

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0108775
Insp Area: 1

Site Address: 3195 FOLSOM BL SAC
Parcel No: 007-0184-016

Sub-Type: REM
Housing (Y/N): N

CONTRACTOR
ACF CONSTRUCTION
PO BOX 163622
SACRAMENTO CA 95816

OWNER
NO CAL PET IMAGING
3195 FOLSOM BL
SACRAMENTO CA 95816

ARCHITECT

Nature of Work: INTERIOR OFFICE REMODEL

CONSTRUCTION LENDING AGENCY: 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, C.V.C.)

Lender's Name _____ Lender's Address _____

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.

License Class B License Number 511906 Date 7/23/01 Contractor Signature Shirley Cuneo

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 8 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 (\$500.00).

I, as a 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 Contractors 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/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/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 Professions 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 & PC for this reason: _____

Date _____ Owner Signature _____

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 7/23/01 Applicant Agent Signature Shirley Cuneo

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.

SC 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 STATE FUND Policy Number 1113607300 Exp Date 10/01/2001

(This section need not be completed if the 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 provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 7/23/01 Applicant Signature Shirley Cuneo

WARNING: FAILURE TO SECURE WORKER'S 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'S FEE.

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

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 3195 FOLSOM BL Permit No. 0108775

Building Use: OFFICE Occupancy: B

Building Owner: NO. CAL. P.E.T. IMAGING Construction Type: VN

Owner Address: 3195 FOLSOM BL SAC. Sprinkled? [] Yes [X] No

Portion of Building Occupied: REMODEL Area: _____ Sq. Ft.

2/6/02

Date

Nicholas N. Richardson

By:Print

Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[Finaled By:DP,WJR,RDH,SB]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE

APPLICATION FOR COMMERCIAL BUILDING PERMIT

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

ACTIVITY # 0108775	Insp. Area 1C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 3195 Folsom Blvd Suite _____
 PARCEL # 067-0184-016

<p style="text-align: center;">CONTACT</p> Name <u>ACF Construction Inc.</u> Street Address <u>7005 Luther Dr. #11</u> City/State/Zip <u>Sacramento CA 95823</u> Phone <u>(916) 342-5076</u> FAX <u>(916) 342-0734</u> E-mail: <u>acfcon@cw.com</u>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>511900</u></p> Name <u>ACF Construction Inc.</u> Address <u>P.O. Box 163622</u> City/State/Zip <u>Sacramento CA 95816</u> Phone <u>(916) 342-5076</u> FAX <u>(916) 342-0734</u> E-mail: <u>acfcon@cw.com</u>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>Boulder Associates</u> Address <u>2015 J Street #205</u> City/State/Zip <u>Sacramento CA 95814</u> Phone <u>(916) 442-8796</u> FAX <u>(916) 442-8798</u> E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>No. Calif. PET Imaging</u> Address <u>3195 Folsom Blvd.</u> City/State/Zip <u>Sacramento CA</u> Phone <u>(916) 739-0788</u> FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Compensation Ins Fund
 → WORKER'S COMPENSATION POLICY # 713607300 EXPIRATION DATE: 12/31/01

NATURE OF WORK IN DETAIL: Interior office remodel

OCCUPANT/TENANT: _____ VALUATION: \$ 59,000.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE		FIRE	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Fed Code		Vio. File	
		<u>1300</u>		<u>B</u>	<u>VN</u>	SPR	ALARM	<u>10</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	P	<u>M</u>	<u>E</u>	F	S		D	PW	UTIL
<u>LV/TR</u>										

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

CITY OF SACRAMENTO
 BUILDING INSPECTION DIVISION
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: Northern California PET Imaging Phone: (916) 731-0788
 Site Address: 3145 Folsom Blvd. Suite: _____
 Business Owner/Representative: ACF Construction, Inc (Street) (Zip) Phone: (916) 342-5716
 Nature of Business: Medical Imaging
 Property Owner: No. Calif. PET Imaging Phone: (916) 731-0788
 Address: 3145 Folsom Blvd Suite: _____
Sacto (City) CA (State) 95816 (Zip)

2. Are you developing an undetermined tenant space? Yes ___ No Is this permit for a shell building? Yes ___ No

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes No Pharmaceuticals

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes ___ No

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No

7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No

If you answered "yes" to questions #6 and/or #7, complete the RMPP Informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes ___ No

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: Maura E. Moynan
Maura E. Moynan (Print) 07-11-01
 (Signature) (Date)

BID Use Only: Plan Gk# <u>0108715</u> Permit # <u>0108715</u> OK to issue prmt <input checked="" type="checkbox"/> <u>7/23/01</u> F.D. Appr Req'd? <input checked="" type="checkbox"/> Yes No (Init) (Date)	
Hold on Certificate of Occupancy? Yes No	
Fire Dept. Use Only: <input checked="" type="checkbox"/> <u>7/23/01</u> date OK to issue permit? init <u>JK</u> date <u>7/23/01</u> OK to issue Certificate of Occupancy? init ___ date ___	

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
7/11/01	1/1	1/1	1/1	1/1	1/1

PLAN CHECK # _____
 ADDRESS: _____
 Commercial Residential

ACCEPTED _____

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFESAFETY	13	JT	7/13/01						
	13	JT	"						
MECHANICAL/PLUMBING	13	KAW	7/13/01						
ELECTRICAL	13	JM	7/13/01						
CONCRETE	13	LDQ	7/14/01						
PAVING									

STAFF COMMENTS: _____



CONSTRUCTION INC.

July 20, 2001

City of Sacramento
Development Services Division
1231 I Street, Room 200
Sacramento, CA 95814

To Whom It May Concern:

This letter authorizes Skie Cano to act as agent representing ACF Construction, Inc.

Sincerely,

A handwritten signature in black ink, appearing to read 'Eric C. Anderson'. The signature is fluid and cursive, with a large initial 'E' and 'A'.

Eric C. Anderson
ACF Construction, Inc.

ECA:mem