

CITY OF SACRAMENTO

Permit No: 0112826

1231 I Street, Sacramento, CA 95814

Insp Area: 1  
Thos Bros: 297E5

Site Address: 2100 Q ST SAC  
Parcel No: 007-0324-005

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

**CONTRACTOR**  
ANTENNA CO  
PO BOX 1217  
FORESTHILL CA 95631

**OWNER**  
MC CLATCHY NEWSPAPERS  
SACRAMENTO C AA  
95816

**ARCHITECT**

Nature of Work: CELLAR COLLOCATION TOWER.(ADDITION)

**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 C7 License Number 514941 Date 11-25-01 Contractor Signature D. K. Hulead

**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 NOV 28 2001

**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 11-25-01 Applicant/Agent Signature D. K. Hulead

**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 STATE FUND Policy Number 550-0000294 Exp Date 04/01/2002

(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 11-25-01 Applicant Signature D. K. Hulead

**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.**

# 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 # 0112826 Insp. Area 1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2100 Q St. Suite \_\_\_\_\_  
 PARCEL # ~~010-0033-009~~ 007-0324-005

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Gregory T. Tidwell</u>                  Street Address <u>4702 Northgate Blvd #160</u>                  City/State/Zip <u>Sacto CA 95834</u>                  Phone <u>(916) 717-1325</u> FAX _____                  E-mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name <u>TBD</u>                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Mericon Corp</u>                  Address <u>same</u>                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>Sky Tel Corp Mc Clabky News</u>                  Address <u>P.O. Box 15779</u>                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: \_\_\_\_\_  
 → WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: Wireless collocation of wireless telecommunications site

OCCUPANT/TENANT: ATC / Sky Tel VALUATION: \$ ~~50000~~ 12 k

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( )	SW	<u>FIRE</u>	ADD	OTH
INSPECTION DISCIPLINES			<u>BLDG</u>	MECH	PLUMB	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y</u> <u>N</u>		Fed Code	Vio. File	
				<u>None</u>		SPR	ALARM	<u>20</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>LR</u>	PW	UTIL

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

9801826

ADDRESS 2100 G STREET  
 PARCEL # 007-0324 2005

P.C. # 5862X  
 SUITE # ---  
 AREA # 1C

CONTACT

LICENSED CONTRACTOR Lic#

NAME Monty Dunnington  
 ADDRESS 3741 Business Dr.  
 ZIP ---  
 PHONE 737-6014 FAX: 1 937-6015

NAME Luppen & Hawley, Inc  
 ADDRESS 7400 14th Ave  
 CITY SALTO ZIP 95820  
 PHONE (916) 456-7831 FAX: ( ) -

ARCH./ENG.

OWNER

NAME STECHER ANSWORTH Miner  
 ADDRESS 3741 Business Dr  
 CITY SALTO ZIP 95820  
 PHONE 916 737 6014

NAME SACRAMENTO BE  
 ADDRESS 2100 G STREET  
 CITY SACRAMENTO ZIP ---  
 PHONE ( ) - FAX ( ) -

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE?  YES  NO

NATURE OF WORK IN DETAIL: EXTENDING CHILLED WATER  
PIPING & REMOVING (E) DX REFRIGERATION UNITS

D.B.A. SACRAMENTO BEE  VALUATION 293,600  
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS  S.C.A.T.

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

INSP. DISCIPLINES  BLDG  MECH  PLUMB  ELEC  SITE  FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FIRE ALARM	FED CODE	VIO. FILE
<u>3</u>			<u>B</u>	<u>V</u>	<u>Y/N</u>	<u>Y/N</u>	<u>10</u>	<u>OK</u>
<u>B</u>	<u>L</u>	<u>PS</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>R</u>
		<u>BD</u>	<u>BD</u>	<u>G/mc</u>			<u>Bill</u>	

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(REGIONAL SAN FEES? Y ) (HEALTH DEPT? Y )

Worker's Comp Policy #  
Company

Exp. Date



EXHIBIT 1

I have read and am familiar with the contents of City's standard Owner-Builder Notification and Owner-Builder Verification, as required by California Health and Safety Code Section 19830 and 19831.

I authorize my agent(s) STECHER - AINSWORTH - MAJER / MARY  
to sign the Owner-Builder Verification on my behalf. DUNWELTON

Signature [Handwritten Signature]

Print Name DAVID L. ABSHER

Address 7400 14th AVE. SAC, CA.

P.O. Box # 245009 95820

Telephone (916) 456-7931

CLASS "A" LICENSE  
LICENSE # 100

STATE COMP INSURANCE  
Att. Dave Absher

please fax this back

A.S.A.P.

264 7046

Bill