

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0009376
Insp Area: 2

Site Address: 6600 BRUCEVILLE RD SAC
Parcel No: 117-0170-072

MOBI

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

CONTRACTOR
KAISER FOUNDATION HOSPITALS
1786 2ND ST
BERKELEY CA 94710

OWNER
KAISER FOUNDATION HOSPITALS
6600 BRUCEVILLE RD
SACRAMENTO CA 95823

ARCHITECT

Nature of Work: REMODEL KAISER MED. UNIT G / CABINETRY, STORAGE ROOM, & OFFICE SPACE

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 _____ License Number _____ Date _____ Contractor Signature _____

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 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 above-mentioned property for inspection purposes.

Date 3/15/00 Applicant/Agent Signature [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 PAID CITY OF SACRAMENTO Policy Number _____ Exp Date _____

____ (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 3/15/00 Signature [Signature]

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.

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT
FROM: Troy Malaspino
Fire Marshal
SUBJECT: FIRE SYSTEM INSPECTION

DATE: 5-29-01

A final inspection of the newly installed fire system at:

6600 Bruceville Rd

Has been conducted by Inspector

R. Robles

On

5-23-01

00-09376
Permit Number

Square Footage

OH SPR EXT
Type of Inspection

The system is acceptable by this department.

R. Woodman
By: Ross L. Woodman,
Fire Prevention Officer II

TI-A7
F.D. Reference Number



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 # 00.09376	Insp. Area ZL
---	---

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 6600 Bruceville Road, Sacramento, CA 95823 Suite MOB1
 PARCEL # 117-0170-077

<p style="text-align: center;">CONTACT</p> Name <u>Roland N. Delmendo, AIA</u> Street Address <u>3540 Folsom Blvd.</u> City/State/Zip <u>Sacramento, CA 95816</u> Phone <u>916-453-1234</u> FAX <u>916-453-1236</u> E-mail: <u>rdelmendo@db-arch.com</u>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>187350</u></p> Name <u>Kaiser Foundation Hospitals</u> Address <u>1780 Second Street</u> City/State/Zip <u>Berkeley, CA 94710</u> Phone <u>510-559-5222</u> FAX <u>510-559-5322</u> E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>Dreyfuss & Blackford Architects</u> Address <u>3540 Folsom Blvd.</u> City/State/Zip <u>Sacramento, CA 95816</u> Phone <u>916-453-1234</u> FAX <u>916-453-1236</u> E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>Kaiser Foundation Hospitals</u> Address <u>1950 Franklin Street</u> City/State/Zip <u>Oakland, CA 94612</u> Phone _____ FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # self-insured (see attached) EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: Project is located in the 2nd floor MOB 1. Minor interior alterations to Medicine Unit "G" to include revising existing cabinetry, expand existing storage room and refine existing office spaces.

OCCUPANT/TENANT: Kaiser VALUATION: \$ 30,000

FLOOD STATUS: <u>NIF</u>		S.C.A.T.							
JOB DESCRIPTION	BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File
<u>2</u>		<u>3500</u>		<u>B</u>	<u>II-1hr</u>	SPR	ALARM	<u>14</u>	[H] [Quad]
<u>(B)</u>	<u>(L)</u>	<u>(P)</u>	<u>(M)</u>	<u>(E)</u>	<u>(F)</u>	S	D	PW	UTIL
<u>NONE</u>	<u>13 yr</u>	<u>13 JMT</u>	<u>13 JMT</u>	<u>13 T. 2. m.</u>	<u>OMB (13)</u>				

COMMENTS: _____

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

STATE OF CALIFORNIA

DEPARTMENT OF INDUSTRIAL RELATIONS INSTRUCTION SERVICES
SELF-INSURANCE PLANS
2265 Watt Avenue, Suite 1
Sacramento, CA 95825
Phone (916) 483-3392
FAX (916) 483-1535



MAY 9 2 26 PM '94

CERTIFICATION OF SELF-INSURANCE
OF WORKERS' COMPENSATION


TO WHOM IT MAY CONCERN:

This certifies that Certificate of Consent to Self-Insure
No. 1054 was issued by the Director of Industrial Relations
to:

KAISER FOUNDATION HOSPITALS

under the provisions of Section 3700, Labor Code of
California, on January 1, 1965. The Certificate is now and
has been in full force and effective since that date.

Dated at Sacramento, California
This 3rd day of May, 1994


MARK B. SHERMAN
Self-Insurance Plans

cc: Joanna Davison
KAISER FOUNDATION HOSPITALS
1780 Second Street
Berkeley, CA 94710
(Self-Insurance)

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) _____
2. I have have not) _____ signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name KAISER FOUNDATION Address 1780 SECOND ST

City BERKELEY CA Telephone 510.559.5222

Contractors License No. 187350

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

X Signed [Signature] 8/15/00

Job Address 6000 BRUCEVILLE RD DATE _____

Permit No: 0009376 C