9962735

S D

9962735

Trade

B

Street Number

2445

Street Dir

Document Date

7/8/99

Suite

Street Name

FONTAINE

Street Type

RD

Tract Number

Address Key

203502

Doc Type

PL

Sub Doc Type

BL

Permit Key

776278

	Prepped By	Scanned By	Indexed By	Verified By
Initials	Shelley P			
Date	10/19/01			

2445 FONTAINE ROAD

alt. int. + ext.

Tract No. _____ Lot No. _____

CITY OF SAN JOSE **BUILDING DEPARTMENT**

P.C. Date _____

APPLICATION FOR BUILDING PERMIT

Date Oct. 9, 1981 Permit No. 30033 V RJS

Application is hereby made for a permit to Alter interior & Exterior RC20502

a 3 story, Type III 1hr A.S. Building B.O.S. Use Zone C-3

at 2445 Fontaine Road 1st floor & mezz Occupancy A2.1/B-2

to be occupied only as Pizza Time Theater/Restaurant Sq. feet 30,642

in accordance with Plans, Specifications and Plot-plan filed herewith. Parking Space 133

Estimated Value of Improvements, $ 400,000 Fire Sprinkler YES

CP 81-4-15 Emer. Elect. YES sep. source Power

☐ I certify that in the performance of the work for which this permit is issued I shall not employ any person

Owner PIZZA TIME THEATRE SCOTT DRUMMOND Address 2445 FONTAINE AVE

By SAME Address 1213 INNSBRUCK DR.

This permit shall expire and become null and void if the work authorized by it is not commenced within 120 days from the date issued or if the work is suspended or abandoned for a period of 120 days after commencement.

FINAL INSPECTION 12/15/81 RECORDED BY HW

280-601 N
Rev. 8/78

P. 84 (46-65)

ENT = NO
FL = NO
GED = NO
HIST = NO

Insp. Area = 18A

3:10 PM

9962735

City of San Jose

Building Division

COMMERCIAL/INDUSTRIAL/MULTIFAMILY PLAN CHECK SUBMITTAL FORM

Submittal Date: 6 / 14 / 1999 Received By:_____ Plan Check No._____

Applicant: (Check one) - ( )Developer ( )Bldg. Owner ( )Tenant ( )Engineer (X)Architect ( )Contractor ( )Other

Firm BARRY SWENSON BUILDER Your Name LAWRENCE DESANTIS

Telephone No. 408-287-0246 Fax No. 408-998-1737

Project Address: 2445 FONTAINE ROAD

Tract No._____ APN No. 670-01-004 & 003

Project Name CHUCK E. CHEESE'S BATHROOM REMODEL

Tenant CHUCK E. CHEESE'S Valuation $ 23,000

Occupancy Group A-2.1 Type of Construction V-1HR Automatic Fire Sprinkler Sys.: (X)Yes ( ) No

Use: ( ) Office ( )Clinic ( )Retail ( )Wholesale (X)Food ( )Storage ( )Spec Space ( )Service Station ( )Lab ( )Manufacturing ( )Residential

USE: ( )Other_____ No. of Stories 3

Floor Area: (Existing) 595 (New)_____

DESCRIBE SCOPE OF WORK:

NEW FIXTURES, PAINT, TILE.

( )New Construction (X)Alteration (circle one) Interior/Exterior/Structural ( )Addition (X)Demolition ( )Fire Damage ( )Other

Are hazardous materials on site ( )Yes (X)No If yes provide a list of all materials by name and quantity.

Is the Building: Heated (X)Yes ( )No Cooled (X)Yes ( )No

Disabled Access Provisions: (X)Full Compliance ( )Equivalent Facilitation Provided ( )Unreasonable Hardship Attached

Planning Permit Obtained ( )Yes ( )No Permit #_____

List Contact Person For Each Plan Submitted: **Phone No.**

Building JEFF CURRENT (408) 287-0246

Plumbing_____

Mechanical_____

Electrical_____

Fire_____

LIST THE NUMBER OF COMPLETE PLAN SETS SUBMITTED

Note: A complete set will include plans for all aspects of construction involved in a project, (Building, Plumbing, Mechanical & Electrical)

	Plans Required	Plans Submitted
Building	2	2
Plumbing/Mechanical	1 or 2*	0
Electrical	1 or 2*	0
Fire	1 or 2**	1

* 1 set OK if simultaneous submittal with Building is being made.
2 sets are required if independent submittal is made.

** 2 Sets are required for Fire if hazardous materials are on site

LIST OTHER REQUIRED MATERIALS SUBMITTED:

	Required	Submitted
Structural Calculation	2	
T-24 Energy Forms	2	
T-24 Accessibility Forms	1	
Specifications	2	
Soil Report	2	
Other		

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FOR OFFICE USE ONLY BELOW

SITUS INFORMATION			Map Coordinates: PG VT HZ
Address is in City ( )Yes ( )NO			Use Zone
Annexation No.			APN No.
Inspection Area	Tract No		Lot No.
Enterprise Zone ( )Y ( )N	Flood Zone ( )Y ( )N	Geo-Hazard Zone ( )Y ( )N	Historical ( )Y ( )N
Easements	Front Back Right Side Left Side		

PREVIOUS PERMIT HISTORY	
Information Obtained From: ( ) Active file ( ) Inactive File ( ) Micro-film File	
Permit Status: Shell Finaled ( )Yes ( )No Tenant Space Finaled ( )Yes ( )No	
Listed Use:	Tenant:
Occupancy Group:	Type of Construction:

PLAN CHECK & PERMIT APPROVALS

	Plan Review Needed	Plan Review Approved	Issued Under Permit No.	Approved plans contain
Building	( ) Yes ( ) No	( ) Yes Initial.		( )B ( )P ( )M ( )E ( )F
Plumbing	( ) Yes ( ) No	( ) Yes Initial.		
Mechanical	( ) Yes ( ) No	( ) Yes Initial.		
Electrical	( ) Yes ( ) No	( ) Yes Initial.		
Fire	( ) Yes ( ) No	( ) Yes Initial.		

City of San Jose
Building Division
801 North First Street, Room 200
San Jose, CA 95110
(408) 277-4541

Plan Check No. _____
Date Submitted _____

DISABLED ACCESS ASSESSMENT FORM FOR EXISTING BUILDINGS

(This form must be completed for all building permit applications in existing commercial/industrial buildings)

Address: 2445 FONTAINE ROAD, SAN JOSE, CA 95121

Business Name: CHUCK E. CHEESE'S Use: RESTAURANT

Description of work to be done: NEW FIXTURES, PAINT, TILE

Number of stories: 3 Elevator (X)Yes ( )No Square Feet per Floor in Building: _____

Square Feet of Proposed Construction Area: 595

Estimated Cost of Alteration, Repair or Addition: $ 23,000 20% = $ 4,600
(Excluding Disabled Access Upgrades)

Total Cost of all Projects along the same path of travel over last 3 years: $ _____ 20% = $ _____

Existing or Proposed Accessibility Features:

	Complies with Division I Accessibility Standards			Complies with Equivalent Accessibility Standards		Cost to Comply
A. Primary entrance.	(X)yes	( )no		( )yes	( )no	$
B. Primary path of travel.	(X)yes	( )no		( )yes	( )no	$
C. An accessible restroom for each sex.	(X)yes	( )no		( )yes	( )no	$
D. An accessible telephone.	( )yes	( )no	(X)Not Applicable	( )yes	( )no	$
E. An accessible drinking fountain.	( )yes	( )no	(X)Not Applicable	( )yes	( )no	$
F. Other accessible elements. (Parking, Storage & Alarms)	(X)yes	( )no		( )yes	( )no	$
						Total$

No. of parking spaces available 140
No. of existing disabled parking spaces available 4
No. of disabled parking spaces required 5

Completed plans detailing all accessibility features and proposed work must accompany this form. Show all required dimensions and clearances. If the project does not fully comply with the current disabled access requirements or needs approval of unreasonable hardship exception or equivalent facilitation, then applicant must also fill out forms for "Unreasonable Hardship Exception Request for Existing Buildings" and "Disabled Access Checklist Form for Existing Buildings".

SIGNATURES: I hereby acknowledge that the above is true to the best of my knowledge:

Applicant:
Print: LAWRENCE DESANTIS Jr.
Sign: [signature] Date: 6-10-1999
Phone No. (408) 938-6369

Design Professional:
Print: Jeff Current
Sign: [signature] Date: 6/10/99
Phone No. (408) 287-0246

Owner:
Print: KEN CUMMINS
Sign: Ken Cummins Date: 6-10-1999
Phone No. 408-238-9118

Contractor:
Print: _____
Sign: _____ Date: _____
Phone No. _____

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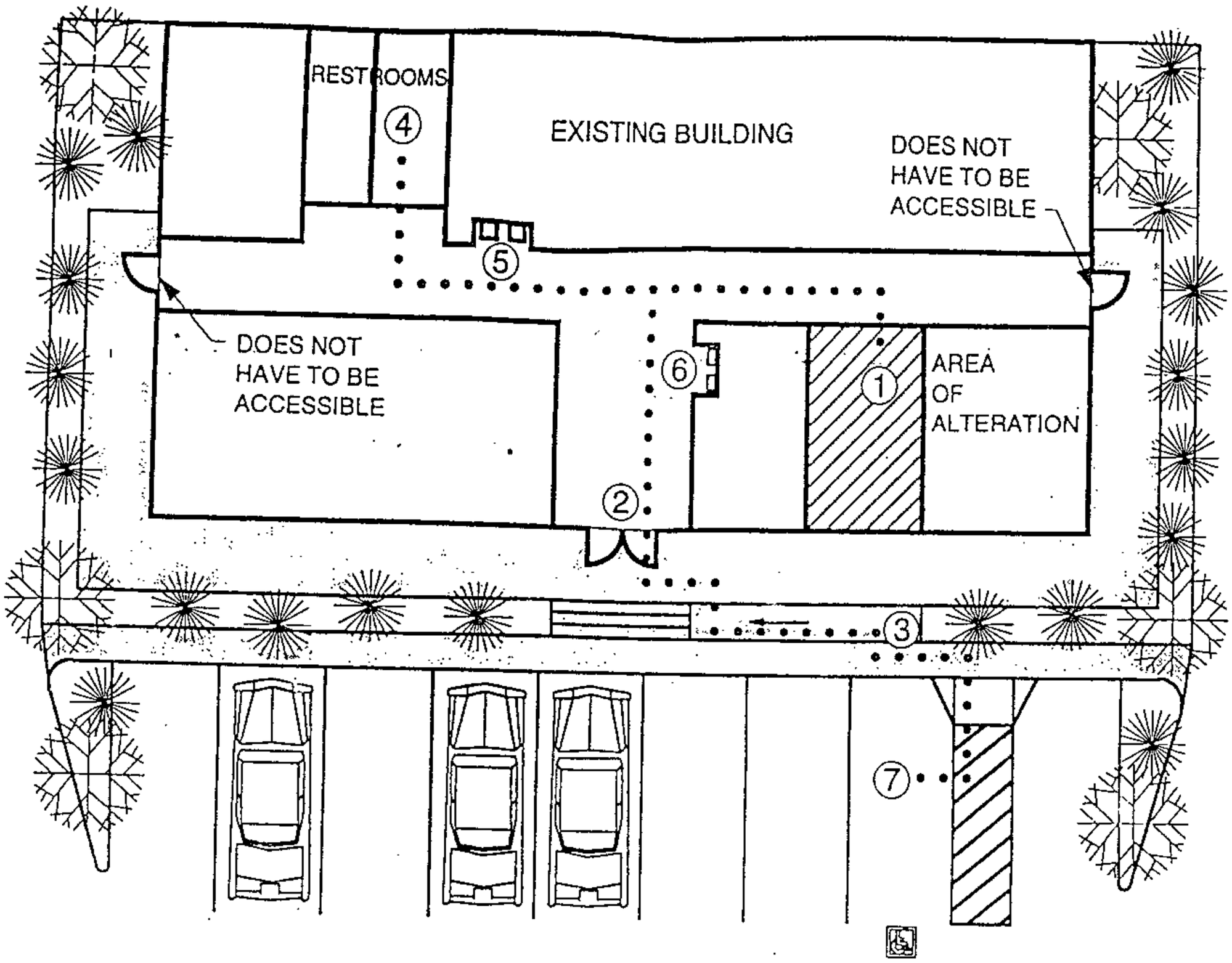
1/4/96



EXISTING BUILDINGS:

THE STANDARDS, AS FOR NEW BUILDINGS, SHALL APPLY TO THE SPECIFIC AREA OF ALTERATION AND SHALL INCLUDE THE FOLLOWING:

1. AREA OF REMODEL
2. PRIMARY ENTRANCE
3. PRIMARY PATH OF TRAVEL
4. SANITARY FACILITIES
5. DRINKING FOUNTAINS
6. PUBLIC TELEPHONES
7. PARKING SPACE

NOTE: FOR DISPROPORTIONATE COST REFER TO PAGE 23.

FILING PROCEDURES:

1. Original in Permit file
2. One copy attach to field copy of the plan
3. One copy attach to office copy of the plan
4. One copy to applicant

2/10/95