

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0015073
Insp Area: 3

Site Address: 8430 ROVANA CR SAC
Parcel No: 064-0010-085 SUITE C

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

CONTRACTOR
A P THOMAS
8680 GREENBACK LN.
ORANGEVALE CA #220 95662

OWNER
DEIGO BROTHERS INC.
124 PAUL DR
SAN RAFAEL CA. 94903

ARCHITECT

Nature of Work: ADD OFFICE TO FAB SHOP & BUILD DEMIZING WALL FOR ADDITIONAL TENANT

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 637869 Date 01-23-01 Contractor Signature William Afary

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 01-23-01 Applicant/Agent Signature William Afary

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 COMPENSATION INS FUND Policy Number 160488300 Exp Date 11/29/2001

(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 01-23-01 Applicant Signature William Afary

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

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 8430 ROVANA CR BLD C Permit No. 0015073

Building Use: OFFICE DBA: WESTERN SHOWER Occupancy: B/F

Building Owner: DIEGO BROS. Construction Type: III-N

Owner Address: 124 PAUL DR #1 SAN RAFAEL, CA Sprinkled? [] Yes [] No

Portion of Building Occupied: SUITE C Area: 1100 Sq. Ft.

3/13/01 Willie Harris DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By :GTD, DV, JZB, MG, AW]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

1331 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0015073	Insp. Area 3C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 8430 ROVANA CIRCLE Suite C
 PARCEL # 064-0010-085

<p align="center">CONTACT</p> Name <u>WILLIAM A. FARY</u> Street Address <u>1813 LARKIN DRIVE</u> City/State/Zip <u>ROSEVILLE CA</u> Phone <u>916-782-6200</u> FAX <u>916-782-6202</u> E-mail: <u>BILL@DESIGN-GRAPHIC</u>	<p align="center">LICENSED CONTRACTOR Lic No. # <u>637869</u></p> Name <u>AP THOMAS CONST.</u> Address <u>8690 GREENBARK LANE</u> City/State/Zip <u>ORANGEVALE CA.</u> Phone <u>916-988-9824</u> FAX <u>916-988-9426</u> E-mail:
<p align="center">ARCHITECT/ENGINEER</p> Name <u>WILLIAM A. FARY</u> Address <u>1813 LARKIN DRIVE</u> City/State/Zip <u>ROSEVILLE, CA 95661</u> Phone <u>916-782-6200</u> FAX E-mail:	<p align="center">OWNER</p> Name <u>DIEGO BROS.</u> Address <u>124 PAUL DRIVE-SUITE 1</u> City/State/Zip <u>SAN RAFAEL, CA 94903</u> Phone <u>415-472-5967</u> FAX E-mail:

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

NATURE OF WORK IN DETAIL: CONSTRUCT NEW DEMISING WALL, CONSTRUCT NEW OFFICES INCLUDING, PLUMBING, E

OCCUPANT/TENANT: WESTERN SHOWER DOOR VALUATION: \$ 86,192.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM <input checked="" type="checkbox"/>	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input checked="" type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE		
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> V <input type="checkbox"/> N		Fed Code	Vio. File [H] [Quad]	
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> SPR	<input checked="" type="checkbox"/> ALARM	<input checked="" type="checkbox"/> D	PW	UTIL
<u>S.F.B.</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: 8430 KENNON Circle

Assessor's Parcel Number: 064-0010-072⁰⁸⁵

Previous Use _____

Description of Request/Proposed Use: Adding Office Space to existing warehouse

Is This a Change of Use? No

Zoning Designation: M2-S

Prior Applications for Project Site(P#, Z#, DRPB#): _____

Comments: Office space not to occupy more than 25% of gross floor area. Site reviewed for handicap parking issues

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

- * Staff Site Plan Check Required? (Circle one) ^{He Required} YES NO
- * Field Inspection Required? (Circle one) YES NO
- * Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date Randa Hay 12-26-00

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
 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

Business Name: Western Shower Door Phone: 826-6497

Site Address: 9430 Haven Cr. Suite: _____

Business Owner/Representative: (Street) Mike Wheeler (Zip) _____ Phone: 826-6497

Nature of Business: Shower Door Supply

Property Owner: Shipsey Development Phone: (415) 382-8916

Address: _____ Suite: _____
 (Street)

 (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: D Paul Dickson
 _____ (Print)
[Signature] (Signature) 1/23/01 (Date)

BID Use Only: Plan Ck# <u>0015073</u> Permit # <u>0015073</u> OK to issue prmt? <u>[initials]</u> <u>1/23/01</u> F.D. Appr Req'd? <u>[initials]</u> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> init date	
Hold on Certificate of Occupancy? <u>[initials]</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Fire Dept. Use Only: OK to issue permit? ini* _____ date _____ OK to issue Certificate of Occupancy? init _____ date _____	

