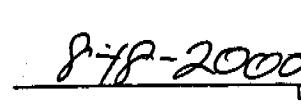
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEES.

In issuing this 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 the 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 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, understand and agree to the above conditions. I certify under penalty of perjury that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.



SIGNATURE OF APPLICANT OR AGENT



DATE