

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0103399
Insp Area: 1

Site Address: 8399 FOLSOM BL SAC
Parcel No: 079-0163-001 #3

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

CONTRACTOR
DOERING CONSTRUCTION
9040 GOLDEN GATE AV
O'VALE CA

OWNER
RSM
2939 MATHER FLD RD
R CORDOVA CA

ARCHITECT

Nature of Work: REMODEL TO PIZZA RESTAURANT

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 457980 Date 4-19-01 Contractor Signature [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 _____ 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 4-19-01 Applicant/Agent Signature [Signature]

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 1353952 Exp Date 11/1/2002 [Signature]

(This section need not be completed if the permit is for 30 days 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 4-19-01 Applicant Signature [Signature]

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 # 0103399	Insp. Area IC
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 839 ... #1 Suite #3
 PARCEL # _____

<p style="text-align: center;">CONTACT</p> Name: <u>Duke Doering</u> Street Address: <u>...</u> City/State/Zip: _____ Phone: _____ FAX: _____ E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. #<u>457980</u></p> Name: <u>DOERING Const.</u> Address: <u>7010 Goldendelta Ave.</u> City/State/Zip: <u>ORANGEVILLE CA 95662</u> Phone: <u>989-2793 337-6388</u> FAX: <u>989-4687</u> E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name: <u>DOERING ONT</u> Address: _____ City/State/Zip: _____ Phone: _____ FAX: _____ E-mail: _____	<p style="text-align: center;">OWNER</p> Name: <u>R.S.M. INC.</u> Address: <u>2939 Mother Field Rd</u> City/State/Zip: <u>Rancho Cordova CA</u> Phone: <u>857-1111</u> FAX: <u>857-1100</u> E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Fund
 → WORKER'S COMPENSATION POLICY # 12376 EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: Tenant Improvement - Tile floor & walls, ceiling, Elect. Counter - Hood for vent

OCCUPANT/TENANT: Pizza shop VALUATION: \$ 15,000, a

FLOOD STATUS:		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>	<u>SITE</u>	<u>FIRE</u>					
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req <u>Y/N</u>	Fed Code	Vi. File				
		<u>1011</u>		<u>B</u>		<u>Y</u>	<u>18</u>	[H]	[Quad]			
<u>B</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>				

COMMENTS: customer to fax: panel sched, load calcs, hood details & penetration of roof, need drawings & iso's on new H/C water lines
App. contacted - told PC will not be done until items above are submitted.


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

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
1	1	4/10/01	1/1	1	1

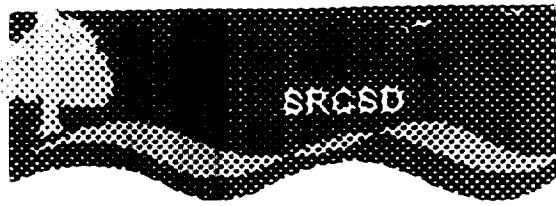
PLAN CHECK # 0103399
 ADDRESS: 8379 FOLSOM BLVD.
 Commercial Residential



ACCEPTED by (Staff):


DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	3	JT	4/11/01						
STRUCTURAL	13	JT	"						
MECHANICAL/PLUMBING	3/3	KAW	4/11/01	3/3	KW	4/11/01			
ELECTRICAL				13	JM	4/11/01			
FIRE									
PLANNING									

STAFF COMMENTS:



Customer Service Group
 PWA Water Quality Engineering for
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

REQUEST FOR SEWER FEE QUOTE

DATE	3/20/11		NUMBER OF PAGES	1
FROM	City of Sac	REQUESTOR	FAX	PHONE
		Brian Krinke	264 7046	264 5547
TO	SRCSD Customer Service	RESPONDER	FAX	PHONE
			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.

NOT URGENT -- Applicant has requested informal quote

Applicant	NAME	PHONE
	Duke Doering	988 5293 FAX 989 4687
Property	ASSESSOR'S PARCEL NUMBER (S)	PROPERTY ADDRESS
	079 0163 001	8399 Folsom Bl #3
Project	PLAN CHECK / BUILDING PERMIT NO	(mark all that apply)
	0103399	New construction / Remodel / Change in use
	USE	CURRENT // PREVIOUS vacant PLANNED take out/ delivery PIZZA restaurant
SQUARE FOOTAGE	CURRENT // PREVIOUS	PLANNED 1011 sf (no dining in)

9660 ECOLOGY LANE • SACRAMENTO, CALIFORNIA • 95827-3881
 ENGINEERING (916) 875-6820 • FAX (916) 875-6253

MESSAGE CONFIRMATION

03/20/01 11:39
ID:DEVELOPMENT SERVICES

NO.	MODE	BOX	GF DUP
593	Tx		

DATE/TIME	TIME	DISTANT STATION ID	PAGES	RESULT	ERROR PAGES	S. CODE
03-20 11:38	00'24"	915 875 5253	001/001	OK		0000



Customer Service Group
PWA Water Quality Engineering for
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

REQUEST FOR SEWER FEE QUOTE

DATE	3/20/01			NUMBER OF PAGES	1
FROM	City of Sac	REQUESTOR	Brian Krinke	FAX	7046
				PHONE	269 5547
TO	SRCSO Customer Service	RESPONSE		FAX	875-6253
				PHONE	

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.
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Applicant	NAME	Duke Doering	PHONE	988 5293
			FAX	989 4687
Property	ASSESSOR'S PARCEL NUMBER(S)	079 0163 001	PROPERTY ADDRESS	8399 Folsom Bl #3
	PLAN CHECK / BUILDING PERMIT NO			

**RECEIPT
 ENVIRONMENTAL MANAGEMENT DEPARTMENT
 ENVIRONMENTAL HEALTH**

- Duke Doering DATE: 3-20-01
Arc. County, CA 95662

CHECK NO: _____ CASH CREDIT CARD

County of Sacramento
 Accounting and Fiscal Services

Date: 03/20/2001 Cashier #: 1

Receipt #: 1200105416

Check #: 2659

Permit #: AFS2001-10320

Fee Type: EMD Env Health Food Check Amount: \$482.00

Total Due: \$482.00

Check Tendered: \$482.00

Check Tendered: \$482.00

COST CTR.	REVENUE	ORDER #	AMOUNT
6206202304	96964301	E32142	\$ 482
6206202304	96964403	E32143	\$
6206202304	96964302	E32142	\$
6206202304	92929018	E32131	\$
6206202304	96964402	E32142	\$

RECTIONS:
 OVAL

W:\DATA\FORMS\EHD\RECEIPT

White - Cashier

Yellow - Customer

Pink - Environmental Management Department

Estimated completion date

The estimated date for completion of your plan review is
3/26/01

Notification by EHD staff

Upon completion of the plan review, the EHD Plan Review staff will contact you by telephone or FAX, notifying you of approval of your plans, or as to the status.

If your plan is completed at an earlier date, you will be notified immediately.

Contact

If you have not heard from this office by your estimated completion date, or for further assistance, please contact staff at (916) 874-6010.

CM:cm
 W:\DATA\FORMS\EHD\REVIEW DATE
 073198

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: Pizza Hut Phone: 8271111
 Site Address: 2554 Folsom Blvd Suite: 3
 Street (Street) (Zip)
 Business Owner/Representative: Joe DeLuca Phone: 3324371
 Nature of Business: Pizza Hut + Delivery
 Property Owner: _____ Phone: _____
 Address: _____ Suite: _____
 (Street) _____
 (City) _____ (State) _____ (Zip) _____

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
 4 Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes No

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
 6 Do you handle, store or transport any amount of acutely hazardous materials? Yes No
 7 Is Will your business be located within 1,000 feet of a school? Yes No

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

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: _____
 (Print)

 (Signature) (Date)

BID Use Only: Plan Ck# _____	Permit # <u>0103379</u>
OK to issue prmt? <input checked="" type="checkbox"/> <u>4-19-01</u> init date	F.D. Appr Req'd? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	