

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9713212
Insp Area: 4

Site Address: 1765 CHALLENGE WY SAC
Parcel No: 2770272008

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

CONTRACTOR

CAL RAM
1891 ENTERPRISE
W SARAMENTO CA 95691
Phone: 916-372-1610

OWNER

CHALLENGE PROPERTIES
8022 FOLSOM-AUBURN RD
FOLSOM CA 95815
Phone:

ARCHITECT

FKA CORP
9343 TECH CENTER DR
#110 95826
Phone: 916-361-0460

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, Civ. 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 446622 Date 9-24-97 Contractor Signature Shell Qualley

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 Professional Code: The Contractors 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 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.

Date _____ Applicant/Agent Signature _____

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 CAL COMP INS CO. FINANCIAL PACIFIC Co. Policy Number W974107022

____ (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 9-24-97 Applicant Signature Shell Qualley

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.

Stamp & signature
from Arch to follow
J

5418X

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

DATES					
1ST REVIEW		RECHECK		2ND RECHECK	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK NO.	COMM.	RES.
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CONTACT PERSON: SHELLY QUALLEY PHONE: 916-372-1610
 PROJECT ADDRESS: 1891 ENTERPRISE BLVD. 1765 CHALLENGE WAY, SAC. CA FAX: 916-372-1246
 DESCRIPTION OF WORK: INTERICE T.I.

DISCIPLINE	1ST REVIEW			RECHECK			2ND RECHECK		
	EPR	OC	APPR	EPR	OC	APPR	EPR	OC	APPR
LIFE SAFETY			JT 9/19/97						
STRUCTURAL			JT 9/19/97						
MECHANICAL/PLUMBING			9-19-97						
ELECTRICAL			9-19-97 DM						
FIRE									
PLANNING									

Legend: EPR = OK for Express Plan Review
 OC = OK for Over the Counter Recheck
 APPR = Approved as submitted

CITY OF SACRAMENTO
APPLICATION FOR BUILDING PERMIT
DEPARTMENT OF PLANNING AND DEVELOPMENT
BUILDING INSPECTION DIVISION

1231 I Street, Room 200
 Sacramento, CA 95814
 (916) 264-7619 FAX 264-7046

WORKERS COMP POLICY # COMPANY

EXP. DATE

ADDRESS 1765 CHALLENGER WY, SAC, CA
 PARCEL # 277-0272-008

P.C. # 5418X
 SUITE # _____
 AREA # _____

CONTACT

LICENSED CONTRACTOR

NAME SHELL QUALITY-CAL RAM
 ADDRESS 1891 ENTERPRISE BLVD
W. SAC ZIP 95691
 PHONE 372 1610 FAX: 1 372 1245

NAME CAL RAM CONSTRUCTION
 ADDRESS 1891 ENTERPRISE BLVD
W. SAC. ZIP 95691
 PHONE 372-1610

ARCH./ENG.

OWNER/ ~~XXXXXXXXXX~~

NAME TKA CORP
 ADDRESS 9343 TECH CENTER DR. #110
SAC TO ZIP 95826
 PHONE 361-0460 361-770

NAME _____
 ADDRESS _____
 PHONE _____ ZIP _____

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE? YES NO
 NATURE OF WORK IN DETAIL:

INTERIOR OFFICE REMODEL

D.B.A. CICC

VALUATION 20,000 -

BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS _____

S.C.A.T. _____

JOB DESCR. BLDG SHEL APT TI(-) REM SW FIRE ADD OTH

INSP. DISCIPLINES BLDG MECH PLUMB ELEC SITE FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	USE ZONE	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FED. CODE	VIO. FILE
3	I	1638	B	B	VM	NO	18	NO
			M	E	F	S	D	R

COMMENTS: add three new walls, new elec and plumbing runs. - no sprinklers req'd

97-13212