

**CITY OF SACRAMENTO**

**Permit No: 9802993**

**1231 I Street, Sacramento, CA 95814**

**Insp Area: 1**

**Site Address: 1331 T ST SAC**

**Sub-Type: ACOM**

**Parcel No: 0090084009**

**Housing (Y/N): N**

**CONTRACTOR**

**OWNER**

**ARCHITECT**

OSHIMA & YEE ARCHITECTS

SACRAMENTO BUILDERS EXCHANGE

1331 T ST  
SACRAMENTO CA

95814

1731 J ST #200  
SACRAMENTO, CA

95818

**Nature of Work: REMODEL REPLACE HVAC UNITS**

**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 20 License Number 603102 Date 5/19/98 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 5/19/98 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.

\_\_\_\_ 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 \_\_\_\_\_ Policy Number \_\_\_\_\_

\_\_\_\_ (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 5/19/98 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**  
**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

73-02993

ADDRESS 1331 T ST P.C. # 5970  
 PARCEL # 009-2084-009 SUITE # \_\_\_\_\_  
 AREA # 1C

CONTACT

LICENSED CONTRACTOR Lic# \_\_\_\_\_

NAME ALAN OSHIMA  
 ADDRESS 1731 J ST  
SACTO ZIP 95814  
 PHONE 443-5911 FAX: ( )

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 ZIP \_\_\_\_\_  
 PHONE ( ) - FAX ( ) -

ARCH./ENG.

OWNER

NAME ALAN OSHIMA  
 ADDRESS \_\_\_\_\_  
 ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_

NAME SACTO BLDGS EXCHANGE  
 ADDRESS 1331 T ST  
SACTO ZIP \_\_\_\_\_  
 PHONE ( 442-8991 ) FAX ( ) -

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE?  YES  NO

NATURE OF WORK IN DETAIL: REMODEL - REPLACE HVAC UNITS  
W/AUXILIARY WORK - ELECT / CARPENTRY / ROOFING

D.B.A. \_\_\_\_\_  VALUATION 50,000  
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS \_\_\_\_\_  S.C.A.T. \_\_\_\_\_

JOB DESCR. BLDG SHEL APT TI ( ) REM ( ) SW FIRE ADD OTH

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
			B	YN	<del>Y</del> /N	Y/N	15	OK
B	L	P	M	E	F	S	D	R
TT		BD	BD	GM		WT	WT	

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

Worker's Comp Policy #  
Company

Date 5/7/98

# REVISIONS

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.

ORIGINAL ROUTE	<u>B</u>	L	<u>P</u>	<u>M</u>	<u>E</u>	F	<u>S</u>	<u>D</u>	R
Status (opt)	3		03	03	03		13	10	
Revision to be routed to (order)	B	L	<u>P</u>	<u>M</u>	<u>E</u>	F	S	<u>D</u>	R
			BD	BD	GMC				

# of sets submitted 2 BY (NAME) ALAN OSHIMA  
 PHONE # 443-5911  
FAX - 443-2965

Plan Address 1331 T ST

Plan Check # 5970

Submitted to Bill

Comments OK to start cycle.

KEEP TRACK OF HOURS? Yes  No

Plancheck Activity Status - 05/08/98

Plancheck no: PC5970  
 @@PC5970 @@  
 @@PC5970 @@

Address: 1331 T ST.  
 Occupancy: B  
 Value: 50,000

Cons type: VN  
 Job type: REM2  
 Stories:  
 Area 1st: 0  
 Total Area: 0  
 Parcel no: 009-0084-009-0000

Contact: ALAN OSHIMA (916)443-5911  
 1731 J ST.  
 SACRAMENTO, CA 95814

Date Accepted: 04/13/98 1st Cycle Goal: 2.0 Goal Date: 04/27/98  
 Elapsed weeks: 3.6 Route: BPMESD Notice Date: 05/01/98

Bldg 1	Plmb 2	Mech 3	Elec 4	Site 5	DevC/H 6
13	03	03	03	13	
04/20/98 / /	04/22/98	04/22/98	04/22/98 / /	05/01/98 / / / /	
JT	BD	BD	TM	GRS	

Presently in 1st Review Cycle

NO SEPARATE SITE PLAN SUBMITTED\*\*MAILED COMMENTS 5/1/98 BIN#70 DF\*\*



Capital Engineering Consultants, Inc.  
7300 Folsom Blvd., Suite 100  
Sacramento, CA 95826  
TEL: (916) 386-8888  
FAX: (916) 386-2610

PC # 5970

**MEMO**

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<b>DATE:</b>	May 7, 1998	<b>FAX:</b>	(206) 336-6591
<b>TO:</b>	Oshima & Yee Arch. 1731 J St. #200 Sacramento, Ca. 95814	<b>PROJECT:</b>	Sacramento Builders' Exchange
<b>ATTN:</b>	Alan Oshima	<b>PROJECT NO.:</b>	970610
<b>FROM:</b>	Dan Asher	<b>SUBJECT:</b>	Review Comments

---

Unless immediately advised we assume this information to be correct.

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Response to review comments by city.

- E1 Voltage to mechanical equipment is 230v. Electrical panel rated at 240 volt as shown on elec. dwgs.
- M1 A copy of T-24 certificates of compliance have been put on drawing M2.2.
- M2 A note has been added to Ac unit schedule on drawing M0.1 to provide smoke detectors to Ac-1, 2 & 4.
- M3 A gas piping diagram has been added to drawing P0.1, showing unit no., input capacity, piping lengths and pipe sizes.

Each change has been clouded and giving a delta.

PC#5970



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## MEMO

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**DATE:** May 7, 1998                      **FAX:** (206) 336-6591  
**TO:** Oshima & Yee Arch.                      **PROJECT:** Sacramento  
1731 J St. #200                                      Builders' Exchange  
Sacramento, Ca. 95814  
**ATTN:** Alan Oshima                      **PROJECT NO.:** 970610  
**FROM:** Dan Asher                      **SUBJECT:** Review Comments

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Planning Division COMMERCIAL PRELIMINARY Information Request

BUILDING CHECK ONE:

Over the counter review and issue permit \_\_\_\_\_  
Will be taken in and reviewed for site conditions \_\_\_\_\_  
Will be taken in but not reviewed for site conditions \_\_\_\_\_  
Information only, pre-submittal information \_\_\_\_\_

Customer Name: Alan Blaine Phone Number: \_\_\_\_\_

Project address: 331 T ST.

APN: 007 0084-007 Current site use: \_\_\_\_\_

INITIAL

Need to verify AN Proposed Site use: \_\_\_\_\_

Describe what is being requested: APPROVAL & COMMENTS

Requested by: [Signature] Date: 4/1/98

Zone 2 Overlay / SPD / PUD / R-review \_\_\_\_\_

- Planning staff Review required \_\_\_\_\_
- Planning Hearing required \_\_\_\_\_
- Design Review required \_\_\_\_\_
- No Planning Issues \_\_\_\_\_
- Counter ok review by site cond. \_\_\_\_\_

Prior Applications on site P# \_\_\_\_\_ Z# \_\_\_\_\_

DP# \_\_\_\_\_ PB# \_\_\_\_\_ IR# \_\_\_\_\_

Comments: Provide photos to see existing conditions to prior to approval of adding new units

Planning review by: [Signature] Date: 4/1/98

MUST BE REVIEWED BY PLANNING

- |                 |                      |               |
|-----------------|----------------------|---------------|
| Care Facilities | Anything Residential | Restaurants   |
| Churches        | Day care             | Sidewalk Cafe |
| Drive-through   | Lot Line adjustments |               |
| Medical Offices | Bars                 |               |

Security cars  
CELLULAR COMMUNICATION FACILITIES