CITY OF STOCKTON
COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION, CITY HALL
STOCKTON, CALIFORNIA 95202

PERMIT

Application Number 12 00000956

Job Address	Issue Date
1185 N MARCH LN G	4/12/12

Permit Type	GENERAL ELECTRICAL PERMIT---2L
Subdivision	104 080 14
Parcel Hdr	3407 02 06 06 0
Geo Code
Owner Name	TRESPLEX STOCKTON LLC
Address	419 WAYERLY ST
PALO ALTO CA 94301

Appl Type	ELECTRICAL, PLUMBING, MECHANICAL-NON RBS
Desc of Work	TEMPORARY POWER POLK

Valuation	5,260
Square ftg	0

Occup Group	Const Type

Special Notes and Conditions
POWER PLUS
937330	93013
OLD REPUBLIC	33113
105301	113012
C10
TEMPORARY CONSTRUCTION POWER

--- FEBS ---
PERMIT FEE 140.00
A18-PERMIT ISSUANCE FEE 39.00
A26-CAP. PERS. FEE------*LL 5.26
A2 TECH FEE/GIS - BLDG 10.50
A2 ADH GREEN BUILD SB1473 .10
A1 SB1473 GREN BUILD .90
A23-CRS FEE-.02 PPT FEE 2.80
A12-DHV. CODE MAIN FEE 5.26
A13-DHV. OVERSITUS CHG 5.26
A14-CLIMATE ACT PLAN INPL 5.26
A15-HOUSE ELEM PERM/INPL 2.63
A20-GPMI---------------*KI 15.78
A35-LAND UPDART-----------*HN 3.25
A10-MICROFILM/IMAGING-*10 1.00
A30-PERMIT TRACKING---*MN 14.00

PERMIT TOTAL 235.00

**

PHONE: (209) 937-8561
24 Hr. Inspection Request 937-8560

LICENSED CONTRACTORS DECLARATION
I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 700) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

CONTRACTOR	POWER PLUS
LICENSE NO. 
LICENSE TYPE 
STOCKTON BUS. LIC. NO.

OWNER-BUILDER DECLARATION
I hereby affirm that I am exempt from the Contractor's 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 issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9 commencing with Section 700) of Division 3 of the Business and Professions Code) or that he 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).

☑ I am exempt under Sec. 7031.5 Business and Professions Code: The Contractor's License Law does not apply to any owner of property who built or improves thereon, and who does such work himself or through his 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 did not build or improve for the purpose of sale.

☑ I am exempt under Sec. 7031.5 Business and Professions Code: The Contractor's License Law does not apply to any owner of property who built or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law.

NOTE: To protest the imposition of any development fee, dedication, reservation or other exaction imposed on your project, you must file written notice within the City Clerk's office within 90 days after approval of the project or imposition of the fee, dedication, rezoning or other exactions stating that the required payment is tendered or will be tendered when due, or that any conditions which have been imposed are provided for or satisfied, pursuant to note, along with a statement of the actual elements of the dispute and the legal theory forming the basis for the protest.

WORKER'S COMPENSATION DECLARATION
I hereby affirm that I have a certificate of numeric to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C). Policy No.

Company

☑ Certified copy is hereby furnished. Expires.
☑ Certified copy is filed with the building inspection department.

Date

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE
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 employ no person in any manner so as to become subject to the Workers' Compensation Laws of California.

Date

NOTICE TO APPLICANT: If, after making this Certificate of Exemption you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.
I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and herein authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

SIGNED

PRINT NAME

APPLICATION APPROVAL
THIS PERMIT DOES NOT BECOME VALID UNTIL SIGNED BY THE BUILDING OFFICIAL OR HIS DEPUTY AND FEES ARE PAID.

SIGNATURE
**LICENSED CONTRACTORS DECLARATION**

I hereby affirm 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.

**CONTRACTOR**
ALIANA ELEC.

**LICENSE NO.** 339822

**LICENSE TYPE** C10

**STOCKTON BUS. LIC. NO.** 3984 EXP 12/31/1990

**OWNER-BUILDER DECLARATION**

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**CONSTRUCTION LENDING AGENCY**

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3007, Civ. C.).

**WORKERS' COMPENSATION DECLARATION**

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.) Policy No.

**CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE**

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**PLAN RECORD DATA**

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**APPROVALS**

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**SIGNATURE**

_Louis_ (Mayor, City of Stockton)

**ORIGINAL**

1189 E. MARCH LN

**REVISED 9/83 (3)**
PERMIT

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7031.5) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

CONTRACTOR

LICENSE NO. __________________
LICENSE TYPE __________________ DATE __________________
STOCKTON BUS. LIC. NO. __________________

OWNER-BUILDER DECLARATION

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☐ I, as 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. [Check the appropriate box and/or expand with additional notes on the application.]

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code). The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his 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 did not build or improve for the purpose of sale.

☐ I am exempt under Sec. ______, B & P.C. for this reason. [Provide specific exemption details.]

Date __________________ Owner __________________

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3597, Civ. C.).

Lender's Name __________________
Lender's Address __________________

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3560, Lab. C.) Policy No. __________________

Company __________________

☐ Certified copy is hereby furnished. Expires __________________
☐ Certified copy is filed with the city building inspector's department.
Date __________________

Applicant __________________

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

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Date __________________

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I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

SIGNATURE __________________
ADDRESS __________________

APPLICATION APPROVAL

This permit does not become valid until signed by the building official or his deputy, and fees are paid.

SIGNATURE __________________

Job Address 1189 E MARCH LN E
Issue Date 9/2/93

Permit Type SIGN PERMIT--------2L
Parcel Hbr 104 080 14
Geo Code 3407 02 04 06 0
Owner Name SAFETY STORES INC
Address 1850 MT DIABLO BL #250
WALNUT CREEK CA 94596
Appl Type SIGNS - OTHER
Desc of Work NON RESIDENTIAL SIGN ILLUMINATED WALL MOUNT
Valuation 8500
Square ft 0 Zoning C2
Occip Group Const Type

Special Notes and Conditions
INSTALL 2 HALL SIGNS *PAK N SAVE
NO MEMBERSHIP REQUIRED - OPEN 24 HRS
REPLACE FACE ON POLE SIGN
FEDERAL SIGNAL CSL-2177210 EXP 2/28/94
PLANET EIP 11/11/93
CITY BUS LIC 25589 EXP 12/31/93

FEES

PERMIT FEE 185.00
A2O-GPHI (.001*VAL)-----KK 8.50
A15-SMP-STRONG MOTION-M9 1.79
A35-LAND UPDATE-------NN 2.50
A10-MICROFILM FEE-------L0 3.00
A30-PERMIT TRACKING-------MM 10.00
A25-SPAS (.0005*VAL)-------LL 4.25

PERMIT TOTAL 215.04

CHECK 2136

2136
CITY OF STOCKTON
COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION, CITY HALL
STOCKTON, CALIFORNIA 95202

PHONE: (209) 937-8561
24 Hr. Inspection Request
937-8560

PERMIT

Application Number
98 00005847

Job Address
1189 E MARCH LN 6

Issue Date
1/07/99

Permit Type :	GENERAL BUILDING PERMIT----2L

Subdivision :	

Parcel Nbr :	104 080 14

Geo Code :	3407 02 04 06 0

Owner Name :	SAVE HART SUPERMARKETS CORP

Address :	1800 STANIFORD AVE

MODESTO CA 95350

App# Type :	ADD, ALT & REPAIRS-NON RESIDENTIAL

Desc of Work :	NON RESIDENTIAL

STORAGE RACKS

Valuation :	65000

Square Ft :	0 Zoning :	C2

Occ Cup Group :	M Const Type :	SN

Special Notes and Conditions
STORAGE RACKS "FOOD MAX"
STU POLACK 593390 B EX 5/31/2000

PERMIT FEE
482.00

PLAN CHECK FEE
313.30

A20-SPH (.001#VAL)---KK
A15-SHIP-STRONGATION-N3
A35-LAND UPDATE------NN
A10-MICROFILM FEE------LO
A30-PERMIT TRACKING------HH
A25-SFAS (.0006#VAL)---LL

PERMIT TOTAL
921.95

PLAN CHECK DEPOSIT
300.00

TOTAL DUE
1221.95

APPLICATION APPROVAL

THIS PERMIT DOES NOT BECOME VALID UNTIL SIGNED BY THE BUILDING OFFICIAL OR HIS DEPUTY AND FEES ARE PAID.

SIGNATURE:
PERMIT

Job Address: 1189 E MARCH LN G

Issue Date: 10/26/99

Pertinent Type: COMBINATION BUILDING PERMIT-2L

Subdivision:

Parcel Hbr: 104 000 14

Geo Code: 5267 02 04 00 D

Owner Name: SAVE MART SUPERMARKETS CORP

Address: 1800 STANDIFORD AVE

MODESTO CA 95350

Appl Type: ADD, ALT & REPAIRS-NON RESIDENTIAL

Desc of Work: ADDITION

NON RESIDENTIAL

FROZEN FOOD Locker

Valuation: 30,000

Square ftg: 861

Zoning: C2

Occup Group: H

Const Type: 5H

Special Notes and Conditions:

NUFF CONSTR EXP 12-31-99
VCCO EXP 1-1-99
BUS EXP 12-31-99
OUTSIDE WALK-IN BOX 861 SQ FT

FEES:

PERMIT FEE 388.01
PLAN CHECK FEE 289.00
A20-GPH (.0014VAL)--KK 30.00
A15 SNIP-(OLD USAGE) #9H 6.30
A35-LAHLD UPDATE----HH 2.50
A10-MICROFILM FEE-----L0 4.20
A30-PERMIT TRACKING----HH 10.00
A25-SNAS (.00054VAL)----LL 15.00

PERMIT TOTAL 753.13

ACO-PLAN CHECK DEPOSIT-1L 300.00

TOTAL ADJUSTMENTS 300.00

TOTAL DUE 1,453.13

CH # 016088

APPLICATION APPROVAL

This Permit does not become valid until signed by the Building Official or his Deputy and fees are paid.

Signature:
Description of Work:

Interior work to include adding (3) self-contained reach-in refrigeration cases. Relocate existing rack. Exterior work to include restriping (6) parking stalls, adding signage and painting portion of exterior wall orange.

LICENSING CONTRACTOR'S DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 7000 of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Type: ____________________  License Number: 974217  Date:  ____________

Contractor: ________________________  Stockton Bus. Lic. No:  ______________

OWNER-BUILDER DECLARATIONS

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I, as 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 Professions Code: Contractor's License Law. does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his 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 did not build or improve for the purpose of sale.)

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I am exempt under Sec. ______________ B & P. C. for this reason ____________________

Date:  ________________  Owner:  ______________________________

NOTE: To protest the imposition of any development fee, dedication, reservation or other exaction imposed on your project, you must file written notice with the City Clerk's office within 90 days after approval of the project or imposition of the fees, dedications, reservations or other exactions. If you fail to file such a protest, the fees, dedications, reservations or other exactions will be due and payable upon your acceptance of the project.

WORKERS COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure, or a Certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.).

Policy Number:  ____________________  Company:  ____________________

Certified copy is hereby furnished. Expires:  ________________

Certified copy is filed with the city building inspection department.

Date:  ________________  Applicant:  ______________________________

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

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Date:  ________________  Applicant:  ______________________________

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I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to construction. I hereby authorize representatives of the city of Stockton to enter upon the above mentioned property for inspection purposes.

SIGNED:  ____________________  PRINT NAME:  ____________________

APPLICATION APPROVAL

THIS PERMIT DOES NOT BECOME VALID UNTIL SIGNED BY THE BUILDING OFFICIAL OR HIS DEPUTY AND FEES ARE PAID.

Signature:  ____________________

Tenant improvement. Installation of Asset Protection Gates. Gates are designed to deter theft, while complying with applicable codes and accessibility requirements.

Potential additional inspections:
- 001 - Temporary Electrical
- 002 - Site Work
- 003 - Foundation
- 004 - Shear and Roof Nail
- 005 - Fire Sprinkler Rough
- 006 - Frame Only
- 007 - Close-In
- 008 - Insulation
- 009 - Sheetrock
- 010 - Lath / Stucco
- 011 - Above Ceiling
- 012 - Electrical Wiring
- 013 - Electrical Service / Panel
- 014 - Gas Service
- 015 - Roof
- 019 - Special Inspection

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Date: __________________________ Applican: __________________________

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SIGNED: __________________________ PRINT NAME: __________________________

APPLICATION APPROVAL

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Signature: __________________________
## Inspection Topics:

### GENERAL INFORMATION

**Business Rep/Contact Number**
Enter the name and phone number of the responsible party.

**Status:** Approved  
**Notes:** KAREEN WAL-MART NEIGHBORHOOD MARKET  
  k0b0686.s03022.us@wal-mart.com  
  702-528-4240

**Current Operational Fire Permit posted?**
Current Operational Fire Permit shall be posted with other licenses and permits as required.

**Status:** Approved  
**Notes:** Yes

**Current Stockton Business License posted?**
Current Stockton Business License shall be posted for current occupant.

**Status:** Approved  
**Notes:** Yes. Expiration date 9,30, 2022

**Has contact information changed?**
Has any of the customer information changed since last inspection? If so, new information shall be recorded and submitted to support staff for updates.

**Status:** Approved  
**Notes:** No

**Permit Type Required**
CFC 105 - List all required Operational Fire Permits

**Status:** Approved  
**Notes:** Miscellaneous combustible storage inspection, miscellaneous combustible storage administrative, hood and duct inspection, inductance traded.

### BUILDING INFORMATION

**Knox box in place?**
Confirm the keys are current, update as needed.

**Status:** Approved  
**Notes:** Yes. Key inside.
Fire alarm?
Does the FACP display read “NORMAL”? Verify annual service through service records kept in the document box on the FACP. Is signage in place identifying the FACP location?

**Status:** Approved  
**Notes:** FACP located in fire control/electrical room. System is normal. Bosch is monitoring company. Batteries dated 6/2018. FACP circuit breakers in room. Room is locked. Circuits are marked.

---

Fire Sprinklers?

Confirm fire sprinklers have current annual and 5 year certification tags on each riser.

**Status:** Approved  
**Notes:** Riser system located in back storage area. Water gauge 50 psi static. To tamper valves. Tamper valves are not changed and locked riser is located within locked cage. Annual date 1/22. 5 year date 1/2019. Sprinkler box with riser towheads one tool. To pendant sprinkler heads with drops attached.

---

EXITING

The unlatching of any door or leaf shall not require more than one operation. Remove door locks on egress doors.

CFC 1010.9.5

**Status:** Disapproved  
**Notes:** Fire control room/electrical room door needs maintenance. door will not close.
**EXTINGUISHING AND ALARM SYSTEMS**

Fire protection systems and equipment shall be maintained in good condition, replaced, repaired, or modified as required.

CFC Ch. 9  
**Status:** Disapproved  
**Notes:** Back room freezer sprinkler head is iced over. Sprinkler head needs maintenance.

### Additional Time Spent on Inspection:

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<th>End Date / Time</th>
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**Notes:** No Additional time recorded

**Total Additional Time: 0 minutes**  
**Inspection Time: 0 minutes**  
**Total Time: 0 minutes**

### Summary:

**Overall Result:** Approved


**Inspector Notes:**

- By order of the Fire Chief and Fire Marshal. All non-compliant issues shall be completed within the noted re-inspection date. Additional charges shall incur after the first re-inspection at the prevailing hourly rate, in increments of one hour. Approval as the result of this inspection shall not be construed to be an approval of a violation of the provisions of this code or of other ordinances of the jurisdiction.  
  
  STOCKTON FIRE DEPARTMENT - FIRE PREVENTION DIVISION  
  345 N EL DORADO ST  
  STOCKTON, CA 95202 - (209)937-8271
**Inspector:**

Name: Bixler, Michael S  
Rank: Fire Prevention Inspector II  
Work Phone(s): 209-990-1408

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**Representative Signature:**

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