

CITY OF SACRAMENTO

Permit No: 0113531

1231 I Street, Sacramento, CA 95814

Insp Area: 1
Thos Bros: 297 D4

Site Address: 900 15TH ST SAC
Parcel No: 006-0056-005

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

CONTRACTOR
MAK CHURK L
1225 T ST
SACRAMENTO CA 95814

OWNER
JORDAN A J
126 BEACHCOMBER DR
SHELL BEACH CA 93449

ARCHITECT
BERNARD CHAN
2272 ATRISCO CIR
SACRAMENTO CA 95833

Nature of Work: EXPANSION OF EXISTING RESTAURANT FOR TAKE OUT

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 617719 ~~37938~~ Date 4/3/03 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 1/10/02 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.

CLM 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 1271319-00 Exp Date 07/01/2002

(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 1-10-02 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 # <u>0113531</u>	Insp. Area <u>1C</u>
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Applicant MUST complete ALL Unshaded areas

ADDRESS 900 15th ST Suite _____
 PARCEL # 006.0056.005

CONTACT Name <u>MASAHIDE NISHIYAMA</u> Street Address <u>900 15TH ST</u> City/State/Zip <u>SAK. CA 95814</u> Phone <u>916 442 4933</u> FAX _____ E-mail: _____		LICENSED CONTRACTOR Lic No. # _____ Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
ARCHITECT/ENGINEER Name <u>BERNARD CHAN</u> Address <u>2272 ATRISU</u> City/State/Zip <u>SAK TO CA 95833</u> Phone <u>322-9275</u> FAX <u>737-2230</u> E-mail: _____		OWNER Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	

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

NATURE OF WORK IN DETAIL: ADDITION FOR ~~EXISTING~~ EXISTING JAPANESE RESTAURANT TAKE OUT ONLY, NEW HOOD, FANTRON, COUNTER, ELECTRICAL, NO HVAC.

CONDITIONS XB; 311

OCCUPANT/TENANT: ZEN TORO VALUATION: \$ 30,000.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(✓)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE	FIRE		
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
		<u>1400</u>		<u>A</u>	<u>VN</u>	SPR	ALARM	<u>18</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	PW	UTIL

COMMENTS: _____

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

PLANNING AND ZONING REVIEW

..... to be filled out by Planning staff

ADDRESS: 900 15th Street

APN: 006-0056-005 ZONING: C-3

DESIGN REVIEW AREA: Central City

PREVIOUS FILES RELATED TO SITE: N/A

EXISTING LAND USE: exist. restaurant & adjacent vacant space

PROPOSED USE: expansion of restaurant into vacant space for take-out only; no additional seating

COMMENTS: located in Central Business District (CBD); no parking requirement for restaurant use

DATE: _____ BY: _____

DOES IT APPEAR THAT THE PROJECT WILL REQUIRE A PLANNING APPLICATION?

YES

NO

(If yes, circle applications needed below)

.....Staff.....ZA.....Planning Commission.....Design Review.....Preservation Review.....

CONCLUSION: expansion does ^{not} trigger need for additional parking; Design Review necessary for exterior modification only, none proposed.

DATE: 10/18/01 BY: PHIL REED

County of Sacramento
Accounting and Fiscal Services
Date: 10/18/2001
Cashier #: 1
Receipt #: 120012500000022529
Check #: 413
Receipt #: RF52001-11018
Fee Type: EMD Env Health Food Check
Amount: \$746.00
Total Due: \$746.00
Check Tendered: \$746.00

RECEIPT
ENVIRONMENTAL MANAGEMENT DEPARTMENT
ENVIRONMENTAL HEALTH

RECEIVED FROM: Mrs. AIDE NISHIYAMA DATE: 10/19/01

ADDRESS: _____

AMOUNT RECEIVED: \$ 746.00 CHECK NO.: 0413 CASH CREDIT CARD

FACILITY NAME: San Toro

FACILITY ADDRESS: 900 15th Street

CASE NO.: _____

IN FEE SUMMARY

REVENUE DESCRIPTION: (KEY 33)

- PLAN REVIEW - FOOD
- PLAN REVIEW - NOISE
- PLAN REVIEW - POOLS
- PUBLIC POOL FEE (CONSTRUCTION INSPECTIONS)
- PLAN REVIEW - TENTATIVE PLOT APPROVAL

SIGNATURE: _____

COST CTR.	REVENUE	ORDER #	AMOUNT
6206202304	96964301	E32142	\$ 746.00
6206202304	96964403	E32143	\$
6206202304	96964302	E32142	\$
6206202304	92929018	E32131	\$
6206202304	96964402	E32142	\$