

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0009761

Insp Area: 3

Site Address: 5501 POWER INN RD SAC

Parcel No: 023-0312-004 STE 110

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

OWNER

COONEY JOHN STEVEN/SHEILA F
540 HEATHER WAY
SAN RAFAEL CA 94903

ARCHITECT

Nature of Work: REMODEL VACANT SPACE TO SWEAT (DETOX) THEROPY CTR

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 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 12/6/02 Owner Signature Katherine Quirk

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 12/6/02 Applicant/Agent Signature Katherine Quirk

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 12/6/02 Applicant Signature Katherine Quirk

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
 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: Health Med Phone: 387 8252
 Site Address: 5501 Power Inn Rd #110 Suite: 110
 Business Owner/Representative: Jim Woodworth Phone: 387 8252
 Nature of Business: Occupational Medicine / Physical Therapy
 Property Owner: Jackson Properties / Steve Cooney Phone: 381-8118
 Address: 5665 Power Inn Rd Suite: _____
Sac (Street) CA 95824 (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: Katherine Quick
Katherine Quick (Print) 12/6/00 (Date)
 _____ (Signature)

BID Use Only: Plan, Ck#	Permit # <u>00-69761</u>
OK to issue prmt? <input checked="" type="checkbox"/> <u>12/6/00</u> init date	F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

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) _____
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 N/A 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 N/A 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
<u>N/A</u>			

Signed Katherine Pluck

Job Address 5501 Power Inn Rd. #140 Sacramento

Permit No: (916) 387 8252 95820

SACRAMENTO COUNTY SANITATION DISTRICT NO. 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE
 PERMIT AND CALCULATION SHEET

APPLICATION NO:

GENERAL INFORMATION

BLDG PERMIT NO:

THIS PERMIT GOOD ONLY WHEN
 VALIDATED BY THE CASHIER

Plan book #
 0009761

265611

12.6.2009

THIS PERMIT TO CONNECT EXPIRES
 ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION

BUILDING USE

INSPECTION		RESIDENTIAL	SF <input type="checkbox"/>	MF <input type="checkbox"/>	UNITS
CSD-1					
SRCSD	213-				
CONSTRUCTION	1082-				
IN-LIEU					

TOTAL FEE 1295-

APN: 023-0312-004

DESCRIPTION/
 SUBDIVISION

PROPERTY ADDRESS 5501 *Peaver Dr* LOT:

OWNER *Jackson Properties*

MAILING ADDRESS 5501 *Peaver Dr*

CITY-STATE-ZIP *Sacramento CA 95820* PHONE *387-9200*

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT

INPUT _____ START _____
 INSPECTOR'S COPY

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 # 000976	Insp. Area BC
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Applicant MUST complete ALL shaded areas

ADDRESS 5501 Power Inn Rd Suite 110
 PARCEL # 023-0312-004

CONTACT Name <u>Jim Woodworth</u> Street Address <u>5501 Power Inn Rd. Ste 140</u> City/State/Zip <u> 95820</u> Phone <u>(916) 387 9252</u> FAX <u>(916) 387 6977</u> E-mail: _____		LICENSED CONTRACTOR Lic No. # _____ Name <u> a/b</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
ARCHITECT/ENGINEER Name <u>Sam Bonfield</u> Address <u>124 Oakwood Dr. Ste A</u> City/State/Zip <u> CA 95603</u> Phone <u>(530) 885 9760</u> FAX <u>(530) 885 9758</u> E-mail: _____		OWNER Name <u>Steve Cooney</u> Address <u>5665 Power Inn Rd.</u> City/State/Zip <u>Sacramento CA 95824</u> Phone <u>(916) 391 8113</u> FAX _____ E-mail: _____	

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

Use of space for:
sweet therapy (detox) center

OCCUPANT/TENANT: HEALTH MED VALUATION: 15400.00

FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM (X)	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>				
# Stories	Int. Height	Total Area	Use/Zone	Occp Group	Grnd type	Fire Reg. (Y/N)	Feat Code	Vio. File			
<u>1</u>		<u>1540</u>		<u>B</u>		<u>SPR</u> <u>ALARM</u>	<u>5</u>	[H]	[Quad]		
<u>B</u>	<u>U</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>P</u>	<u>S</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>		

COMMENTS: accessing rooms & showers to be HC accessible (if raised walls, then must be accessible) indicate (New or existing) walls, all sinks, counters etc to be accessible, provide 2 HC accessible parking spots

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: 5501 Powers Inn Rd

Assessor's Parcel Number: 023-0312-004

Previous Use: Vacant space w/(2 Restrooms)

Description of Request/Proposed Use: _____
DETOX CENTER

Is This a Change of Use? yes

Zoning Designation: M25

Prior Applications for Project Site(P#, Z#, DRPB#): Z00-125 Expand Med Facility
293-031-Med off

Comments: _____

Gary to check conditions

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] 11-29-00

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

MICROFILM AFTER FINAL

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN SHEET # _____
ADDRESS _____
 Commercial Residential

APPROVED BY STAFF _____

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Staff	Staff	Date	Staff	Staff	Date	Staff	Date	
STRUCTURAL									
MECHANICAL/PLUMBING									
ELECTRICAL									
FIRE									
PLUMBING									

Electrical: 200 Amp Main shown for 125A (look)
rated panel - look shown
conductors per panel
Title 24 for lighting
Verify AC ratings - show on
or plan - 10 @ 200/100
Wire size for AC - wire SI
all circuits over 20 A.

STAFF COMMENTS:

to be van accessible w/ 8' unloading zone on passenger side of vehicle, list occupancy group of space, pg A3 to be wetstamped also. Provide fire sprinkler drawings by C16, cut sheets on new HVAC unit, more restrooms per O/L, Title 24, details on saunas including dehumidifiers, ventilation, proper conductor sizing.