CITY OF SACRAMENTO 1231 I Street, Sacramento, CA 95814

0101742 Permit No:

Insp Area:

Housing (Y/N): N

Sub-Type:

REP

Parcel No:

CONTRACTOR

Site Address: 6201 MACK RD SAC 118-0103-015

OWNER

ARCHITECT

SOUTHMARK EQUITY PARTNERS LTD

LONG BEACH CA 92803

Nature of Work: REPAIR SWITCHBOARD AND EXTERIOR SOFFIT CAUSED BY VEHICLE

of the work for wh	ich this permit is issued (Sec. 30			
: ender's Name		l.ei	nder'sAddress	
recommencing with	section 7000) of Division 3 of	the Business and Professions	Code and my license is in full	
License Class	Lecense Number	Date	Contractor Signat	ure
following reason () any structure, prior of the Contractors exempt therefrom a	Sec. 7031.5. Business and Prote r to its issuance, also requires th License Law (Chapter 9 (com	essions Code, any city or counce applicant for such permit to mencing with Section 7000) emption. Any violation of Sec	nty which requires a permit to file a signed statement that he of Division 8 of the Busines	of from the contractors License Law for the construct, alter, improve, demolish, or repaire or she is licensed pursuant to the provision is and Professions Code) or that he or she term a permit subjects the applicant to a civilian contract of the contrac
thereon, and who esale. If, however,	4. Business and Professional C does such work himself or hers	ode. The Contractors Licentle of through his/her own en	ise Law does not apply to ar apployees, provided that such	k, and the structure is not intended or offered n owner of property who builds or improve improvements are not intended or offered fall have the burden of proving that he/she d
Code: The Contra contractor(s) licens	ectors License Law does not app sed pursuant to the Contractors I	oly to an owner of property w Freense Faw)	tho builds or improves thereo	project (Sec. 7044, Business and Profession, and who contracts for such projects with
Lam exemp Date 28	t under Sec. - Zoo ĵ	B & PC for this reason: Owner Signature	DICE	oy .
IN ISSUING THE	IS BUILDING PERMIT, the a	applicant represents, and the of the officer of accompanying drashbited locations for such im	city relies on the representation wings and that the improvements. This building pe	on of the applicant, that the applicant verific ent to be constructed does not violate any la rmit does not authorize any illegal location
relating to building	re read this application and state construction and herby authorically	ize representative(s) of this cit	ty to enter upon the abovemen	all city and county ordinances and state law tioned soperly for inspection purposes.
WORKER'S CO	OMPENSATION DECLAR	RATION: Thereby affirm unsent to self-insure for worker	nder penalty of perjury one of	the following declarations: for by Section 3700 of the Labor Code, forth
I have and which this permit i	will maintain workers' compens sissued. My workers' compens	sation insutance, as required sation insutance carrier and po	by Section 3700 of the Laboratory number are:	or Code, for the performance of the work for
Carrier		Policy N	umber	Exp Date
shall not employ a subject to the work	any person in any manner so as ters' compensation provisions of	to become subject to the war Section 37.00 of the Labor C	orkers' compensation laws of	e of the work for which this permit is issued alifornia and agree that if I should becon with those provisions.
		Applicant Signature		A 2 2 7

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO ACTIVITY # Insp. Area DEVELOPMENT SERVICES DIVISION 0101742 Z PERMIT SERVICES SECTION 1231 I Street, Rm. 200 Applicant MUST complete ALL Unshaded areas Sacramento, CA 95814 (916) 264-7619 FAX 264-7046 ADDRESS 6201 MACK ROAD Suite PARCEL # 118-0103-015 CONTACT LICENSED CONTRACTOR Lic No. # Name FRANK T. OLEV Name Street Address 1438. Address City/State/Zip Roseville, CA 95 City/State/Zip ___ FAX Phone E-mail: TOLEY@RCS15, Com E-mail: ARCHITECT/ENGINEER Name CARL KARCHER ENT. Name Address ONE CON BINH. WEST Address City/State/Zip City/State/Zip ORAnGE, CA. Phone 714 940-3461 FAX Phone FAX E-mail: PHOTCHINE CKE, COM E-mail: → Will permittee have any employees on the jobsite? M No Yes → INSURANCE CO: → WORKER'S COMPENSATION POLICY #_ **EXPIRATION DATE:** NATURE OF WORK IN DETAIL: KEDAIR electrical Experior SOFFIT Clambaca OCCUPANT/TENANT: **VALUATION: \$** FLOOD STATUS: S.C.A.T. JOB DESCRIPTION **BLDG** SHELL APT TI() REM() SW FIRE ADD OTH INSPECTION DISCIPLINES FIRE BLDG MECH ELEC PLUMB SITE # Stories Total Area Use Zone Occp Group Const type Fire Req. Y/N Fed Code Vio. File [H] [Quad] **UTIL** COMMENTS: REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

dssu/forms/commercialapp. [rev. 03/28/00]

Date of Request:	
By:	

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION PLANNING AND ZONING INFORMATION REQUEST

Project Addres	/ 7 4 / // / / / / / / / / / / / / / / /
Assess	or's Parcel Number: 118 - 0103 -015
Previou	us Use: Drève - ture le staurant
Descrip	otion of Request/Proposed Use: Rain Sile damage to
21	erior à building, replace soffit
tor	when existing.
Is This	a Change of Use?
Prior A	Zoning Designation: Zoning
Comm	ents: Okay - plaz antitlements
7024	Meessary
-	
	Are There Any Planning Issues?: (circle one) YES (NO
*	Staff Site Plan Check Required? (Circle one)
*	Field Inspection Required? (Circle one) Design Review/Preservation Required?: (Circle one) YES NO YES NO
	Planning Review by/Date Whay 3 - 0 (.
A lis	t of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

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 pro- Improvement (yes of no)							
2				signed an application for				
3	I have contracted with the following person (firm) to provide the proposed construction:							
	NameBA		_Address					
	City		Telephone					
	Contractors Licer	nse 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	4	Address					
	City		Telephone					
	Contractors Licen	se No						
5.	I will provide some Work indicated:	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				
	NA	-						
Si	gned Stands	I Sey						
Jo	b Address 62	OI MACICI	Zo					
D.	rmit No: 0//	1742						

CARL'S JR. RESTAURANTS

Carl Karcher Enterprises, Inc. One City Boulevard West. Suite 350. Orange, CA 92868

(714) 940-3440

TO: CITY OF SACRAMENTO

DEPARTMENT OF BUILDING AND SAFETY

AUTHORIZATION TO SIGN PERMITS FOR CONTRACTOR

I hereby authorize the following person to act on my behalf in obtaining permits from the Building Department and sign permit applications for me. I am properly licensed as required by the State of California.

I assume full responsibility under the law for permits taken by persons authorized to act on my behalf.

This authorization shall continue until the Department of Building and Safety is notified in writing that such authorization is canceled by its contractor.

PERSON AUTHORIZED TO SIGN PERMITS & HIS/HER SIGNATURE

Oley & Associates

Tom Olev

Company Name:

CARL KARCHER ENTERPRISES, INC.

Jim McGrory

Director of Construction

By:

Date: February 8, 2001

California State Contractors License Number 396710

**THIS AUTHORIZATION IS VOID AFTER ONE YEAR FROM THE ABOVE DATE.