COMMUNITY DEVELOPMENT DEPARTMENT
Building Division
10890 San Pablo Avenue
El Cerrito, CA 94530
Tel.: 510.215.4360

March 6, 2024

BAY AREA RETROFIT
427 SAN PABLO AVE
ALBANY, CA 94706
(510)418-1676

PERMITS@BAYAREARETROFIT.COM

Re: First plan check comments for the property located at:

PROJECT ADDRESS: 6719 CUTTING BLVD
PERMIT NO.: BD23-0101

Thank you for submitting plans for review to the El Cerrito Community Development Department. In an effort to streamline the plan review response process, El Cerrito has implemented a multi-department comment letter organized by division reviewer. We ask that specific questions be directed to the individuals issuing the comments while hard copies of plan review response documentation are submitted to the **Building Division** for the purposes of logging and routing.

When responding to this letter, please submit the following in **PDF FORMAT**:

- **Complete** set of *wet-signed and stamped* architectural and civil plans;

  Corrections: Indicate changes with a revision cloud (☁) with delta (△1) numbering. We ask that a plan revision table be placed on the title page listing the response date and delta number of changes.
- **Complete** sets of all supporting documentation (i.e., calculations, specifications, reports…etc.);
- Plan review response letter itemizing and clearly describing how each comment was addressed with the specific location on the plans, specifications, or calculations where the response was addressed.

SUBMIT ALL DOCUMENTS TO BUILDINGAPPLICATIONS@CI.EL-CERRITO.CA.US

Plan Review fees collected at time of submittal cover three (3) review rounds. Additional reviews will be charged at an hourly rate. Revisions adding to project scope are subject to an administrative revision fee and hourly plan review rates.

BUILDING PERMIT APPLICATION

COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING DIVISION
10890 San Pablo Ave, El Cerrito, CA 94530
(510) 215-4360 - building@ci.el-cerrito.ca.us

DATE: _____

APPL. / PERMIT #: _____

Plan Check #: _____

Received By: _____

[*Please* **PRINT** *clearly and fill in all that apply*]

PROJECT ADDRESS: 6719 Cutting Blvd CITY/COUNTY: El Cerrito

X PROPERTY OWNER ❒ TENANT

NAME: Nathn Kamps-hughes

ADDRESS: 6719 Cutting

CITY/STATE/ZIP: El Cerrito, 94530

PHONE #: (503-551-8858 FAX #: ( ) _____

E-MAIL ADDRESS: _____

TENANT COMPANY NAME: _____

Jurisdictions may require written approval from the owner.

❒ ARCHITECT ❒ DESIGNER ❒ ENGINEER

LICENSE / REGISTRATION #: _____

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: ( ) _____ FAX #: ( ) _____

E-MAIL ADDRESS: _____

PROJECT CONTACT PERSON: Howard Cook PHONE #: (510) 418-1676 FAX #: ( ) _____

ADDRESS: 427 San Pablo Ave. Albany, 94706 E-MAIL ADDRESS: Permits@bayarearetrofit.com

X CONTRACTOR ❒ OWNER-BUILDER

LICENSE #: 558462 LIC. CLASS(ES): B PHONE #: (510-418-1676

COMPANY NAME: Bay Area Retrorfit FAX #: ( ) _____

ADDRESS: 427 San Pablo Ave. E-MAIL ADDRESS: Permits@bayarearetrofit.com

CITY/STATE/ZIP: Albany, CA 94706 BUSINESS LIC #: 6643

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. Date: 1-15-2023 Contractor Signature: Howard Cook

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 3 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).):

☐ 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: The Contractor 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 or 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 or 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 Professional 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. & P.C. for this reason _____

Date: _____ Owner Signature: _____

Workers' 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 the work for which this 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 NO. _____

(This section need not be completed if the permit is for one hundred dollars ($100) or less.)

X ☐ 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: 1-15-2023 Applicant Signature: Howard Cook

WARNING: Failure to secure workers' 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 fees.

Construction Lending Agency Declaration:

☐ 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: _____

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 COUNTY OR CITY TO ENTER UPON THE ABOVE-MENTIONED PROPERTY FOR INSPECTION PURPOSES.

Signature of Applicant/Agent: Howard Cook Date: 1-15-2023

Printed Name of Applicant/Agent: Howard Cook

Please **PRINT** *Clearly and Fill-In All That Apply*

TYPE OF CONSTRUCTION: _____ OCCUPANCY: _____ ZONE: _____ FIRE SPRINKLERS: ❒ Yes ❒ No

HAZARDOUS MATERIALS: ❒ Yes ❒ No EXISTING USE: _____ [❒ N/A]

PROPOSED USE: _____

ASSESSOR'S PARCEL #: _____ MAP: ____ LOT: ____ BLOCK: ____ SUBDIVISION: _____

DESCRIPTION OF WORK: *(Please fill-in and mark all that apply)*

CONSTRUCTION VALUATION: $ 8695.00

❒ NONRESIDENTIAL ❒ RESIDENTIAL

❒ New Building ❒ Addition ❒ Alteration ❒ Termite/Dry Rot Repair ❒ Demolish
❒ Move Building ❒ Fire Sprinklers ❒ Sign ❒ Foundation Only ❒ Chimney Demo/Rebuild
❒ Tenant Improvement ❒ Swimming Pool/Spa ❒ Fire Repair ☒ Repair/Retrofit
❒ Other _____ ❒ Combination Permit (Additional Information may be required)

Description: Seismic Retrofit In Accordance With Standard Plan A.

DESCRIPTION OF BUILDING: (Please fill-in and mark all that apply)

❒ Office/Bank/Professional ☒ Single Family ❒ Duplex ❒ Townhouse ❒ Condominium ❒ Apartment Bldg.
❒ Hotel/Motel ❒ Amusement/Recreation ❒ Industrial ❒ Service Station ❒ Medical Bldg.
❒ Restaurant ❒ Accessory Bldg. ❒ Historic Bldg. ❒ Educational/School
❒ City/County Owned ❒ Church/Assembly ❒ Mercantile/Store ❒ Other: _____

BLDG. AREA: _____ sq. ft. BLDG. HEIGHT: _____ ft. No. STORIES: _____

EXISTING: Floor Area _____ Garage Area _____ Other Area _____ # Units _____

ADDITIONAL PROPOSED: Floor Area _____ Garage Area _____ Other Area _____ # Units _____

Number of Bedrooms: _____ Number of Bathrooms _____ Total Number of New Rooms _____

Lot Size (sq. ft.) _____ Lot Dimensions (Front/Side/Rear)_____/_____/_____ Lot Coverage % _____

SETBACKS: Front _____ Rear _____ Left _____ Right _____

Easements _____ Flood Zone _____ Fire Zone _____ ❒ Sewer ❒ Septic Water Well: ❒ Yes ❒ No

PLAN CHECK: ❒ Yes ❒ No [*This Section is for Office Use Only*]

Route to Agencies Checked Below:

❒ Residential Plan Check ❒ Public Works ❒ STEGE ❒ Contra Costa Co. Environmental Health
❒ Commercial Plan Check ❒ Fire ❒ DebrisCompliance ❒ BAAQMD
❒ Planning ❒ Other:_____

Check All That Apply:

❒ Hazardous Materials ❒ Energy Calcs Req'd ❒ School Fees Req'd ❒ Certificate of Occupancy Req'd
❒ Soils Report Req'd ❒ Grading Plans Req'd ❒ Sewer Fees Req'd ❒ Verify Workers Compensation
❒ Engineer'g Calcs Req'd ❒ Special Inspection Req'd ❒ Planning Approval ❒ Other: _____

PAYMENT METHOD

Payment for plan review and permit fees may be paid with cash, check, or credit card. Only Visa, MasterCard, Discover Card can be accepted. Over-the-Phone credit card payments will not be accepted. The credit card and proper identification must be present with the applicant to be used unless a pre-arranged credit authorization form for fax permits only is on file.

PLAN REVIEW COMMENTS BY DIVISION

BUILDING DEPARTMENT COMMENTS:

PC1 BD23-0101 Building comments for the property located at 6719 Cutting Blvd., CA. If you have any questions, please contact the Plan Checker Louie Montemayor at (510) 215 -4337.

1. Sheet S1- Under GENERAL INSTRUCTIONS section – Contractor/permit applicant is required to answer all questions. If you answer NO to any of these questions, please contact the Building Division.

2. Sheet S2 – Provide floor plan LEGEND for the plywood bracing, UFP10, and L90s.

3. Sheet S2 – The Brace and Bolt Program (EBB) requires that the work done conforms to the requirements of Plan Set A detailed in the REINFORCEMENT SCHEDULE section. To demonstrate compliance with plywood bracing, please show on detail the required minimum total bracing length along each wall line. For this project, mark on plan **12 feet** of total minimum plywood bracing on all 4 sides. Also, show on plan, the minimum number of UFP10, ½" bolts, and L90s, and their location along each wall line.

4. When structural conditions prevent the installation of the required amount of plywood shear panels, design assistance from an engineer or architect is recommended.

PLANNING DEPARTMENT COMMENTS:
N/A

PUBLIC WORKS & ENGINEERING DEPARTMENT COMMENTS:
N/A

FIRE DEPARTMENT COMMENTS:
N/A

Effective Codes: All plans shall be designed under the effective building codes: 2022 California Building Code, 2022 California Residential Building Code, 2022 California Fire Code, 2022 California Mechanical Code, 2022 California Plumbing Code, 2022 California Electrical Code, 2022 California Energy Code, 2022 California Green Code and the current El Cerrito Municipal Code.

WORKERS' 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 provided by Section 3700 of the Labor Code, for the performance of work for which this permit is issued.

☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for this 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 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 provision of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

WARNING: FAILURE TO SECURE WORKERS' 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 PROVED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY FEES.

CONTRACTOR INFORMATION: ***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 a full force and effect.***

State License No. 558462 Class B Exp. Date 4-31-24

City Business License No. 6643 Exp. Date 8-18-2024

Business Name BAY AREA RETROFIT

Address 427 San Pablo Ave

City State Zip Albany, CA 94541

Phone 510-418-1676

Email Permits@bayarearetrofit.com

6719 CUTTING AVE. *Howard Cook* *5-6-2024*