

CITY OF SACRAMENTO

Permit No: 9801124

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 3750 PELL CR SAC

Sub-Type: ACOM

Parcel No: 2370400009

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

B&B SONS ENTERPRISES
2101 EVERGREEN ST
SACRAMENTO, CA 95815

Phone:

Phone:

Phone:

Nature of Work: INSTALL HIGH RACKS. UP TO 14'

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 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.

Date Applicant/Agent 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 ATLANTIC MUTUAL INSURANCE CO Policy Number 484302696

(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 law of the State 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 3/24/98 Applicant Signature

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS 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

980/124

Worker's Comp Policy #  
Company  
Exp. Date

ADDRESS \_\_\_\_\_ P.C. # 5744  
 PARCEL # 237-0400-009 SUITE # \_\_\_\_\_  
 AREA # 4C

CONTACT  LICENSED CONTRACTOR LIC # \_\_\_\_\_  
 NAME \_\_\_\_\_ NAME Rack Motion  
 ADDRESS \_\_\_\_\_ ADDRESS 4750 Crocker-Hale Dr.  
 ZIP \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ PHONE (AL) 916-355-8504 FAX (AL) 304

ARCH./ENG.  OWNER  
 NAME \_\_\_\_\_ NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 ZIP \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ PHONE ( ) - \_\_\_\_\_ FAX ( ) - \_\_\_\_\_

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE?  YES  NO  
 NATURE OF WORK IN DETAIL: \_\_\_\_\_

**RACKET RACKS 14'**

D.B.A. \_\_\_\_\_  VALUATION 47000  
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS cut / 499  S.C.A.T. \_\_\_\_\_

JOB DESCR. BLDG SHEL APT TI( ) REM( ) SW. FIRE ADD ~~\_\_\_\_\_~~  
 INSP. DISCIPLINES  BLDG  MECH  PLUMB  ELEC  SITE  FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FIRE ALARM	FED CODE	VIO. FILE
1			B	IN	(Y/N)	Y/N	10	OK
B	X	P	M	E	F	S	D	R
BRN								

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

**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: BARBARA'S BAKERY Phone: 916-921-2885  
Site Address: 3750 PELL CIRCLE Suite: \_\_\_\_\_  
(Street) (Zip)  
Business Owner/Representative: TENCO MATHEWAL HANSLUB Phone: 373-4169  
Nature of Business: ENGLISH BAR MANUFACTURING NON BAKED  
Property Owner: BFB SONS ENTERPRISES Phone: 921-2885  
Address: 2101 EVERGREEN ST. Suite: \_\_\_\_\_  
(Street) (City) (State) (Zip)  
SACRAMENTO CA. 95815
2. Are you developing an undetermined tenant space? Yes \_\_\_ No X Is this permit for a shell building? Yes \_\_\_ No X

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: ED HUB  
(Print) 3/2-1/98  
(Signature) (Date)

BID Use Only: Plan Ck# _____	Permit # <u>1801124</u>
OK to issue perm? Y <u>3-27-98</u>	F.D. Appr Req'd? Yes No
init date _____	
Hold on Certificate of Occupancy? Yes No	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

ADDRESS	#	PREPARED BY	DATE	REQUIRED					NOT REQUIRED	UNKNOWN AT THIS TIME
				APPROVED/RECEIVED	ATTACHED	PREVIOUSLY ATTACHED	NO ATTACHMENT REQUIRED			
Owner/builder forms are required to be signed by the owner or tenant if the permit will be pulled by the owner or tenant.								X		
Current Certificate of Worker's Compensation must be on file with Building Dept. (Certificate holder's name and address must read City of Sacramento, Dept. of Planning & Development, Building Inspection Division, 1231 I St. Room 200, Sacto. CA 95814) This form is required for contractors who are not exempt from workers' compensation requirements and for owners who will be using their own employees to perform work.									X	
Letter of authorization from contractor on company letterhead for employees of contractor to sign for permit. Exhibit 1 must be signed by owner if employees or agents will be signing for permit.									X	
School Impact Fee form must be taken to applicable School District and fees paid. Receipt must be returned to Building Department.								X		
A Driveway permit must be obtained from Department of Public Works. Contact Danny Lee at 264-7915.								X		
A Regional Sanitation Permit must be obtained from the County. The receipt must be returned to the Building Department. Contact Howard Richmond at 855-8079.								X		
Special Inspection forms must be completed and signed by owner.									X	
Hazardous Materials form must be completed and signed by owner.				X						
This project is in an A-99 flood zone. A flood waiver form for substantial improvements new construction is required to be signed and returned to the Building Department prior to permit issuance.								X		
This project is in an AO, AE, or AH flood zone. An elevation certificate signed by a California licensed Civil Engineer is required prior to permit issuance. The engineer will also be required to certify the building pad elevation.								X		
This project is in the Natomas flood moratorium area. Commercial projects will be required to meet the requirements of City Ordinance. Residential projects may not be built without a waiver.								X		
Sewer connection waiver form req'd. to be signed by owner.								X		
Other										

Attachment to BC-306-1

CITY OF SACRAMENTO  
BUILDING INSPECTION • DEPARTMENT OF PLANNING AND DEVELOPMENT  
1231 I STREET • SACRAMENTO, CA 95814 • PHONE (916)264-7619

STRUCTURAL TESTS AND INSPECTIONS SCHEDULE

PRIOR TO OBTAINING THE PERMIT, THE PROJECT OWNER SHALL COMPLETE, SIGN AND SUBMIT THIS FORM FOR THE BUILDING INSPECTION DIVISION FOR APPROVAL.

PROJECT NAME: BARBARA'S BAKERY  
PROJECT ADDRESS: 3750 YELL CR.

PLAN REVIEW # 5744  
PERMIT NUMBER 9801124

TESTING/INSPECTION AGENCY/IES: KLEINFELDER INC  
3077 FIRE CR  
SACRAMENTO CA 95827 916-366-1161

OWNER'S NAME: BARBARA'S BAKERY  
SAN FIELD FOOD DIV SIGNATURE: \_\_\_\_\_  
(Please Print)

hereby certifies that the Testing/Inspection agency named above has been engaged to perform structural tests and inspections during construction, as noted below, to satisfy all applicable portions of the Uniform Building Code.



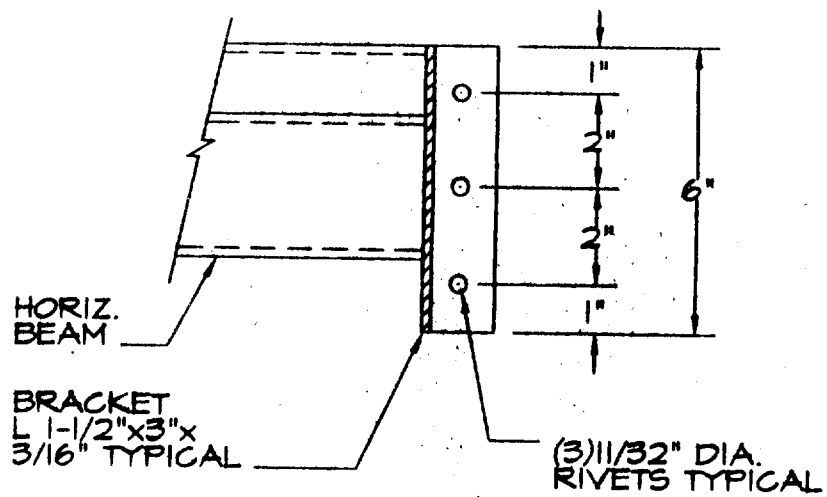
INSPECTIONS REQUIRED

In accordance with Sections 302 and 306 of the Uniform Building code, special inspections shall be performed on the following items (circled):

<u>Item</u>	<u>Description</u>	<u>Ref. Dwg.*</u>
1.	CONCRETE _____	_____
2.	REINFORCING/PRESTRESS STEEL _____	_____
3.	WELDING _____	_____
4.	HIGH STRENGTH BOLTING _____	_____
5.	STRUCTURAL MASONRY _____	_____
6.	PILING, DRILLED PIERS, CAISSONS _____	_____
7.	SPRAY APPLIED PROOFING _____	_____
①	OTHER: <u>HILTI WEDGE ANCHOR BOLTS</u> >	<u>3-2</u>

\* Referenced drawings listed represent a sample of the item requiring special inspection and are not intended to document all drawings or specifications containing information pertaining to that item.

BID APPROVAL \_\_\_\_\_ Date \_\_\_\_\_ (11/1 #382(02/96))

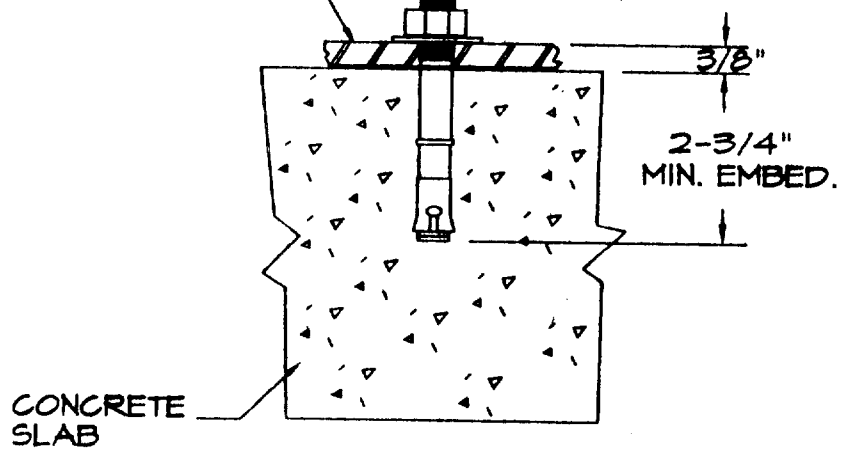


① BRACKET & BEAM ASSY.

ANCHOR BOLTS:

1/2" DIA. HILTI KWIK II  
WEDGE ANCHOR BOLT  
PER ICBO#4627  
WITH SP. INSPECTION  
FOR 10% OF BOLTS  
1500 lb PULLOUT OR  
50 FT-lb TORQUE

BASE PLATE




③ ANCHOR BOLT DETAIL


# Daily Field Report (DFR)

Project Name Barbano's Bakery Project No. 23-4834-72 Date 4-8-98  
 Project Location Full Cre. Sacto. Time Arrived 1536  
 Contractor Rackmasters Technician B. Yelle Time Departed 1715  
 Weather — Travel Time 1  
 Earthwork Equipment Observed \_\_\_\_\_ Mileage 45  
 DFR Given to (or left at) Mike Webb DFR No. \_\_\_\_\_  
 Reviewed by \_\_\_\_\_ Date Reviewed \_\_\_\_\_

Observations/Remarks:

Torque test ASC of 700 Ramjet WS-1242 1/2" x 4 1/4" anchor  
 bolts, holding down storage racks.  
 Bolts tested pulled to 60 lbs.

  
 NOTE: Observations, pass/fail evaluations, and/or recommendations  
 (if applicable) provided herein have not been reviewed by an  
 engineer and, therefore, should be considered preliminary and  
 subject to change.

  
 Kleinfelder Representative Signature

Kleinfelder Representative Print Name

## Daily Field Report (DFR)

Project Name Bacback Project No. 23-4834-72 Date 3-20-98  
 Project Location 3750 Pell Dr. - Sacto Time Arrived 0830  
 Contractor - Technician B. Yelle Time Departed 1000  
 Weather \_\_\_\_\_ Travel Time 1  
 Earthwork Equipment Observed \_\_\_\_\_ Mileage \_\_\_\_\_  
 DFR Given to (or left at) \_\_\_\_\_ DFR No. \_\_\_\_\_  
 Reviewed by \_\_\_\_\_ Date Reviewed \_\_\_\_\_

Observations/Remarks:

Met w/ Mike Webb. He showed me expansion ~~bol~~ anchor bolts to be torque tested.

Anchors are Ramset / Rod Head WS 1254. Specs from manufacture indicate testing at 55 Ft. lbs

Bolt size is  $\frac{1}{2}$ " x  $5\frac{1}{2}$ ". 336 bolts placed to anchor storage racks.

Tested a random amount with Mike Webb. Found all tested were loose. All need tightened, then Mike will call for re-testing.

NOTE: Observations, pass/fail evaluations, and/or recommendations (if applicable) provided herein have not been reviewed by an engineer and, therefore, should be considered preliminary and subject to change.

Page 1 of 1

B. Yelle  
Kleinfelder Representative Signature

B. Yelle 3/20/98  
Kleinfelder Representative Print Name