

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0204262

Insp Area: 2

Thos Bros: 337/B1

Site Address: 1224 58TH AV SAC

Parcel No: 029-0422-024

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

OWNER

BROWN GWENDOLYN
6761 FREEHAVEN DR
SACRAMENTO CA 95831

ARCHITECT

Nature of Work: CONVERT SFR TO CARE FACILITY; 6 CLIENTS AMBULATORY. PULL STATION. ETC.

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 4-12-02 Owner Signature Gwendolyn Brown

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 4-12-02 Applicant/Agent Signature Gwendolyn Brown

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 _____ 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 bring me 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 comply with those provisions.

Date 4-12-02 Applicant Signature Gwendolyn Brown

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 # 02-04262 Insp. Area 2E

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1224 58th AVE Suite _____
 PARCEL # 029-0422-024

| | | | |
|---|--|---|--|
| CONTACT Name <u>GWENDOLYN BROWN</u> Street Address <u>1224 58th Ave</u> City/State/Zip <u>Sacramento, CA. 95831</u> Phone <u>(916) 422-4177</u> FAX <u>(916) 422-4177</u> E-mail: <u>AMAAKYAA @ AOL.COM</u> | | LICENSED CONTRACTOR Lic No. # _____ Name _____ Address <u>D/B</u> City/State/Zip _____ Phone _____ FAX _____ E-mail: _____ | |
| ARCHITECT/ENGINEER Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____ | | OWNER Name <u>SAME GWENDOLYN BROWN / BARRY BRIDGE</u> Address <u>6761 FREEHAVEN DRIVE</u> BRIDGE City/State/Zip <u>SACRAMENTO, CA 95831</u> Phone <u>(916) 424-1396</u> FAX _____ E-mail: <u>AMAAKYAA @ AOL.COM</u> | |

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

NATURE OF WORK IN DETAIL: CONVERT SFR TO CARE FACILITY,
6 clients AMBULATORY
Pull stations etc.

OCCUPANT/TENANT SRS PLACE VALUATION: \$ 400⁰⁰

| | | | | | | | | | |
|-------------------------|---------------|-------------|----------|----------------|---------------|-------------------|-----------------|------------|------|
| FLOOD STATUS: <u>NA</u> | | S.C.A.T. | | | | | | | |
| JOB DESCRIPTION | BLDG | SHELL | APT | TI () | REM (✓) | SW | FIRE | ADD | OTH |
| INSPECTION DISCIPLINES | | <u>BLDG</u> | MECH | PLUMB | <u>ELEC</u> | SITE | <u>FIRE</u> | | |
| # Stories | 1st flr Area | Total Area | Use Zone | Occp Group | Const type | Fire Req. Y / N | Fed Code | Vio. File | |
| | | | | <u>R-2.2.1</u> | <u>VU</u> | SPR: <u>ALARM</u> | <u>14</u> | [H] [Quad] | |
| B | <u>L</u> | P | M | <u>E</u> | <u>F</u> | S | <u>D</u> | PW | UTIL |
| | <u>13 BTU</u> | | | <u>4-13-02</u> | <u>03 B5F</u> | | <u>RL / SMS</u> | | |

COMMENTS: TLM

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

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) no
2. I (have) 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 K.A. MAC DONALD Address _____
City _____ Telephone 483-4337
Contractors License No. _____

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 NA 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 |
|-----------|---------|-------|--------------|
| <u>NA</u> | | | |

✓ Signed Gwendolyn Brown

Job Address 1224 58TH ST AVE

Permit No: 0204262

ALARM (LIGHTS, AUDIBLE)
 TO BE 79" ABOVE
 FLOOR AND CENTERED
 TO LENGTH OF HALLWAY
 TO BEDROOMS.

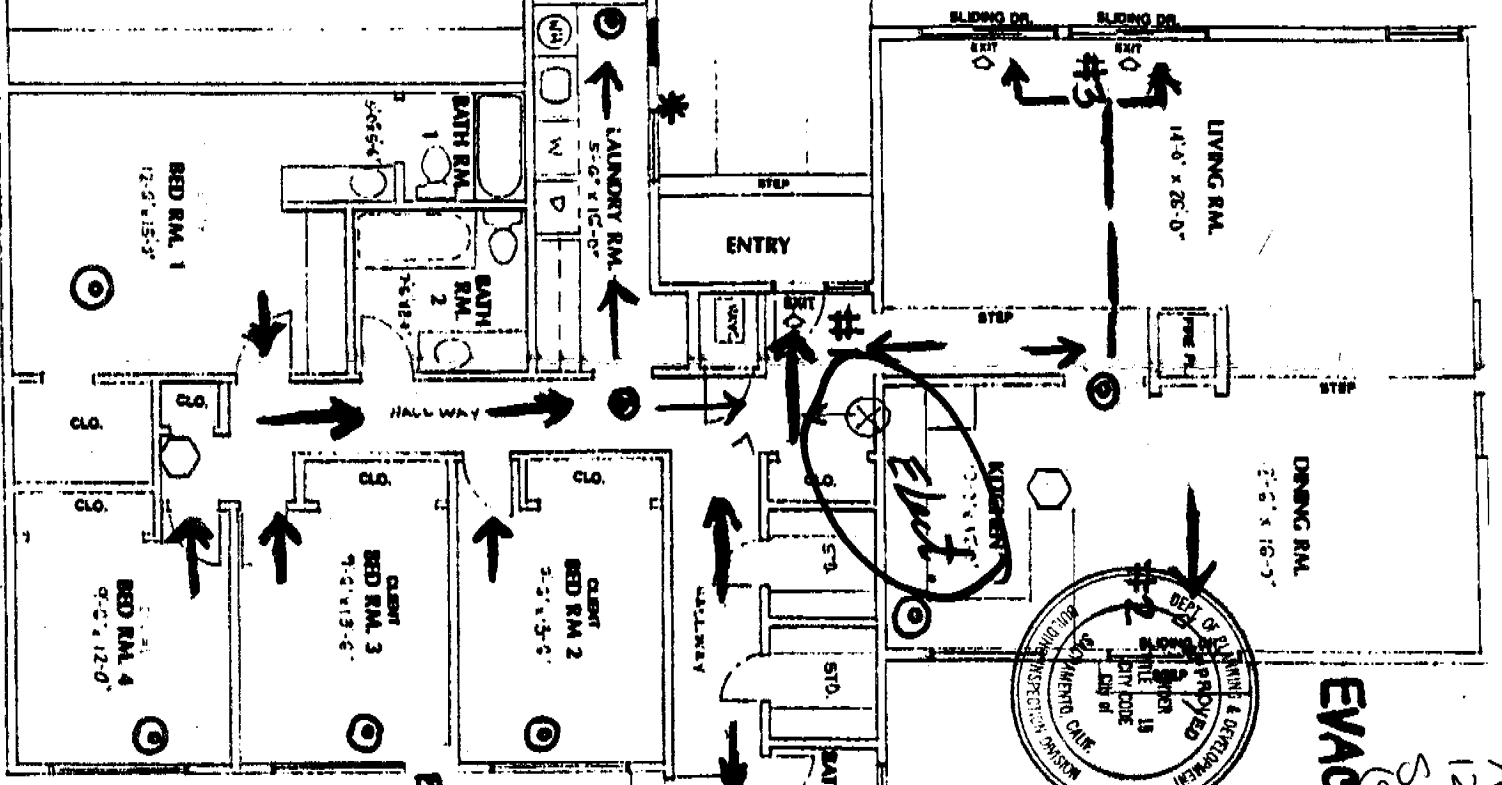
PULL SWITCH TO BE RATIO
 ON A LINE DIRECTLY
 GENEAST ALARM AND
 49" ABOVE FLOOR.
 POWER TO BE TAKEN
 FROM FRONT PULL-
 HALL LIGHTS BOX ON
 SAME WALL.

Electrical

The approval of all Electrical Work
 is subject to field inspections.

APPROVED
 Sacramento Fire Department
 PENDING FIELD INSPECTION
 CARAGE
 21-07-29-0*

APPROVED PER 1996
 NATIONAL ELECTRICAL CODE
 AND CITY OF SACRAMENTO
 AMENDMENTS
 T.L.M.
 4-19-2002
 ELECTRICAL DIVISION



A SENIORS PLACE
 1224 58TH AVE
 SAC, CA 95831
 (916) 422-4177
EVACUATION ROUTE

This set of plans and specifications must be kept on the job ~~at all~~ times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.
 The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

ISSUED
 APR 12 2002
 Sacramento Building Division

- 1 LEGEND
- EMERGENCY EXIT PATH →
- ELECTRICAL
- SHUT OFF PANEL —
- EXITS —
- FIRE EXTINGUISHERS —
- GAS METER SHUT OFF —
- SMOKE DETECTORS —
- WATER SHUT OFF —
- VALVE *

RTN 4102 FIRE ALARM PULL —