

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0513474  
Insp Area: 4  
Thos Bros: 278A7

Site Address: 1401 ARDEN WY SAC  
Parcel No: 277-0160-002

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

CONTRACTOR

OWNER  
RL ACQUISITION COMPANY  
4001 MAIN ST  
VANCOUVER, WA 98666

ARCHITECT

Nature of Work: Parking lot ADA improvements - striping, and signs

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 C8 License Number 419121 Date 9/2/05 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 hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 9/2/05 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 compliance 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 COMP Policy Number 238-0000385 Exp Date 4/1/2006

(This section need not be completed if the permit is for a residential structure. If the permit is for a residential structure, 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 9/2/05 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.

City of Sacramento  
 Development Services Department  
**PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL**

ADDRESS: 1401 ARDEN WAY	APN: 277-0160-002
DRPB AREA / PUD / SPD: NONE	ZONING: C-2
EXISTING LAND USE: RED LION HOTEL	
PROPOSED USE: PARKING LOT ADA IMPROVEMENT	
<b>PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:</b>	
<input checked="" type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC      ZA      IR      ER      DR      PB Required Planning application must be approved <i>before</i> project can be submitted for plan check
<input type="checkbox"/>	Application(s) IN PROGRESS:    File Number: Application must be approved before project can be submitted for plan check.
<input type="checkbox"/>	Application(s) COMPLETED:    File Number & approval date: Building permit must conform to approved plans and comply with all conditions of approval. Do NOT accept applications for a building permit prior to the end of the 10-day appeal period.
<input type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Route to SITE for inspection only, plan check not required.
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
<b>CONDITIONS AND COMMENTS:</b>	
The numbers of parking space should not be changed. NO planning issue apparent at this time.	
DATE: September 01, 2005	BY: Elise Gumm

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DEPARTMENT**  
**PERMIT SERVICES SECTION**  
 1231 I Street, Suite 200  
 Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7046

<b>ACTIVITY #</b> <u>0513474</u>	<b>Isnp. Area</b> <u>4</u>
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Applicant **MUST** complete ALL Unshaded areas

**ADDRESS** 1401 Arden Way Suite \_\_\_\_\_  
**PARCEL #** 277-0160-002

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Bill Zellars</u>                  Street Address <u>PO Box 60141</u>                  City/State/Zip <u>Sacramento CA 95860</u>                  Phone <u>481-9362</u> FAX <u>457-3326</u>                  E-mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>419181</u></p> <p>Name <u>Zellars Contract</u>                  Address <u>PO Box 60141</u> C-84C-27                  City/State/Zip <u>Sacramento CA 95860</u>                  Phone <u>481-9362</u> FAX <u>457-3326</u>                  E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name _____                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name _____                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → **INSURANCE CO:** Zelich  
 → **WORKER'S COMPENSATION POLICY #** 000385-05 **EXPIRATION DATE:** 4/06

**NATURE OF WORK IN DETAIL:** Stripping, Signs  
Parking Lot ADA-Improvements

**OCCUPANT/TENANT:** \_\_\_\_\_ **VALUATION: \$** 50,000

<b>FLOOD STATUS</b>						<b>S.C.A.T.</b>				
<b>JOB DESCRIPTION</b>		BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TI ( ) <input type="checkbox"/>	REM ( ) <input type="checkbox"/>	SW <input checked="" type="checkbox"/>	FIRE <input type="checkbox"/>	ADD <input type="checkbox"/>	OTHER <input type="checkbox"/>
<b>INSPECTION DISCIPLINES</b>		BLDG	MECH	PLUMB	ELEC	(SITE)		FIRE		
# Stories	1 <sup>st</sup> flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
						SPR	ALARM			
B	L	P	M	E	F	(S)		D	PW	UTIL

**COMMENTS:**

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