1231 I Street, Sacramen	110, CA 95614		Insp Area:	3
"我就是我的一块的。" 第一次			Thos Bros:	317 D1
Site Address: 3225 FREE	PORT BL SAC		Sub-Type:	AOTHR
Parcel No: 013-0181-07	-			
1 arec: 140. 013-0181-07			Housing (Y/N):	N
CONTRACTOR	OWNER		ADOLUTECT	
VELCOR		ON PROPERTIES	<u>ARCHITECT</u> J LEE BUCKINGHAN	ur.
3131 52ND ST		NZANITA AV	T LEE BUCKINGHAI	VI * A A
SACTO: CA. 95823		MENTO CA 95608		
그는 항상 경우 보다 보다 하는데 없다.			그는 일반 되고 열 수 하다	
Nature of Work: ADD SECO	OND BTS COMMMU	INICATION CABINET TO	ROOFTOP	
CONSTRUCTION LENDING	AGENCY: I hereby affin	m under penalty of perjury that the	re is a construction lending agency	for the performance o
the work for which this permit is issued	a (Sec. 3097, CIV. C).			
Lender's Name 4/A	x 1 1	dnder's Address		
		uudei szaddi ess		
LICENSED CONTRACTORS	DECLARATION: 11	ereby affirm under negaty of pe	riury that I am licensed under or	ovisions of Chanter
(commencing with section 7000) of Di-	vision 3 of the Business and	l Professions Code and my license i	is in full force and effect	ovisions of enapters
A. B. CSO HK	No. of the contract of the con		. 17 1/1/	
License Class 458, HM License Numb	beт <u>9627 </u>	/-07-02 Contractor Signat	ure / C	
OWNER-BUILDER DECLARA	TION: I hereby affirm u	nder penalty of perjury that I am ex	xempt from the contractors License	Law for the following
eason (Sec. 7031.5, Business and Proj	fessions Code; any city or c	ounty which requires a permit to co	onstruct, alter, improve, demolish, o	or repair any structure
prior to its issuance, also requires the a	ipplicant for such permit to	file a signed statement that he or sh	e is licensed nursuant to the provis	tions of the Contractor
License Law (Chapter 9 (commencing	with Section 7000) of Divi	sion 8 of the Business and Professi	ions Code) or that he or she is exer	mut therefrom and the
pasis for the alleged exemption. Any	violation of Section 7031.5	by any applicant for a permit subje	ects the applicant to a civil penalty	of not more than fiv
undred dollars (\$500.00);				
I, as a owner of the property, or	r my employees with wages	as their sole compensation, will do	the work, and the structure is not	intended or offered for
ale (Sec. 7044, Business and Profession	onal Code: The Contractor	s License Law does not apply to an	owner of property who builds or i	improves thereon, an
ho does such work himself or herself	or through his/her own em	ployees, provided that such improv	ements are not intended or offered	l for sale. If, however
he building or improvement is sold with he purpose of sale.)	thin one year of completion	, the owner-builder will have the bi	urden of proving that he/she did no	it build or improve for
1 F				2 - 2 - 2 - 2 - 3 - 3 - 3 - 3 - 3 - 3 -
I. as owner of the property am	exclusively contracting unit	h licensed contractors to construct	the project (Sec. 7044 Dunings	and Drofossions Code
The Contractors License Law does not	apply to an owner of prope	rty who builds or improves thereon	and who contracts for Bull before	ina Froicssians Code;
he Contractors License Law does not censed pursuant to the Contractors Licensed	cense Law).		A RA	WELL LANGE
* 81			A STATE OF THE STA	i di di
I am exempt under Sec	B & PC for the	is reason:		ond?
REAL PROPERTY OF THE PROPERTY			1010	ຼັນປະ
Pate	Owner Signat	ure	.# (T)	<u> </u>
N ISSUING THIS BUILDING PER neasurements and locations shown on			- costaons	LEYMAN
N ISSUING THIS BUILDING PER	MIT, the applicant repres-	ents, and the city relies on the repr	esentation of the applicant that the	e proficinit verified all
neasurements and locations shown on	the application or accomp	anying drawings and that the impr	rovement to be oppstructed does r	iòt violate any law or
rivate agreement relating to permissib	ole or prohibited locations for	or such improvements. This buildi	ing permit does not authorize any	illegal location of any
iprovement or the violation of any pri-	vate agreement relating to lo	cation of improvements.		
cartificated I have used this sure!	and state that Miles or			기 기 환경 1
certify that I have read this application	and state that all informati	on is correct. I agree to comply wit	h all city and county ordinances an	d state laws relatingto
uilding construction and herby authorize	ze representative(s) of this c	tty to enter upon the abovemention	ed property for inspection purposes	- A
ate 01-07-02	45	and the		
are the second s	Applicant/Age	ni Signature		
ODERDIC COMPENS AGREET	DECLADATION	1 07		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
ORKER'S COMPENSATION	DECLARATION: The	reby affirm under penalty of perjur	y one of the following declarations	:
i mave and will maintain a certif	iteate of consent to self-inst	ure for workers' compensation as p	rovided for by Section 3700 of the	a Labor Code, for the
	mit is issued.			
erformance of work for which the pern				
	st companyation i	no magnified by Continue 2000 Con-	Takan Cada Cada Ca	. 6.1
N I have and will maintain workers	s' compensation insurance,	as required by Section 3700 of the	Labor Code, for the performance	of the work for which
N I have and will maintain workers	s' compensation insurance, pensation insurance carrier a	as required by Section 3700 of the and policy number are:	Labor Code, for the performance	of the work for which
N I have and will maintain workers is permit is issued. My workers' comp	pensation insurance carrier a	and policy number are:	. 11 ± 20 ± 1. ± 1. ± 1. ± 1. ± 1. ± 1. ± 1. ± 1	e kilos w
N I have and will maintain workers	pensation insurance carrier a	as required by Section 3700 of the and policy number are: Policy Number C199902035	. 11 ± 20 ± 1. ± 1. ± 1. ± 1. ± 1. ± 1. ± 1. ± 1	of the work for which
Note that is permit is issued. My workers' compound that is issued. My workers' compound that is issued. MAJESTIC INSUR	pensation insurance carrier a	and policy number are: Policy Number C199902035	504 Exp Date 0	01/01/2003
∑ I have and will maintain workers is permit is issued. My workers' comp Carrier MAJESTIC INSUR (This section need not be comple) ∠ This section need not be comple. ∠ This section need need not be comple. ∠ This section need need need need need need need ne	pensation insurance carrier at LANCE eted if the permit is for \$100	and policy number are: Policy Number C199902035 Or less) I certify that in the perfor	504 Exp Date 0	01/01/2003
I have and will maintain workers is permit is issued. My workers' comp Carrier MAJESTIC INSUR (This section need not be completed to the complete of the com	pensation insurance carrier at ANCE eted if the permit is for \$100 to as to become subject to the	and policy number are: Policy Number C199902035 Or less) I certify that in the perform workers' compensation laws of C	604 Exp Date 0 mance of the work for which this p california and agree that if I should	01/01/2003
Carrier MAJESTIC INSUR (This section need not be comple of employ any person in any manner so orkers' compensation provisions of Sec	pensation insurance carrier at ANCE eted if the permit is for \$100 to as to become subject to the	and policy number are: Policy Number C199902035 Or less) I certify that in the perform workers' compensation laws of C	604 Exp Date 0 mance of the work for which this p california and agree that if I should	01/01/2003
I have and will maintain workers is permit is issued. My workers' compact of the complete of t	pensation insurance carrier a LANCE eted if the permit is for \$100 o as to become subject to the ction 3700 of the Labor Code	Policy Number C199902035 O or less) I certify that in the perform the workers' compensation laws of Cle, I shall forthwith comply with the	604 Exp Date 0 mance of the work for which this p california and agree that if I should	01/01/2003
I have and will maintain workers is permit is issued. My workers' compared to the complete of employ any person in any manner such as the complete of employ any person in any manner such as the complete of employ any person in any manner such as the complete of employ any person in any manner such as the complete of employ any person in any manner such as the complete of the comp	pensation insurance carrier at ANCE eted if the permit is for \$100 to as to become subject to the	Policy Number C199902035 O or less) I certify that in the perform the workers' compensation laws of Cle, I shall forthwith comply with the	604 Exp Date 0 mance of the work for which this p california and agree that if I should	01/01/2003
I have and will maintain workers is permit is issued. My workers' compared to the complete or temploy any person in any manner so the compensation provisions of Section 1.	pensation insurance carrier a LANCE eted if the permit is for \$100 o as to become subject to the ction 3700 of the Labor Cod Applicant Sign	Policy Number C199902035 O or less) I certify that in the perform the workers' compensation laws of C lee, I shall forthwith comply with the mature	mance of the work for which this p california and agree that if I should see provisions.	of/01/2003 permit is issued, Ishall become subject to the
I have and will maintain workers is permit is issued. My workers' compared to the complete of employ any person in any manner so orkers' compensation provisions of Secure 01-07-02. ARNING: FAILURE TO SECURE	tance carrier at tance carrier at tance tance ted if the permit is for \$100 to as to become subject to the ction 3700 of the Labor Cod Applicant Sign E WORKER'S COMPENS	Policy Number C199902035 O or less) I certify that in the perform the workers' compensation laws of C let, I shall forthwith comply with the mature. ATION COVERAGE IS UNLAW	mance of the work for which this p California and agree that if I should see provisions.	on permit is issued, Ishali become subject to the
I have and will maintain workers is permit is issued. My workers' compared to the complete of employ any person in any manner so orkers' compensation provisions of Secondary	tance carrier at tance carrier at tance tance tend if the permit is for \$100 to as to become subject to the ction 3700 of the Labor Cod Applicant Sign E WORKER'S COMPENS L FINES UP TO ONE 1	Policy Number C199902035 O or less) I certify that in the perform the workers' compensation laws of C de, I shall forthwith comply with the mature ATION COVERAGE IS UNLAW HUNDRED THOUSAND DOLLAW	mance of the work for which this p california and agree that if I should see provisions. WFUL AND SHALL SUBJECT A	on on the cost of

Permit No: 0114839

CITY OF SACRAMENTO

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAM	ENTO	ON	ACTIVI	тч # 4833	3	Insp.	100 <u>22 -</u> 100 2 - 100 2 - 100 2			
DEVELOPMENT SERVERMIT SERVICES SE 231 I Street, Rm. 200 Gacramento, CA 95814 (91	CTION	x 264-7046	A. A.	plicant M	IUST complete	ALL Unsha	ded areas			
DDRESS <u>3225 Feet</u>	PORT BLVD.	SACRA	MENTO (A. <u>95</u>	116 s					
ARCEL#013-0181	-073				NTRACTOR					
(CONTACT					Lic I vo "				
Name JOHN WESNEY				<u> 780</u>						
2051 N.	PETELWAY BL	10								
CONTRACTOR SUCDAMEN	y/State/Zip <u>\$40,000</u> FAX 916-561-4090				City/State/ZipFAX					
Phone 916-561-4171										
E-mail: jour. Weswer	C. CINGULAR	.Com	E-m		OWN	ER	1			
ARCHT	TECT/ENGINE	ER	Nan	e ESRA	MON PROPER	e11ES				
Name T. LEE Bucks	me J. LEE Buckinghad Suite 200				MANZANI	TA AVE _				
Address 13620 /INCO City/State/Zip Auburn	in way	5011 <u>501</u>		ICharal 7 in	PARMICHAEL	CA. 95	100			
City/State/Zip HUBURN	FAY 5	30 286 - 0	740 Pho	Phone 916 - 334-0810 FAX N/A						
Phone 530-886-01	mail: TAPEK C. GARLIC. COM				A					
E-mail: JAPEE C. CIF		N	o ∏ Yes → I	NSURANC	E CO:					
→ Will permittee have any	employees on the	Joosne: - 1		. ,	EXPIRA	TION DATE:_				
						To ROOFT	00.			
→ WORKER'S COMPE	DETAIL:A	DD 2ND 1	BTS COM	DUNICATI	ON LHOINE!					
NATORE OF THE										
		an annual san annual san an annual san an a			T. CALLUATION	N:\$ 15,000	2			
OCCUPANT/TENANT	PRESIDENT	JAMES MI	INCOE MA	NOR_	VALUATIO	ν. φ / <u>Θ</u> /				
FLOOD STATUS:			S.C.A.T.				ADD OTH			
JOB DESCRIPTION	BLDG	SHELL	APT TI()	REM() S	W FIRE				
\ <u></u>		BLDG	месн	PLUMB	(ELEC)	SITE	(FÎRE)			
INSPECTION DISCIP		Use Zone	Occp Group	Const type	Fire Req. Y / N	Fed Code	Vio. File			
# Stories 1st firArea.	Iotal Area	030 25.1			SPR ALARM		[H] [Quad]			
			<u> </u>	(F)	(s)	(D)	PW UTIL			
(L) P	M	(E)			1/1/				
						12-17				
COMMENTS:										
	1 1									
				LUTE A	LTH DEPART	MENT?	Yes 🗆 No			
REGIONAL SAN	ITATION FE	ES? U Yes	□ No							
WATER FLOW				DITIONS	? 🔲 Provi	ded	Faxed			
WATER FLOW	LEST FOR IN	344 17011011								
dssu forms/commercialapp	i, [rev. 03/28/00]						a allegar			

PLANNING AND ZONING REVIEW to be filled out by Planning staff.......

ADDRESS: 3225 FREEPORT BLVD.
APN: 013-018-073 ZONING: R-44 R
DESIGN REVIEW AREA:
PREVIOUS FILES RELATED TO SITE: P96-00, Z99-090
EXISTING LAND USE: RESIDENTIAL CARE FACILITY.
PROPOSED USE: No CHANCE TO USE: ADD ZNO
13ts UNIT TO ROOF.
COMMENTS:
DATE: BY:
DOES IT APPEAR THAT THE PROJECT WILL REQUIRE A PLANNING APPLICATION?
YES (If yes, circle applications needed below)
StaffZAPlanning CommissionDesign ReviewPreservation Review
CONCLUSION: 240 BAS UNIT WES EXPROVED PER PLANNING
ENTITIONENT P96-00 ON 4/25/96. SEE ATTACHED
CONDITION OF AFTICOVAL TIBS
DATE: 11/19/01 BY: D.HUNG

The panel antennas shall be mounted in pairs at roof height at the locations described in the site plan. These antennas shall not exceed the

Any additional panels shall require a modification of the Special Permit -

x 55.4"(length).

heigh: of the roof.

6 panels are approved.

C5.

C6.