

**CITY OF SACRAMENTO**

**Permit No: 9715896**

**1231 I Street, Sacramento, CA 95814**

**Insp Area: 1**

**Site Address: 7606 FOLSOM BL SAC**

**Sub-Type: ACOM**

**Parcel No: 0790230026**

**Housing (Y/N): N**

**CONTRACTOR**

**OWNER**

**ARCHITECT**

**RUSS TRANSMISSION INC  
7606 FOLSOM BL  
SACRAMENTO CA 95816  
Phone: 916-**

Phone:

Phone:

**Nature of Work: SPRAY PAINT BOOTH INSIDE BLDG**

**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 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 or 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 or 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 12-4-97 Owner Signature Jacqueline G. Maffei

**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.

Date 12-4-97 Applicant/Agent Signature Jacqueline G. Maffei

**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 \_\_\_\_\_

(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 12-4-97 Applicant Signature Jacqueline G. Maffei

**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**  
**APPLICATION FOR BUILDING PERMIT**  
**DEPARTMENT OF PLANNING AND DEVELOPMENT**  
**BUILDING INSPECTION DIVISION**

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

ADDRESS 7606 FOLSOM Blvd. P.C. # \_\_\_\_\_  
 PARCEL # 079 0230 026 SUITE # \_\_\_\_\_  
 AREA # 1-C

CONTACT Tenant  LICENSED CONTRACTOR  
 NAME CAL-STATE COLLISION NAME CAL-STATE COLLISION  
 ADDRESS 7606 FOLSOM Blvd. ADDRESS \_\_\_\_\_  
 PHONE 916 352-2121 FAX: 916 360-4226 PHONE \_\_\_\_\_  
 ZIP 95826 ZIP \_\_\_\_\_

ARCH./ENG.  OWNER/ ~~\_\_\_\_\_~~ Russ Transmiss  
 NAME \_\_\_\_\_ NAME JOHN MAJOURA  
 ADDRESS \_\_\_\_\_ ADDRESS 7606 Folsom Blvd  
 PHONE \_\_\_\_\_ PHONE Sac Ca ZIP 95816

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE?  YES  NO  
 NATURE OF WORK IN DETAIL: Automotive Painting Booth

D.B.A. Cal State Collision  VALUATION 24,000.  
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS Cost x  S.C.A.T. X30  
 JOB DESCR. BLDG SHEL APT TI( ) REM(2) SW FIRE ADD OTH  
 INSP. DISCIPLINES  BLDG  MECH  PLUMB  ELEC  SITE  FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	USE ZONE	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FED CODE	VIO. FILE
			<u>M2</u>		<u>THN</u>	<u>No</u>	<u>19</u>	<u>VH</u>
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>EO</u>	<u>P</u>	<u>S</u>	<u>D</u>	<u>R</u>
			<u>NO</u>	<u>NO</u>	<u>EH</u>			

COMMENTS: 13  
SM provide 2 sets of paint booth  
" UL rating of " "

- 3 sets of fire sprinklers full plans - all items  
- Provide fire sprinkler plans

1415

WORKER'S COMP POLICY # \_\_\_\_\_  
 COMPANY \_\_\_\_\_  
 EXP. DATE \_\_\_\_\_

DATE \_\_\_\_\_

JOB ADDRESS \_\_\_\_\_ PLAN CHECK # \_\_\_\_\_

USE	FT2	X	(S/FT2	-	T.I.(COST)	
_____	_____	_____	_____	_____	_____	= \$ _____
_____	_____	_____	_____	_____	_____	= \$ _____
_____	_____	_____	_____	_____	_____	= \$ _____
Site Work	_____	_____	_____	_____	_____	= \$ _____

PLAN CHECK FEES PAID 373.00

TOTAL VALUATION = \$ 24,000.-

PHASE OF WORK (PARTIAL PERMITS ONLY) \_\_\_\_\_ PREPARED BY \_\_\_\_\_

\_\_\_\_\_ FINAL FEE WORKSHEET \_\_\_\_\_ PRELIMINARY FEE ESTIMATE (SUBJECT TO CHANGES)

WORKERS' COMP: \_\_\_\_\_

CARRIER: \_\_\_\_\_

# PERMIT FEE WORKSHEET

BLDG. PERMIT FEE	<u>456.00</u>
PLAN CHECK FEES DUE	_____
S.M.I.	<u>3.25</u>
CONST. EXCISE TAX	_____
CITY BUSINESS LICENSE	<u>10.00</u>
FLOOD REVIEW FEE (17)	_____
HAZMAT FEE (17)	<u>17.-</u>
SCHOOL IMPACT PROC. FEE (17)	_____
ADDRESS FEE (17)	_____
PERMIT PROCESSING FEE (19)	_____
TOTAL PERMIT PROCESSING	<u>17.- = 17.-</u>
TECHNOLOGY SURCHARGE	<u>33.14</u>
SUBTOTAL	_____

HOUSING TRUST FUND FEE <input type="checkbox"/> NATOMAS <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
LANDSCAPE FEE 50	_____
FIRE FEE .02/SF	_____
PARTIAL PERMIT FEE	_____
ENGINEERING FEE	_____
WATER DEVELOPMENT FEE	_____
SEWER DEVELOPMENT FEE	_____
RESIDENTIAL CONST. TAX	_____
GRADING REVIEW FEE 150 OR 300	_____
BELL AVE. FEE	_____
F.B.A.	_____
POCKET AREA BRIDGE FEE	_____
QUIMBY PARK FEE	_____
SUBTOTAL	_____

SCHOOL FEES  YES,  NO,  TBA  
 CO. REGIONAL SANITATION FEES  
 YES,  NO,  TBA COMMENTS \_\_\_\_\_  
**TOTAL FEES** \_\_\_\_\_

TAPS  
 SEP. PERMITS

1416

*Transmissions, Differentials & Clutches Since 1945*



**Sacramento Valley  
transmission exchange**

6801 Folsom Blvd. • Sacramento, CA 95819 • P. O. Box 163569 • Sacramento, CA 95816  
Phone: (916) 451-6596

April 10, 1997

To Whom It May Concern:

As the owner of the building at 7606 Folsom Blvd., Sacramento, CA., Russ Transmission, Inc. Hereby authorizes Cal State Collision Repair to install a spray painting booth in the facility at this location.

Sincerely,

Kirk S. Nelson,  
President

KSN:mn

RECEIVED

APR 10 1997

Building Inspection Division

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**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: CAL-STATE COLLISION Phone: 386-2121  
 Site Address: 7606 FOLSOM Blvd. Suite: \_\_\_\_\_  
(Street) (Zip)  
 Business Owner/Representative: Ivo JOHN MAJKOVICA Phone: 386-2121  
 Nature of Business: auto body shop  
 Property Owner: PULS TRANSMISSION INC. Phone: 451-6596  
 Address: 6880 FOLSOM Blvd. Suite: \_\_\_\_\_  
Sacto, CA (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: JOHN MAJKOVICA  
(Print)  
[Signature] 12/13/92  
(Signature) (Date)

BID Use Only: Plan Ck# <u>CCP</u> Permit # <u>7715896</u>
OK to issue prmt? <input checked="" type="checkbox"/> <u>12/14/92</u> F.D. Appr Req'd? <input checked="" type="checkbox"/> <u>NO</u> <small>init date</small>
Hold on Certificate of Occupancy? <input checked="" type="checkbox"/> <u>NO</u>
Fire Dept. Use Only:
OK to issue permit? ini' _____ date _____
OK to issue Certificate of Occupancy? init _____ date _____



EXHIBIT 1

I have read and am familiar with the contents of City's standard Owner-Builder Notification and Owner-Builder Verification, as required by California Health and Safety Code Section 19830 and 19831.

I authorize my agent(s) Johnie Markovica  
to sign the Owner-Builder Verification on my behalf.

Signature

Johnie Markovica

Print Name

Mrs JOHN MARKOVICA

Address

7606 Folow Blvd.

Telephone

916 386-2121

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNER

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) yes

2. I (have/have not) have 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 [Signature]  
Job Address 7606 Folsom Blvd Date 12-3-82

Permit No.: \_\_\_\_\_

PERMIT NO.  
47158960

AREA NO.  
1

WHEN CORRECTIONS HAVE BEEN MADE, CALL **264-5191** FOR REINSPECTION OF WORK.

JOB LOCATION 7606 Folsom Bl

INSPECTION REQUESTED final

THE UNDERSIGNED  BUILDING  PLUMBING  MECHANICAL  ELECTRICAL  
INSPECTOR THIS DAY INSPECTED THIS STRUCTURE FOR THE REQUESTED INSPECTION AND FOUND THE FOLLOWING VIOLATIONS OF CITY AND/OR STATE LAWS GOVERNING SAME:

1) This permit has expired with no inspections performed. Please contact our office to resolve this

INSPECTOR Brian K... DATE 7/1/98

BUILDING INSPECTIONS 264-5716

INSPECTOR'S COPY