

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0108069

Insp Area: 4

Thos Bros: 277G7

Site Address: 1319 DEL PASO BL SAC

Parcel No: 275-0122-009 REAR

Sub-Type: ACOM

Housing (Y/N): N

CONTRACTOR

OWNER

MONYOYA RICHARD
3341 SCOBEE WY
SACRAMENTO CA 95838

ARCHITECT

Nature of Work: 840 SQ FT WAREHOUSE ADDITION NON SPRINKLERED

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 Date 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 the project and who is not a contractor for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. B & PC for this reason: NOV 6 8 2001

Date 11-8-01 Owner Signature [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 11-8-01 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 Exp Date

(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 11-08-01 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 # 0108009 Insp. Area 4C

Applicant MUST complete ALL Unshaded areas

ADDRESS 1319 DEL PASO BLVD Suite \_\_\_\_\_  
 PARCEL # 275-0122-009

<p align="center"><b>CONTACT</b></p> <p>Name <u>RICHARD J. MONTOYA</u>                  Street Address <u>3341 SCOBEE WAY</u>                  City/State/Zip <u>SACTO, CA 95838</u>                  Phone <u>916-920-2533</u> FAX <u>916-920-2533</u>                  E-mail: _____</p>	<p align="center"><b>LICENSED CONTRACTOR</b></p> <p>Name <u>NONE</u> Lic No. # _____                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>
<p align="center"><b>ARCHITECT/ENGINEER</b></p> <p>Name _____                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>	<p align="center"><b>OWNER</b></p> <p>Name <u>RICHARD J. MONTOYA</u>                  Address <u>3341 SCOBEE WAY</u>                  City/State/Zip <u>SACTO, CA 95838</u>                  Phone <u>916-648-2013</u> FAX <u>916-920-2533</u>                  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: SMALL ADDITION BACKSIDE / 840 #, DRIVEWAY  
FRONT PORCH WORK 4 NEW WINDOWS, NEW DOOR, PAINTING

OCCUPANT/TENANT: YES VALUATION: \$ 25,000<sup>00</sup>

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>840 SF</u>		<u>S-2</u>	<u>V-M</u>	SPR	ALARM	<u>10</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	<del>SH</del>	<del>SH</del>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>	

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

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

Date of Request: \_\_\_\_\_

By: \_\_\_\_\_

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 1319 Del Paso Blvd

Assessor's Parcel Number: 275-0122-009

Previous Use: Commercial

Description of Request/Proposed Use: add covered parking

Is This a Change of Use? \_\_\_\_\_

Prior Applications for Project Site(P#, Z#, DRPB#): \_\_\_\_\_  
Zoning Designation: CZ-SPD  
No Sac DR area

Comments: \_\_\_\_\_

Needs 1 parking space for 600% expansion  
Needs DR

Are There Any Planning Issues?: (circle one) YES NO

\* Staff Site Plan Check Required? (Circle one) YES NO

\* Field Inspection Required? (Circle one) YES NO

\* Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: [Signature] 9-11-00

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

264-8289

DON SMITH

1-1K TOTAL  
1050  
Storage

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

① I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) JK

② I ~~have~~ have not / signed an application for A building permit for the proposed work.

③ I have contracted with the following person (firm) to provide the proposed construction:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

Signed Ralph Reyes

Job Address 1319 DEL PASO BLVD

Permit No: 0108069

**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: DOOR'S AND MORE Phone: 920-2533  
 Site Address: ~~1319 DEL PASO BLVD~~ 1319 DEL PASO Suite: \_\_\_\_\_  
(Street) (Zip)  
 Business Owner/Representative: RICHARD J MONTOYA Phone: 920-2533  
 Nature of Business: DOOR'S ETC  
 Property Owner: Richard Montoya Phone: 920-2533  
 Address: 1319 DEL PASO BLVD Suite: \_\_\_\_\_  
SACRAMENTO CA 95815  
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes \_\_\_ No X Is this permit for a shell building? Yes \_\_\_ No X

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 X  
 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No X

**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 X  
 6. Do you handle, store or transport any amount of acutely hazardous materials? Yes \_\_\_ No X  
 7. Is/Will your business be located within 1,000 feet of a school? Yes \_\_\_ No X

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 X

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: RASH REYES  
(Print)  
Rash Reyes 11-8-01  
(Signature) (Date)

BID Use Only: Plan Ck# _____ Permit # _____ OK to issue prmt? Y _____ F.D. Appr Req'd? Yes No <small>init date</small>	
Hold on Certificate of Occupancy? Yes No	
Fire Dept. Use Only: OK to issue permit? ini* _____ date _____ OK to issue Certificate of Occupancy? ini _____ date _____	

# Certificate of Compliance

School District Development Fees

**PART I To be completed by APPLICANT** 3341 Sooke Wy

Owner's Name & Address RICHARD J. MONTOYA SAC, Ca 95838

Project Address 1319 DEL PASO BLVD

Parcel Number \_\_\_\_\_ Lot No. \_\_\_\_\_

Subdivision Name \_\_\_\_\_ Number of Units 1

Applicant's Signature & Title [Signature] - OWNER

Date 11/8/01 Phone No. 916-920-2533

... collect them on behalf of the district(s), whichever is earlier.

**PART II To be completed by BUILDING DEPARTMENT**

Plan Identification Number 0108069 Building Type (CHECK ONE)

Square Foot of Chargeable Building Area 840  Residential

Signature Steve Bronson  Apartment / Condominium

Title Building Inspector  Commercial / Industrial

Date 10-18-2001

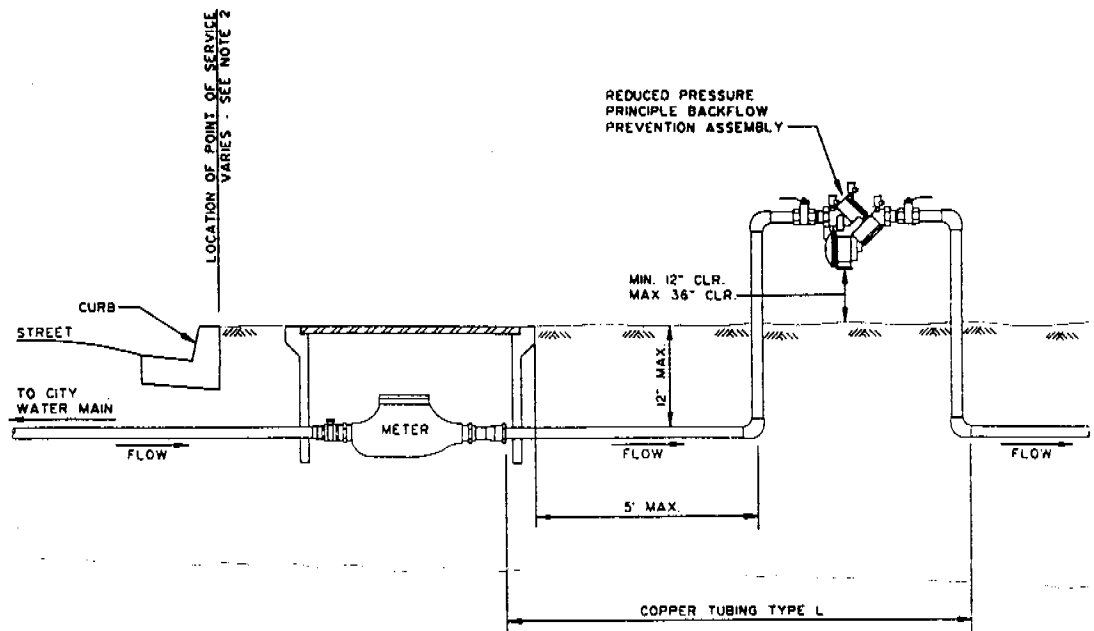
**PART III To be completed by SCHOOL DISTRICTS**

Grant Joint Union High School District	Roble Elementary School District
District Certification No. <u>107-02</u> EXEMPT _____ Comments _____ RESIDENTIAL / APARTMENT / CONDOMINIUM Sq. Ft. X \$ _____ COMMERCIAL / INDUSTRIAL <u>840</u> Sq. Ft. X \$ <u>33</u> = <u>27720</u> OTHER FEE TYPE _____ Sq. Ft. X \$ _____ TOTAL FEES COLLECTED = <u>27720</u>	District Certification No. _____ EXEMPT _____ Comments _____ RESIDENTIAL / APARTMENT / CONDOMINIUM Sq. Ft. X \$ _____ COMMERCIAL / INDUSTRIAL Sq. Ft. X \$ _____ OTHER FEE TYPE _____ Sq. Ft. X \$ _____ TOTAL FEES COLLECTED _____

This Certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

GRANT	ROBLA
Authorized School District Official	Authorized School District Official
Signature <u>Nancy's Deitel</u>	Signature _____
Title <u>Secretary II</u>	Title _____
Date <u>11-8-01</u>	Date _____



**INSTALLATION OF 2-INCH AND SMALLER REDUCED PRESSURE  
PRINCIPLE BACKFLOW PREVENTION ASSEMBLY W/WATER METER**

NO SCALE

**NOTES:**

1. REDUCED PRESSURE BACKFLOW PREVENTION ASSEMBLIES MUST BE CONNECTED TO CITY WATER AND TESTED PRIOR TO BEING PLACED INTO SERVICE.
2. POINT OF SERVICE:
  - A. POINT OF SERVICE IS THE BACK OF CURB FOR ALL CITY STREETS WITH PLANTER STRIPS.
  - B. POINT OF SERVICE IS THE BACK OF SIDEWALK FOR STREETS WITH SIDEWALK CONTIGUOUS WITH CURB AND GUTTER.
  - C. POINT OF SERVICE IS THE RIGHT-OF-WAY LINE ON ALL ALLEYS AND UNIMPROVED STREETS.
  - D. WHERE THE POINT OF SERVICE IS UNCLEAR THE LOCATION SHALL BE DETERMINED BY THE CROSS CONNECTION CONTROL SPECIALIST OR HIS DESIGNEE.
3. LISTS OF APPROVED BACKFLOW PREVENTION ASSEMBLIES AND CERTIFIED BACKFLOW PREVENTION ASSEMBLY TESTORS ARE AVAILABLE AT THE DEPARTMENT OF UTILITIES CUSTOMER SERVICE COUNTER.
4. THE BACKFLOW PREVENTION ASSEMBLIES SHALL BE INSTALLED ABOVE GROUND, IN A HORIZONTAL AND LEVEL POSITION. THE ASSEMBLY SHALL BE LOCATED ON THE CUSTOMER'S SIDE AND NO FURTHER THAN FIVE (5) FEET FROM THE POINT OF SERVICE OR THE METER.
5. NO OUTLET, TAP, TEE, OR CONNECTION BETWEEN THE WATER MAIN AND BACKFLOW PREVENTER IS ALLOWED UNLESS APPROVED BY THE DEPARTMENT OF UTILITIES.
6. CONCRETE PAD IS RECOMMENDED IF ASSEMBLY IS PLACED WITHIN A PROTECTIVE ENCLOSURE.
7. FREEZE BAGS ARE RECOMMENDED FOR FREEZE PROTECTION.



**DEPARTMENT  
OF UTILITIES**  
CITY OF SACRAMENTO

INSTALLATION OF 2-INCH AND SMALLER  
REDUCED PRESSURE PRINCIPLE BACKFLOW  
PREVENTION ASSEMBLY W/WATER MTR

APPROVED *Mike Drayton* SCALE NONE  
DATE JANUARY 1997 JWB NO TDW-31A