

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0013997
Insp Area: 1

Site Address: 1127 ALHAMBRA BL SAC
Parcel No: 007-0182-001 800 SF BLDG

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

CONTRACTOR
WEST FORK CONSTRUCTION
3801 POWER INN RD
SACRAMENTO 95826

OWNER
BOYD KATHRYN Z
1125 ALHAMBRA BL
SACRAMENTO CA 95816

ARCHITECT

Nature of Work: 200 AMP METER(FUTURE 800SF T.I. ..SEP PERMIT)

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 724066 Date 11/27/00 Contractor Signature Gordon Wells

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: NOV 27 2000

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

Date 11/27/00 Applicant/Agent Signature Gordon Wells

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 FUND Policy Number 229-00 UNIT 0019113 Exp Date 01/01/2001

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 11/27/00 Applicant Signature Gordon Wells

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 # 0013997 Insp. Area _____

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1127 ADAMSBRA BLVD Suite _____
 PARCEL # 007 0182 001

<p style="text-align: center;">CONTACT</p> <p>Name <u>WEST FORK CONSTRUCTION</u> Street Address <u>3801 POWER INN RD</u> City/State/Zip <u>SACRAMENTO, CA 95822</u> Phone <u>(916) 452-8197</u> FAX <u>(916) 452-8190</u> E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name <u>WEST FORK CONSTRUCTION</u> Address <u>3801 POWER INN RD</u> City/State/Zip <u>SACRAMENTO, CA 95822</u> Phone <u>(916) 452-8197</u> FAX <u>(916) 452-8190</u> E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>BROADWAY INVESTMENT CO.</u> Address <u>6238 BIRDCAGE ST</u> City/State/Zip <u>CITRUS HEIGHTS, CA 95610</u> Phone <u>(916) 722-4600</u> FAX _____ E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: STATE FUND
 → WORKER'S COMPENSATION POLICY # 227-01913 CC EXPIRATION DATE: 1/01/01

NATURE OF WORK IN DETAIL: LANDLOCK PROVIDING 200 AMP METERED SERVICE FOR FUTURE TENANT IMPROVEMENT (BY OTHERS)

OCCUPANT/TENANT: JAMBA SUITE VALUATION: \$ 1,989⁰⁰

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	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
						SPR	ALARM		[H]	[Quad]
B	L	P	M	E	F	S		D	PW	UTIL

COMMENTS: _____

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					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 2003998
 ADDRESS 1274 Lincoln Blvd
 Commercial Residential



ACCEPTED by (Staff):
T.M.

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY									
STRUCTURAL									
MECHANICAL/PLUMBING									
ELECTRICAL		T.M.	11/22/90						
FIRE									
LANDSCAPING									

STAFF COMMENTS:
Route to Town M.
One Plan to be USED For Two Permits



SMUD

SACRAMENTO MUNICIPAL UTILITY DISTRICT

CUSTOMER APPLICATION FOR SERVICE

PROJECT NAME JAMBA JUICE		
ESTIMATOR'S NAME	TELEPHONE NUMBER (916) 732-	W.A. NUMBER

To ensure correct billing and refund, if applicable, Rule 16 charges at the above project, please provide the following information: (Refund or billing will be issued in the name under which this job was initiated.)

NAME WEST FORK CONSTRUCTION		
ADDRESS FOR BILLING (STREET) 3801 POWER INN RD	(CITY) SACRAMENTO, CA	(ZIP) 95826
TELEPHONE NUMBER 916-452-8197		

2. Please provide NAME and ADDRESS of person (business) who will be responsible for the monthly energy charge.

NAME JAMBA JUICE		
ADDRESS FOR BILLING (STREET) 1127 ALHAMBRA DWD	(CITY) SAC	(STATE) CA
TELEPHONE NUMBER	TAX ID/SSN	

NOTE: Failure to complete this form and return it to SMUD could cause a delay in electric service being provided for this project.

Advance Design Fee payment attached Amount paid: _____

I agree and understand the amount of the advance design fee will be applied as a credit towards the SMUD costs of the project if it goes to completion. If the project is cancelled, the design fee is non-refundable.

Signature Date Representing

Name Printed

Return this application with original signatures along with the "Project Information" forms and a check made out to SMUD to:

SMUD Estimating & Svc Planning
1700 59th Street, MS E201
P.O. Box 15830
Sacramento CA 95852-1830

Estimator Send application and check to Credit Division MS A252

WHITE - WA DESIGN FILE

YELLOW - ENERGY SERVICES, MS A202

PROJECT INFORMATION FORM

Dear Customer:

To aid us in the preparation of our job to serve your proposed project and to provide you with a SMUD commitment (required by local agencies), we request the following information. Dependent on local work activity, a SMUD Estimator will return an electrical service commitment in approximately thirty (30) days after receiving the following information. Attachment "B", the "Customer Application for Service" form and a non-refundable design fee.

1. Project Name: JAMBA JUICE

2. Building Address: City 1127 ALHAMBRA Zip 95816

APNs (Assessor Parcel Number) 007-0182-001

Type of Building RETAIL Square Feet 800

Type of Construction SLAB

Number of new full time positions to be created: _____ When: _____

The information above will be used to determine whether you will qualify for an economic development rate.

Owner BROADWAY INVESTMENT CO LLC Telephone Number (916) 222-4600

Address (Street) 623P BIRD CAGE ST City CITRUS HEIGHTS Zip 95610

Name of person sending this information RUDY REDONDO

Address (Street) 3801 POWER INN City SACRAMENTO Zip _____

Telephone Number 916452-8197 Organization WEST FORK CONST.

Project Coordinator JAVE CONGDON Title OWNER

Address (Street) 3801 POWER INN City SACRAMENTO Zip _____

Telephone Number 916 452-8197

Tentative Project Schedule	Begin Date	End Date
Rough Grading		
Storm Drain, Sewer, Water		
Utility Trench Excavation		
Date Permanent Service Required		

Tentative Project Schedule	Begin Date	End Date
Rough Grading		
Storm Drain, Sewer, Water		
Utility Trench Excavation		
Date Permanent Service Required		