X

PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.

	INSPECTION	INSPECTOR	DATE
0	FOUNDATION FORMS		
11	UFER GROUND		
2	CONCRETE SLAB FORMS		
0	PLUMB. UNDERFLOOR/SLAB		
0	MECH/UNDERFLOOR/SLAB		
1	ELECT. UNDERGROUND		
2	ELECT. CONDUIT-SLAB		
	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
3	FLOOR JOISTS OR GIRDERS		
	DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED		
15	INSULATION/WALL/FLOOR		
31	TOP PLUMBING		
31	TOP MECHANICAL/WALL/CEIL.		
53	ROUGH ELECTRICAL/WALL/CEIL.		
19	FRAME	[signature]	6-7-99
17	ROOF PLYWOOD NAIL. COMM. & APTS.		
18	EXTERIOR LATH/SIDING		
	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
22	INT. LATH OR WALL BD. NAILING	[signature]	6-9-99
	DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
56	SERVICE UNDERGRD CONDUIT		
43	SEWER SERVICE		
42	WATER SERVICE		
46	SPRINKLER SYSTEM		
	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
M33	GAS TEST		
48	TEMP GAS ISSUED		EXPIRES
58	POWER POLE		
57	TEMP. POWER #		
	SWIMMING POOLS ONLY		
47	GAS TEST		
51	PLUMBING PRE-GUNITE		
52	PLUMBING PRE-DECK		
70	ELECTRICAL PRE-GUNITE		
71	ELECTRICAL PRE-DECK		
72	ELECTRICAL UNDERGRD		
	DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		

ENERGY COMPLIANCE CERTIFICATE TO BE ON FILE PRIOR TO FINAL APPROVAL.

DATE SIGNED:

FINAL APPROVALS

		FINAL INSP. NO.	
29	BUILDING	1-27-00	M Wulfer
79	ELECTRICAL		
59	PLUMBING		
39	MECHANICAL		

DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED

THIS CARD TO BE POSTED ON JOB AT ALL TIMES UNTIL FINAL APPROVAL.

6015 POWER INN ROAD — A — SC

PLAN CHECK NO.

ASSESSOR PARCEL NO. 038-0280-026 — COMMUNITY PLAN NO.

	NAME OF APPLICANT	ADDRESS	ZIP CODE	PHONE NO.
LICENSED CONTRACTOR				
PROPERTY OWNER	BERNICE HAGEN	6015 POWER INN ROAD SACRAMENTO, CA		
ARCH. ENGR.	KEN BROWN		LICENSE NO.	

NO. OF STORIES	NO. OF ROOMS	ROOF COVERING	AREA 1ST FLOOR	TOTAL AREA	GARAGE AREA	PATIO AREA	USE ZONE	STREET WIDTH

THIS PERMIT IS FOR: (X) BUILDING (X) MECHANICAL (X) PLUMBING (X) ELECTRICAL ( ) SITE ( ) FIRE

OCCUP. GROUP: M

NATURE OF WORK IN DETAIL

INTERIOR REMODEL: KITCHEN CABINET SALES SHOW ROOM

CONSTR. TYPE: V-N

FLOOD STATUS ( ) SPECIAL CONDITIONS ATTACHMENTS: DBA: PUGGEN POHL

FIRE SP.: N

CITY OF SACRAMENTO BUILDING INSPECTION DIVISION — **INSPECTIONS 264-5191**

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 ____________

☐ (This section need not be completed if the permit is for one hundred dollars ($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: ____________ Applicant: ____________ (Signature)

VALUATION	$ 40,000.00
ISSUED BY:	[signature]
DATE ISSUED	5-19-99
BUILDING PERMIT FEE	$
PLAN CHECK/ PROC. FEE	$
S.M.I. FEE	$
CONST. EXCISE TAX	$
CITY BUS LICENSE	$
TECH. FEE	$
WATER DEV. FEE	$
CITY SEWER DEV. FEE	$
REG. SEWER FEE	$
RESIDENTIAL CONST. TAX	$
TOTAL FEES	$

FED CODE: 18

PERMIT NO.: 99 0 3 8 2 2 C

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

CITY OF SACRAMENTO
APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION
1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # 9903822 Insp. Area 3C

Applicant MUST complete ALL Unshaded areas

ADDRESS 6015 Fair Oaks Sun Rd Sacramento, Ca Suite A
PARCEL # 235-0250-026

CONTACT	LICENSED CONTRACTOR Lic No. #
Name The Harris Group (Neill Hassen)	Name
Address 7465 Douglas Way	Address
Orangevale, Ca Zip 95662	Zip
Phone 788 3264 FAX 788-8360	Phone FAX

ARCHITECT/ENGINEER	OWNER
Name Ken Brown	Name Bernice Hagen
Address Auburn Blvd	Address 6015 Fair Sun Rd
Citrus Height Zip [illegible]	Sacramento Zip
Phone 722-4084 FAX	Phone FAX

→ Will the permittee have any employees on the jobsite? ☐ Yes ☒ No

→ If yes, WORKER'S COMPENSATION POLICY # ______ EXPIRATION DATE: ______

NAME OF INSURANCE COMPANY: ______

NATURE OF WORK IN DETAIL: ~~Tenant improvement~~ INTERIOR REMODEL Kitchen CABINET SALES SHOWROOM

DBA: POGGEN POHL | VALUATION: $40,000

FLOOD STATUS:			S.C.A.T.				
JOB DESCRIPTION	BLDG	SHEL	APT	TI( )	REM(X)	SW	FIRE / ADD / OTH
INSP. DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE
# Stories	1st flrArea.	Total Area	Use Zone	Occp Group M	Const. type V-N	Fire Req. Y/N Spr N Alarm	Fed Code 18 / Vio. File

B	L	P	M	E	F	S	D	PW	UTIL
JST	JST	JMT	JMT	GMC	No Fire				

COMMENTS:

Address : 6015A" POWER INN Rd.

Permit No. 9903822

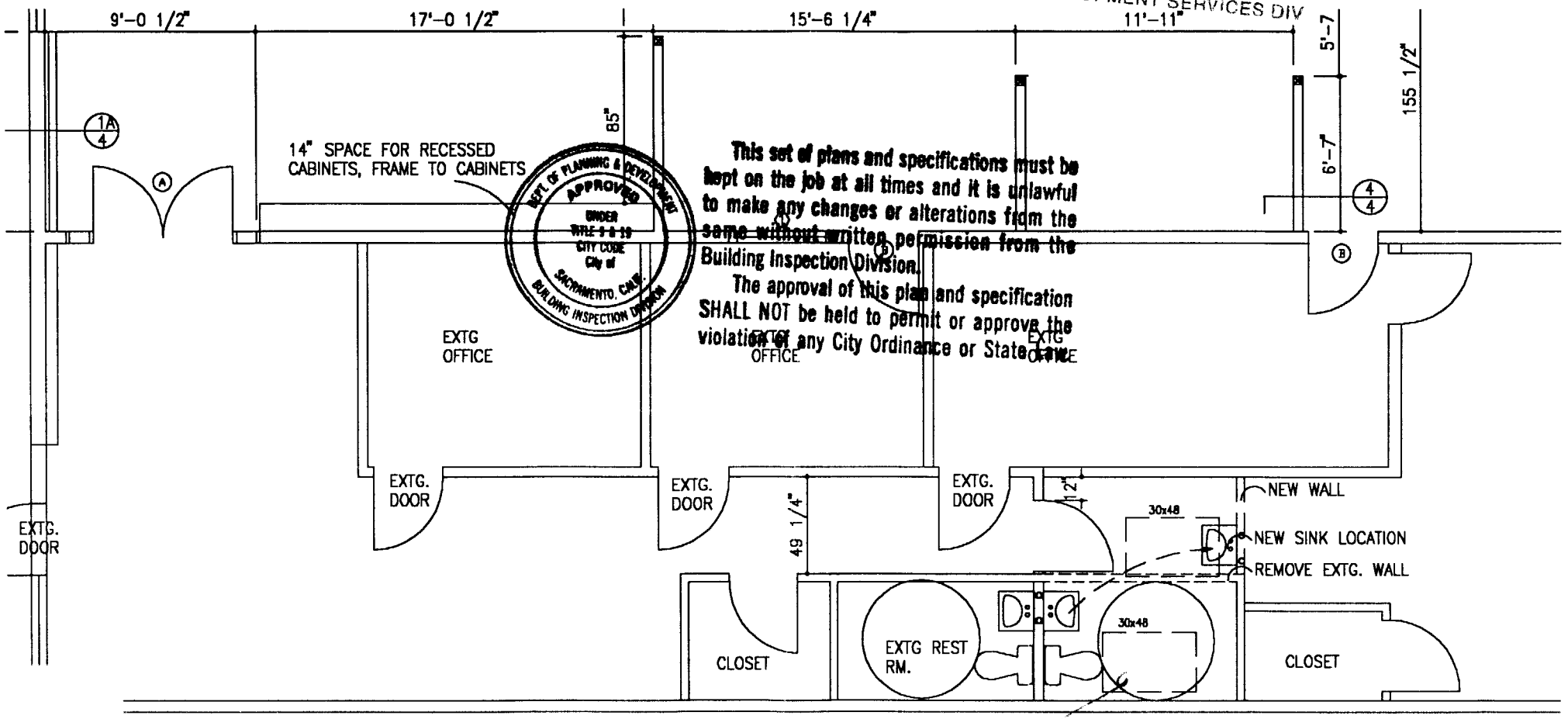
REV 1 6/4/99 O.K.

Tang

ISSUED

JUN 04 1999

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIV



DEPT. OF PLANNING & DEVELOPMENT APPROVED UNDER TITLE 9 & 19 CITY CODE City of SACRAMENTO, CALIF. BUILDING INSPECTION DIVISION

This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.

The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

← This restroom is replacing the restroom shown on the permit plan