

CITY OF SACRAMENTO

Permit No: 9901115

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 1010 8TH ST SAC

Sub-Type: AOTHR

Parcel No: 0060094009

Housing (Y/N): N

CONTRACTOR

HARBISON-MAHONY-HIGGINS, INC.
8589 THYS COURT
95828

OWNER

JTH REALTY PARTNERS L
645 HIGH ST
PALO ALTO CA 94301

ARCHITECT

Nature of Work: TEN AWNING ON EXTERIOR

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: N/A 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: HCB License Number: 280934 Date: 2/5/99 Contractor Signature: Cynthia J. Adanson

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: 2/5/99 Applicant/Agent Signature: Cynthia J. Adanson

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.

X 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: LAMBERSON KOSTER & CO Policy Number: KK08300614 Exp Date: 04/01/1999

(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: 2/5/99 Applicant Signature: Cynthia J. Adanson

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  
DEVELOPMENT SERVICES DIVISION**

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
2/14/99	1/1	1/1	1/1	1/1	1/1

PLAN CHECK # 7701NS  
 ADDRESS: 1010-8th St  
 Commercial     Residential

ACCEPTED by (Staff):  
[Signature]

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	13	JT	2/5/99						
STRUCTURAL	13	JT	2/5/99						
MECHANICAL/PLUMBING									
ELECTRICAL									
FIRE									
PLANNING									

STAFF COMMENTS:  
Install 10 awnings on bldg. exterior.

APPLICATION FOR [REDACTED] BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION

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

PLAN CHECK # 990115 Insp. Area 12

Applicant MUST complete ALL Unshaded areas this page only

ADDRESS 1010 8th Street Suite \_\_\_\_\_  
 PARCEL # 006-0094-009

**CONTACT**  
 Name Cynthia Adamson / HMT  
 Address 8589 Thys Court  
Sacto Zip 95828  
 Phone 388-9171 FAX 388-9195

**LICENSED CONTRACTOR** Lic No. # 280934  
 Name Harbison Mahony Higgins  
 Address 8589 Thys Court  
Sacto Zip 95828  
 Phone 383-4825 FAX 388-9195

**ARCHITECT/ENGINEER**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ FAX \_\_\_\_\_

**OWNER**  
 Name 980 9th St. Partners  
 Address 980 9th St.  
Sacto Zip 95814  
 Phone 557-1800 FAX \_\_\_\_\_

Will the permittee have any employees on the jobsite?  Yes  No

If yes, WORKER'S COMPENSATION POLICY # 046-98 EXPIRATION DATE: 4/1/99

NAME OF INSURANCE COMPANY: State Fund

NATURE OF WORK IN DETAIL: install ten awnings on bldg. exterior.

DBA: \_\_\_\_\_ VALUATION: 9000<sup>00</sup>

FLOOD STATUS:				S.C.A.T. <input type="checkbox"/>						
JOB DESCRIPTION		<input checked="" type="checkbox"/> BLDG	SHEL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSP. DISCIPLINES			<input checked="" type="checkbox"/> BLDG	MECH	PLUMB	ELEC	SITE	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/>		Fed Code	Vio. File	
						Spr	Alarm			
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> D	P	M	E	F	S		D	R	

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

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

99 01115 X

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

Project Address: \_\_\_\_\_

Assessor's Parcel Number: 006-0094-009

Current Land Use: PKG structure + retail

Description of Request/Proposed Use: adding awnings

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Zoning Designation: C3

Prior Applications for Project Site(P#,Z#,DRPB#): DR 98-150

Comments: appvd around 11/98

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: Domito 2-3-99

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