

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0013975  
Insp Area: 1

Site Address: 1123 ALHAMBRA BL SAC  
Parcel No: 007-0182-001 400SF BLDG ON SOUTH EAST CORNER  
N Sub-Type: REM Housing (Y/N):

**CONTRACTOR**  
WEST FORK CONSTRUCTION  
3801 POWER INN RD  
SACRAMENTO 95826

**OWNER**  
BROADWAY INVESTMENT CO  
6238 BIRDCAGE ST  
CITRUS HEIGHTS CA 95610

**ARCHITECT**

Nature of Work: 200 AMP METER MAIN(FUTURE 400SF SPACE T.I. ,, SEP PERMIT)

**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 B License Number 724016 Date 11/27/00 Contractor Signature Gordon Wells

**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 11/27/00 Applicant/Agent Signature Gordon Wells

**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 STATE FUND Policy Number 229-00 UNIT 0019113 Exp Date 01/01/2001

(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 11/27/00 Applicant Signature Gordon Wells

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 # <u>0013975</u>	Insp. Area _____
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1123 ALHAMBRA BLVD Suite \_\_\_\_\_  
 PARCEL # 007-0182-001

**CONTACT**

Name WEST FORK CONSTRUCTION  
 Street Address 3801 POWER INN RD  
 City/State/Zip SACRAMENTO, CA 95826  
 Phone (916) 452-8197 FAX (916) 452-8190  
 E-mail: \_\_\_\_\_

**LICENSED CONTRACTOR** Lic No. # \_\_\_\_\_

Name WEST FORK CONSTRUCTION  
 Address 3801 POWER INN RD  
 City/State/Zip SACRAMENTO, CA 95826  
 Phone (916) 452-8197 FAX (916) 452-8190  
 E-mail: \_\_\_\_\_

**ARCHITECT/ENGINEER**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ FAX \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**OWNER**

Name BROADWAY INVESTMENT CO  
 Address 6238 BIRDCAGE ST.  
 City/State/Zip CITRUS HEIGHTS, CA 95610  
 Phone (916) 722-4600 FAX \_\_\_\_\_  
 E-mail: \_\_\_\_\_

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: STATE FUND  
 → WORKER'S COMPENSATION POLICY # 229-019113-00 EXPIRATION DATE: 1/01/01

NATURE OF WORK IN DETAIL: LANDLORD PROVIDING 200 AMP METERED SERVICE FOR FUTURE TENANT IMPROVEMENT (BY OTHERS)  
*Completed*

OCCUPANT/TENANT: JAMBA JULLC VALUATION: \$ 1,984<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		
						SPR	ALARM		[H]	[Quad]	
B	L	P	M	E	F	S		D	PW	UTIL	

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

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

**CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION**

# EXPRESS PLAN REVIEW

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

PLAN CHECK # *123456789*  
 ADDRESS: *123 Main St, Suite 100*  
 Commercial     Residential



ACCEPTED by (Staff): *[Signature]*

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

STAFF COMMENTS:

*ROUTE TO TOWN M*

*One Plan to be used For Two Permits*



SACRAMENTO MUNICIPAL UTILITY DISTRICT

CUSTOMER APPLICATION FOR SERVICE

PROJECT NAME	
ESTIMATOR'S NAME	TELEPHONE NUMBER
	(816) 732-
W.A. NUMBER	

To ensure correct billing and refund, if applicable, it is requested that you provide the following information: (Refund or billing will be issued in the name under which this job was initiated.)

NAME	
WEST FORK CONSTRUCTION	
ADDRESS FOR BILLING (STREET)	TELEPHONE NUMBER
3801 POWER INN RD, SACRAMENTO, CA 95826	

2. Please provide NAME and ADDRESS of person (business) who will be responsible for the monthly energy charge.

NAME	
JAMBA JUICE	
ADDRESS FOR BILLING (STREET)	TELEPHONE NUMBER
1123 ALTAIR BLVD	
(CITY)	
SAC	
CA	
ZIP	
TELEPHONE NUMBER	FAX ID/RAIN

NOTE: Failure to complete this form and return it to SMUD could cause a delay in electric service being provided for this project.

Advance Design Fee payment attached

Amount paid: \_\_\_\_\_

I agree and understand the amount of the advance design fee will be applied as a credit towards the SMUD costs of the project if it goes to completion. If the project is cancelled, the design fee is non-refundable.

Signature	Date	Representing
_____	_____	_____

Return this application with original signatures along with the "Project Information" forms and a check made out to SMUD to:

SMUD Estimating & Svc Planning  
1709 50th Street, MS E201  
P.O. Box 15550  
Sacramento CA 95852-1530

Estimator send application and check to Credit Division MS A252

WHITE - WA DESIGN FILE

YELLOW - ENERGY SERVICES, MS A303

SMUD-0253 2/99

**PROJECT INFORMATION FORM**

Dear Customer:

To aid us in the preparation of our job to serve your proposed project and to provide you with a SMUD commitment (required by local agencies), we request the following information. Dependent on local work activity, a SMUD Estimate will return an electrical service commitment in approximately thirty (30) days after receiving the following information. Attachment "B", the "Customer Application for Service" form and a non-refundable design fee.

Project Name: JAMBA JUICE

Building Address: CITY 1123 ALHAMBRA ZIP 95816

APNs (Assessor Parcel Number) 007-0182-001

Type of Building RETAIL Square Feet 400

Type of Construction SLAB

Number of new full time positions to be created: \_\_\_\_\_ When: \_\_\_\_\_

The information above will be used to determine whether you will qualify for an economic development rate. Owner: BRANDWY STRUCTURE LLC Telephone Number: (916) 222-4600

Address (Street) 6237 BRIDGE ST City CITRUS HEIGHTS ZIP 95610

Name of person sending this information EVYU RENOVO

Address (Street) 3801 POWER INN City SACRAMENTO ZIP \_\_\_\_\_

Telephone Number 916 452-8197 Organization WEST FORK CONST.

Project Coordinator DAVE COLEMAN Title OWNER

Address (Street) 3801 POWER INN City SACRAMENTO ZIP \_\_\_\_\_

Telephone Number 916-452-8197

Tentative Project Schedule

Begin Date	End Date	Service Required
		Rough Grading
		Storm Drain, Sewer, Water
		Utility Trench Excavation
		Date Permanent Service Required

# R. J. KOETTING ELECTRIC SERVICE

CONTRACTOR NO. 283315  
3104 WALNUT AVE. CARMICHAEL, CALIFORNIA 95608 · (916) 481-2252

## FIELD GROUNDING TEST REPORT

SACRAMENTO CITY COPY RJK

JOB# C CUSTOMER IRLAND ELECT DATE: 12-17-00

LOCATION: 1127 ALHAMBRA ST

WEATHER: CLEAR  OVERCAST  RAIN  TEMP:  F

TESTER R. J. KOETTING

1st Reading 1.2 ohm's Time: 9:50 AM

2nd Reading: 1.2 ohm's Time: 10:00 AM

ITEMS TESTED: UFER  ohm's HALO:  ohm's FENCE:  ohm's

ARRAY:  ohm's GRND ROD:  ohm's WATERPIPE:  ohm's

MEETS REQUIREMENTS: YES  NO

METHOD USED: FALL OF POTENTIAL

EARTH RESISTENCE IF NEEDED: 1st --- ohm's 2nd --- ohm's

TEST INSTRUMENT: BIDDLE TESTER MODEL #: SER# 6647  
EARTH CAT 250260

NOTES / EXPLANATIONS: ---

ATTACHED DIAGRAM IF NEEDED: ---

TESTER: R. J. Koetting WITNESS: Linda McKee

PRINT NAME R. J. KOETTING LINDA MCKEE