

CITY OF SACRAMENTO

Permit No: 9811382

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 2452 DEL PASO BL SAC

Sub-Type: REM

Parcel No: 265-0293-021 ALSO 2450 & 2454

Housing (Y/N): N

CONTRACTOR

FEITZER CONSTRUCTION
451 PARKFAIR CA #1
SAC CA 95864

OWNER

SOLODKO OSKAR/ROSALYN
4705 HIDDEN OAKS LN
LOOMIS CA 95650

ARCHITECT

Nature of Work: REMODEL 3 SPECULATIVE RETAIL/OFFICES SUITES - NEW FACADE & LANDSCAPING/SITE IMPROVEMENTS

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 686273 Date 2-26-93 Contractor Signature Lyubov Vlasenko

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

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 2-26-93 Applicant/Agent Signature Lyubov Vlasenko

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 FREMONT COMPENSATION INSURANCE CO Policy Number B50-0194-17683 Exp Date 1/1-2000

(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 2-26-93 Applicant Signature Lyubov Vlasenko

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.

Chris Oliveira and Assoc
 4447 GRANITE DR
 SUITE 704
 ROCKLIN, CA. 95677

Title :
 Dsgnr: C.O.
 Description :

Job #
 Date: 8:37PM, 23 MAR 99

Scope :

Rev: 510001

Timber Beam & Joist

Description SOLODKO CEILING BEAM

Timber Member Information

Timber Section		CEILING JOIST
Beam Width	in	3.500
Beam Depth	in	11.880
Le: Unbraced Length	ft	0.00
Timber Grade		Truss Joist - MacMil
Fb - Basic Allow	psi	2,600.0
Fv - Basic Allow	psi	285.0
Elastic Modulus	ksi	1,800.0
Load Duration Factor		1.000
Member Type		
Repetitive Status		No

Center Span Data

Span	ft	30.00
Dead Load	#/ft	30.00
Live Load	#/ft	40.00

Results Ratio = 0.4415

Mmax @ Center	in-k	94.50 = 6300 # -1
@ X =	ft	15.00
fb : Actual	psi	1,147.8
Fb : Allowable	psi	2,600.0
		Bending OK
fv : Actual	psi	35.5
Fv : Allowable	psi	285.0
		Shear OK

OPTION
 11 7/8" TJ PRO 550
 Fb = 7675 # -1

Reactions

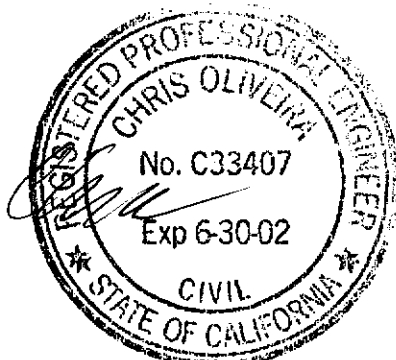
@ Left End	DL	lbs	450.00
	LL	lbs	600.00
	Max. DL+LL	lbs	1,050.00
@ Right End	DL	lbs	450.00
	LL	lbs	600.00
	Max. DL+LL	lbs	1,050.00


Fv = 1925 > 1050

IC60 5381

Deflections

Center DL Defl	in	-0.621
L/Defl Ratio		579.6
Center LL Defl	in	-0.828
L/Defl Ratio		434.7
Center Total Defl	in	-1.449
Location	ft	15.000
L/Defl Ratio		248.4



SOLODKO OSKAR/ROSALYN 
TRUSTEES.

Owner 41705 HIDDEN OAKS LN. Loomis, Ca 95650

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

Project Address: 2452 DEL PASO BLVD. SAC

Assessor's Parcel Number: 265-0293-021

Current Land Use: RESTAUR.

Description of Request/Proposed Use: FACADE IMPROVEMENTS

Zoning Designation: C-2

Prior Applications for Project Site(P#,Z#,DRPB#): 98-063 DR98-147

Comments: MUST VERIFY W/ JIM
MCDONALD THAT DESIGN REVIEW
O.K. PRIOR TO ISSUANCE OF
BUILDING PERMIT. PLANNING O.K. -
NO EXPANSION OF

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

Site Plan Check Required? (Circle One) YES NO

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

Planning Review by/Date: H. J. Perry 11.13.98

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

DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION
 1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # _____ Insp. Area _____

Applicant MUST complete ALL Unshaded areas this page only

2450, 2452, 2454
 Suite A, B, C

ADDRESS 2452 DEL PASO BLVD. SAC 95815
 PARCEL # 265-0293-021 Fax 444 7490

CONTACT
 Name MICHAEL TAYLOR / MGMT Arch.
 Address 1725 J ST.
SACRAMENTO Zip 95814
 Phone 444-6962 FAX 444-7490

LICENSED CONTRACTOR Lic No. # 686873B
 Name Feitzer Construction
 Address 451 Parkfair drive #1
Sac CA Zip 95864
 Phone 456-5502 FAX _____

ARCHITECT/ENGINEER
 Name MGMT ARCHITECTS
 Address 1725 J ST.
SACRAMENTO Zip 95814
 Phone 444-6962 FAX 444-7490

OWNER
 Name SALOOKO FAMILY TRUST
 Address 4705 HIDDEN OAKS LANE
LOOMIS, CA 95650 Zip _____
 Phone 709-9856 FAX 791-2056

→ 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 3 SPECULATIVE RETAIL/OFFICES SUITES - NEW FACADE
LANDSCAPING/SITE IMPROVEMENTS
BUILDINGS, NO NEW
RETAIL / OFF

DBA: SPEC RETAIL/OFF. VALUATION: 140,000-

FLOOD STATUS: <u>NA</u>		S.C.A.T. <u>X</u>							
JOB DESCRIPTION	BLDG	SHEL	APT	TI()	REM <input checked="" type="checkbox"/>	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>4425</u>		<u>B/M</u>	<u>VN</u>	Spec <u>N</u> Alarm	<u>18</u>	<u>OK</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>	

COMMENTS:
was in retail space.

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
 BUILDING INSPECTION DIVISION
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: FET UNOCCUPIED SPACE Phone: 486-8502
 Site Address: 2452 DEL PASO SACRAMENTO Suite: _____
 Business Owner/Representative: PETER SOLODKO (Street) (Zip) Phone: _____
 Nature of Business: _____
 Property Owner: PETER SOLODKO Phone: _____
 Address: 2452 DEL PASO SACRAMENTO Suite: _____
 _____ (Street) _____ (Zip)
 _____ (City) _____ (State) _____

2. Are you developing an undetermined tenant space? Yes ___ No ___ Is this permit for a shell building? Yes ___ No ___

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes ___ No X
 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No X

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes ___ No X
 6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No X
 7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No X

If you answered "yes" to questions #6 and/or #7, complete the RMPP Informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes ___ No X

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: LYUBOV VLASENKO
Lyubov Vlasenko (Print) 2-26-99 (Date)
 _____ (Signature)

BID Use Only: Plan Ck# _____	Permit # _____
OK to issue prmt? Y _____	F.D. Appr Req'd? Yes No
_____ init date _____	
Hold on Certificate of Occupancy? Yes No	
Fire Dept. Use Only:	
OK to issue permit? ini _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	