

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 9906036  
Insp Area: 4

Site Address: 2750 GATEWAY OAKS DR SAC  
Parcel No: 225-0230-082 1ST FLOOR

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

CONTRACTOR  
MARKET ONE BUILDERS INC  
1410 N MARKET BL #1  
SACRAMENTO CA 95834

OWNER  
BTV CROWN EQUITIES INC  
400 CAPITOL MALL STE 2  
SACRAMENTO CA 95814-4420

ARCHITECT

Nature of Work: RETAIL/SUNDRIES SHOP TI

**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.

X License Class B License Number 737694 Date 8/13/99 Contractor Signature Alec Stricker

**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.

X Date 8/13/99 Applicant/Agent Signature Alec Stricker

**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 692-98 0002229 Exp Date 10/01/1999

(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.

X Date 8/13/99 Applicant Signature Alec Stricker

**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 COMMERCIAL BUILDING PERMIT**

DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION

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

ACTIVITY # 9906036C Insp. Area 4

*Applicant MUST complete ALL Unshaded areas*

ADDRESS 2750 GATEWAY OAKS DRIVE Ste. ? Suite 1<sup>ST</sup> FLOOR  
 PARCEL # 225 - 0230 - 094

CONTACT		LICENSED CONTRACTOR Lic No. # _____	
Name <u>STEVE JONES, design TECH</u>	Name <u>MARKET ONE BUILDERS, INC.</u>		
Address <u>814 29<sup>TH</sup> STREET</u>	Address <u>1950 ARDEN WAY, SUITE 308</u>		
Phone <u>444-3055</u> FAX <u>444-9762</u>	Phone <u>563-7711</u> FAX _____		
E-mail <u>dtech@ns.net</u>	E-mail _____		
ARCHITECT/ENGINEER		OWNER	
Name <u>DREYFUSS &amp; BLUKKARD</u>	Name <u>BTV CROWN EQUITIES, INC.</u>		
Address <u>3540 FOLSOM BLVD.</u>	Address <u>400 CAPITOL MALL, # 2340</u>		
Phone <u>453-1234</u> FAX _____	Phone <u>658-0120</u> FAX _____		
E-mail _____	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: TENANT IMPROVEMENT FOR SUNDRIES SHOP  
WITHIN EXISTING 3-STORY BUILDING.

OCCUPANT/TENANT: CalPERS VALUATION: \$ 60,000

FLOOD STATUS: _____		S.C.A.T. _____							
JOB DESCRIPTION	BLDG	SHELL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES	<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE	<u>FIRE</u>			
# Stories	<u>16</u> Gr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File	
	<del>50</del>					SPR / ALARM		[H]	[Quad]
B	L	P	M	E	F	S	D	PW	UTIL

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

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

# CITY OF SACRAMENTO

## APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION

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

ACTIVITY # 9906036C Insp. Area 4

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2750 Gateway Oaks Dr (1<sup>st</sup> floor) Suite ?  
 PARCEL # \_\_\_\_\_

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Steve Jones</u></p> <p>Address _____</p> <p>Phone <u>444 3055</u> FAX <u>444 9762</u></p> <p>E-mail _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name <u>Market One</u></p> <p>Address <u>1950 Arden Wy</u></p> <p>Phone <u>563 7711</u> FAX _____</p> <p>E-mail <u>928-7474 (F) 928-7475</u></p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____ FAX _____</p> <p>E-mail _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____ FAX _____</p> <p>E-mail _____</p>

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

NATURE OF WORK IN DETAIL: TI for retail/sundries shop

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 60000

FLOOD STATUS: -				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE		<u>FIRE</u>	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
	<u>590</u>					SPR	ALARM		[H]	[Quad]
B	L	P	M	E	F	S		D	PW	UTIL

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

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

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 9906034  
 ADDRESS: 2750 GATEWAY OAKS  
 Commercial     Residential

ACCEPTED by (Staff):  
 \_\_\_\_\_

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY			6/11/99	13					
STRUCTURAL			None						
MECHANICAL/PLUMBING			4/1/99	13					
ELECTRICAL			6/11	13					
FIRE			6/11/99	13					
PLANNING									

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

DATE \_\_\_\_\_

THIS SHEET IS TO BE USED WHEN PLANS ARE SUBMITTED WITH PLAN CHECK CORRECTIONS OR REVISIONS ON A PLAN WHICH IS STILL IN THE PLAN CHECK PROCESS.

# REVISIONS

	S	E	L	P	M	E	F	S	D	P
STATUS										
NO	B	L	P	M	E	F	S	D	P	
STATUS										
NO	B	L	P	M	E	F	S	D	P	
STATUS										
NO	B	L	P	M	E	F	S	D	P	
STATUS			13 JMT	13 JMT	1 3/4 hr					

# OF SETS SUBMITTED 3  
 SUBMITTED BY design TECH/SPVE JES  
 PHONE # 444-3055  
 FAX # 444-9702

OR MARKET ONE BUILDERS, INC.  
 928-7474

PROJECT ADDRESS: 2750 GATEWAY OAKS DRIVE, 1ST FLOOR

PLAN CHECK #: 9906036 (c)

SUBMITTED TO: \_\_\_\_\_

COMMENTS: Per Health Dept a bath  
was added to Sundry area, recheck  
OK to express for recheck

KEEP TRACK OF HOURS:  YES  NO

*Handwritten signature and initials*

**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: CALPERS Phone: 658-0120  
 Site Address: 2750 GATEWAY OAKS DR Suite: 1ST FLOOR  
(Street) CALPERS (Zip)  
 Business Owner/Representative: BTV CROWN EQUITIES Phone: 658-0120  
 Nature of Business: DELI SHOP  
 Property Owner: BTV CROWN EQUITIES Phone: \_\_\_\_\_  
 Address: 400 CAPITOL MALL # 2340 Suite: \_\_\_\_\_  
(Street)  
SACRAMENTO 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: ALEX STRICKER  
(Print)  
Alex Stricker 8/13/99  
(Signature) (Date)

BID Use Only: Plan Ck# _____	Permit # <u>9906036</u>
OK to issue prmt? Y <u>8-13-99</u>	F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
init date	
Hold on Certificate of Occupancy? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	