

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0010199
Insp Area: 2

Site Address: 960 FLORIN RD SAC
Parcel No: 031-0800-005

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

CONTRACTOR

OWNER
FLORIN 5 DEVELOPERS
540
SACRAMENTO CA 95831

ARCHITECT

**Nature of Work: COMMERCIAL KITCHEN(RESTAURANT) INTERIOR REMODEL; REPAIR
ONSITE SIDE WALKS**

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 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 8/31/00 Owner Signature KENNETH G MCKINNEY

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 8/31/00 Applicant/Agent Signature KENNETH G MCKINNEY

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 hereby affirm 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 8/31/00 Applicant Signature KENNETH G MCKINNEY

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

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

ACTIVITY # <u>00-10199</u>	Insp. Area <u>2C</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 960 FLORIN ROAD, SACRAMENTO, CA 95831 Suite N/A
 PARCEL # 031-0800-005

<p style="text-align: center;">CONTACT</p> Name <u>KEN MCKINNEY, SHARIS MGMT. CORPORATION</u> Street Address <u>8205 S.N. CREEKSIDE PLACE</u> City/State/Zip <u>BEAVERTON, OR 97008-7112</u> Phone <u>503-605-4140</u> FAX <u>503-605-4294</u> E-mail: <u>kmckinney@sharis.com</u>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> Name <u>OWNER BUILDER</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>KENNETH G. MCKINNEY, ARCH. C18,14C</u> Address <u>SEE ABOVE</u> City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>INTERCAL REAL ESTATE CORP.</u> Address <u>540 FULTON AVE.</u> City/State/Zip <u>SACRAMENTO, CA 95825</u> Phone _____ FAX _____ 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: REPLACE (E) COOKING, REFRIGERATION, & FOOD PREP EQUIPMENT AND RENOV/ADD HANDWASHING SINKS AS REQUIRED BY HEALTH DEPT. RENOV PLUMBING IN RESTROOMS, RENOV FRONT SIDEWALK AND TRASH AREA CONCRETE TO REPAIR TRIP HAZARD AREAS (FIRE SUPPRESSION DEFERRED)

OCCUPANT/TENANT: SHARIS RESTAURANT VALUATION: \$ 165,000

FLOOD STATUS: <u>NR</u>		S.C.A.T.							
JOB DESCRIPTION	BLDG	SHELL	APT	TI()	REM(<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE	<u>FIRE</u>		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y <u>(N)</u>	Fed Code	Vio. File	
<u>1</u>	<u>3990</u>	<u>3990</u>		<u>A-3</u>	<u>V-N</u>	SPR	<u>18</u>	[H]	[Quad]
<u>(B)</u>	<u>(D)</u>	<u>(P)</u>	<u>(M)</u>	<u>(E)</u>	<u>(F)</u>		<u>D</u>	PW	UTIL
<u>NONE</u>	<u>13</u>	<u>13 71W</u>	<u>13 71W</u>	<u>T.L.M. 13</u>	<u>M.B. 13</u>				

COMMENTS: DEFERRED FIRE SUPPRESSION SYSTEM

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

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 : KENNETH E. MCKINNE

Job Address 960 FLORIN ROAD, SAECO

Permit No: 0010199

**COUNTY OF SACRAMENTO
ENVIRONMENTAL MANAGEMENT DEPARTMENT
ENVIRONMENTAL HEALTH**

8475 JACKSON ROAD, SUITE 240 • SACRAMENTO, CA 95826-3904 • PH: (916) 875-8440 • FAX: (916) 875-8513

FOOD FACILITY OFFICIAL INSPECTION REPORT

Address 960 Florin D.B.A. Shari's Zip _____

Owner/Operator _____ Business Phone _____

C.T	Program Record PR00	Type 16	() Routine/Initial () Reinspection () Complaint/Request () Reinsp. Fee _____
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The items marked and listed below are food safety violations detailed in the California Health & Safety Code (CHSC), commencing Sec. 113700.

A checked item indicates it does not meet standard and is a violation of CHSC. "Major" is a critical violation that poses an imminent risk to public health. Unless otherwise specified, violations marked as "Major" must be corrected immediately or warrant immediate closure of the food establishment. "Minor" indicates a violation that does not pose an imminent public health risk, but warrants timely correction.

Major	Minor	CRITICAL STANDARD	Major	Minor	CRITICAL STANDARD
		Proper Food Holding Temperatures			Food Handler Personal Hygiene
		Hold potentially hazardous hot foods at or above 140° F			Use of proper and adequate handwashing
		Hold potentially hazardous cold foods at or below 41° F			Maintain adequate and accessible handwash facilities
		Provide accurate thermometers for each refrigerator unit			Approved Food Source
		Food temperatures are monitored using an accurate, readily available, probe-type thermometer.			Inspect food items at time of delivery
		Minimum Cooking Temperatures			Retain shellstock tags for 90 days
		Rapidly reheat to 165° F previously cooked foods that have been refrigerated			Obtain all foods from an approved source, free from adulteration
		Cook poultry & meat stuffed items to an internal temperature of 165° F			Cooling Potentially Hazardous Foods
		Cook ground meats to 157° F or other approved temperature			Cool hot foods from 140° F to 70° F within two hours and from 70° F to 41° F within four hours, or 140° F to 41° F within four hours
		Cook pork to an internal temperature of 155° F			Thawing Potentially Hazardous Foods
		Cook eggs and foods containing raw eggs to 145° F			Thaw frozen foods in a refrigerator, under cold running water (75° F or cooler), a microwave, or as part of the cooking process
		Food/Equipment Protection			General Facility Sanitation
		Clean and sanitize surfaces/equipment/utensils			Facility is maintained in a sanitary manner, no insect or rodent infestation or major sanitation deficiencies
		Prepare and store foods so as to be protected from contamination			Other: Lighting and Ventilation, Materials and Finishes, Plumbing, Water Supply, Refuse, Permits.
		Properly identify, store, and use chemicals; properly store personal items (including medications)			
		Minimize bare hand contact with ready-to-eat foods			
		Use only approved additives			
Food Certification Examination Name:			Exam:		Expiration:

Remodel Approved

Environmental Health Specialist Melissa Shuttles Phone: (916) 875-8535
 Date Sept. 20, 2007 Accepted by [Signature]

*The above violations must be corrected by _____. A reinspection may be conducted and a reinspection fee assessed, as authorized by current County ordinance. This fee may not be charged if a mailed or faxed receipt or other satisfactory documentation showing proof of the correction or repair is received prior to the compliance date. The Building Department may require a permit for above corrections. Please contact the appropriate office for assistance.

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 960 FLORIN RD Permit No. 00-10199

Building Use: RESTAURANT Occupancy: A-3

Building Owner: INTERCAL REAL ESTATE CORP Construction Type: V-N

Owner Address: 540 FULTON AV SAC Sprinkled? [] Yes [X] No

Portion of Building Occupied: ENTIRE Area: _____ Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

9/22/00 Willie Harris DENNIS RICHARDSON
Date By: Print Sign CHIEF BUILDING OFFICIAL

[TCO approvals:GTD,JZB,MJS,FJ]

CBC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE