

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 9914548

Insp Area: 1

Site Address: 1050 RICHARDS BL SAC

Parcel No: 001-0090-001

Sub-Type: NGRDNG

Housing (Y/N): N

**CONTRACTOR**

BUZZ OATES ENTERPRISES  
8615 ELDER CREEK RD  
SACRAMENTO CA 95828

**OWNER**

DOS RIOS VENTURE  
670 DIXIEANNE AV  
SACRAMENTO CA 95815

**ARCHITECT**

Nature of Work: ROUGH GRADING

**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 381360 Date 30 MAR 00 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 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.

Date 30 MAR 00 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 CALIFORNIA INDEMNITY INSURANCE COMPANY Policy Number N5048119D Exp Date 03/01/2000

\_\_\_\_ (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 30 MAR 00 Applicant 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.**

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 # 9914548 Insp. Area \_\_\_\_\_

Applicant MUST complete ALL Unshaded areas

ADDRESS 1100 ~~1100 37th St~~ Richards Rd Suite \_\_\_\_\_  
PARCEL # APN # 001-009-001

<b>CONTACT</b>		<b>LICENSED CONTRACTOR</b> Lic No. # _____	
Name <u>Mike Peters</u>		Name _____	
Address <u>8615 Elder Creek Rd <sup>Sacto.</sup> 95828</u>		Address _____	
Phone <u>(916) 381 3600</u> FAX <u>381 4707</u>		Phone _____ FAX _____	
E-mail <u>mpeters@buzznotes.com</u>		E-mail _____	
<b>ARCHITECT/ENGINEER</b>		<b>OWNER</b>	
Name <u>Morton J. Pitalo, P.C.</u>		Name <u>Buzz Oates</u>	
Address <u>1788 <del>Trouble</del> Rd <sup>Sacto.</sup> 95815</u>		Address <u>8615 Elder Creek - 95828</u>	
Phone <u>(916) 27-2400</u> FAX <u>567-0120</u>		Phone <u>(916) 381 3600</u> FAX <u>381 4707</u>	
E-mail _____		E-mail <u>mpeters@BuzzOates.com</u>	

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

NATURE OF WORK IN DETAIL: Grading Permit ~~Underground Permit~~

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 27,000

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			
						SPR	ALARM	[H]	[Quad]		
(B)	L	P	M	E	F	(S)	D	(PW)	(WIL)		

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

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

dssu/forms/commercialapp. [rev. 04/26/99]



shell

0000996 + 9914548 grading

FEDERAL EMERGENCY MANAGEMENT AGENCY  
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077  
Expires July 31, 2002

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <b>BUZZ OATES ENTERPRISES</b>		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <b>1050 RICHARDS BOULEVARD</b>		Policy Number	
CITY <b>SACRAMENTO</b>	STATE <b>CA.</b>	ZIP CODE <b>95814</b>	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)		APN <b>001-009-001</b>	
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.) <b>NON-RESIDENTIAL</b>			
LATITUDE/LONGITUDE (OPTIONAL) (##° - ##' - ##.##" or ##.#####°)		HORIZONTAL DATUM: SOURCE: <input type="checkbox"/> GPS (Type)..... <input type="checkbox"/> NAD 1927 <input type="checkbox"/> NAD 1983 <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other: .....	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <b>CITY OF SACRAMENTO 060266</b>		B2. COUNTY NAME <b>SACRAMENTO</b>		B3. STATE <b>CALIFORNIA</b>	
B4. MAP AND PANEL NUMBER <b>060266 0025</b>	B5. SUFFIX <b>F</b>	B6. FIRM INDEX DATE <b>JULY 6, 1998</b>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <b>JULY 6, 1998</b>	B8. FLOOD ZONE(S) <b>AR</b>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <b>35.0</b>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.  
 FIS Profile  FIRM  Community Determined  Other (Describe): .....

B11. Indicate the elevation datum used for the BFE in B9:  NGVD 1929  NAVD 1988  Other (Describe): .....

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)?  Yes  No  
 Designation Date: .....

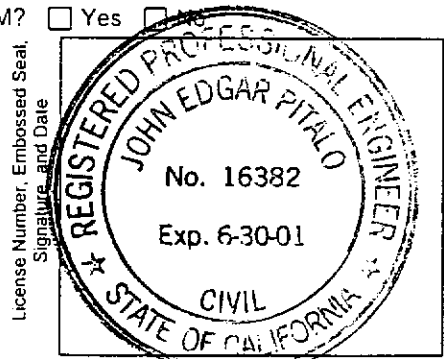
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on:  Construction Drawings\*  Building Under Construction\*  Finished Construction  
 \*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number **1** (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO  
 Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.  
 Datum **CITY OF SACRAMENTO** Conversion/Comments **CITY OF SACRAMENTO NGVD 1929**  
 Elevation reference mark used **27.5 ft.** the elevation reference mark used appear on the FIRM?  Yes  No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<b>23.7</b> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	_____ ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	_____ ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	_____ ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building	<b>23.7</b> ft.(m)
<input type="checkbox"/> f) Lowest adjacent grade (LAG)	<b>19.7</b> ft.(m)
<input type="checkbox"/> g) Highest adjacent grade (HAG)	<b>20.7</b> ft.(m)
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	_____
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3h	_____ sq. in. (sq. cm)



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.  
 I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.  
 I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME **JOHN E PITALO** LICENSE NUMBER **16382**

TITLE **PRESIDENT** COMPANY NAME **MORTON & PITALO INC.**

ADDRESS **1788 TRIBUTE ROAD** CITY **SACRAMENTO** STATE **CA** ZIP CODE **95815**

SIGNATURE *[Signature]* DATE **2-7-00** TELEPHONE **916-927-2400**