

**CITY OF SACRAMENTO**

**Permit No: 9806218**

**1231 I Street, Sacramento, CA 95814**

**Insp Area: 1**

**Site Address: 1500 21ST ST SAC**

**Sub-Type: ACOM**

**Parcel No: 0070246003**

**Housing (Y/N): N**

**CONTRACTOR**

**OWNER**

**ARCHITECT**

CARES  
1500 21ST ST  
SACRAMENTO CA 95814

**Nature of Work: INT REMODEL STORAGE AREA TO DENTAL OFFICE**

**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 7 10 98 Owner Signature Tony Wilson

**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 10 98 Applicant/Agent Signature Tony Wilson

**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 \_\_\_\_\_

\_\_\_\_ (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 10 98 Applicant Signature Tony Wilson

**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  
APPLICATION FOR BUILDING PERMIT**

98-06218

**DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES DIVISION**

1231 I Street, Rm. 200  
Sacramento, CA 95814

(916) 264-7619 FAX 264-7046

→ Applicant must complete ALL Unshaded areas ←

PC # \_\_\_\_\_ AREA # \_\_\_\_\_

ADDRESS 1500 21ST ST. SACRAMENTO 95814 Suite \_\_\_\_\_  
PARCEL # 007-0246-003

<p align="center"><b>CONTACT</b></p> <p>Name <u>TERREY WILSON</u> Address _____ Zip _____ Phone <u>443-3299x11010</u> FAX <u>443-6629</u></p>	<p align="center"><b>LICENCED CONTRACTOR</b> Lic No. # _____</p> <p>Name _____ Address <u>O/B</u> Zip _____ Phone _____ FAX _____</p>
<p align="center"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>HOWARD PERKINS</u> Address <u>2304 N ST</u> <u>SACRAMENTO</u> Zip <u>95816</u> Phone <u>441-2603</u> FAX _____</p>	<p align="center"><b>OWNER/TENANT</b></p> <p>Name <u>CARES - TERREY WILSON</u> Address <u>1500 21ST ST.</u> <u>SACRAMENTO</u> Zip <u>95814</u> Phone <u>443-3299x11010</u> FAX <u>443-6629</u></p>

→ Will the permittee have any employees on the jobsite?  Yes  No

→ If yes, WORKER'S COMPENSATION POLICY # NA EXPIRATION DATE: \_\_\_\_\_

NAME OF INSURANCE COMPANY: NA

NATURE OF WORK IN DETAIL: SMALL OFFICE REMODEL. (Dental office)  
INT. REMODEL.

DBA: CARES VALUATION: \$20,000

FLOOD STATUS: <u>NA</u>		S.C.A.T.							
JOB DESCRIPTION	BLDG	SHEL	APT	TI( )	REM(X)	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<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	
B	<u>113</u>	<u>3113</u>	<u>M</u>	<u>E</u>	<u>VA</u>	<u>Y</u>	<u>15</u>	<u>OK</u>	
						Spr	Alarm		

COMMENTS: 7/6 STAMP (W) 7/7/98 7-10-98  
Provide FIRE SPRINKLER PLAN  
ONE LINE DIAGRAM & LOAD CALCS  
LETTER

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

**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: CARES - CENTER FOR AIDS RESEARCH Phone: 443-3299  
EDUCATION SERVICES  
 Site Address: 1500 21ST ST. SACRAMENTO Suite: 1010  
 (Street) (Zip)  
 Business Owner/Representative: TERRY WILSON Phone: 443-3299 EXT  
 Nature of Business: MEDICAL CLINIC  
 Property Owner: CARES Phone: \_\_\_\_\_  
 Address: 1500 21ST ST. Suite: \_\_\_\_\_  
SACRAMENTO CA 95814  
 (City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes \_\_\_ No X 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 X  
 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No X

**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: CARES  
 (Print)  
Terry Wilson 7.10.98  
 (Signature) (Date)

BID Use Only: Plan Ck# _____	Permit # _____
OK to issue prmt? Y _____	F.D. Appr Req'd? Yes No _____
init date _____	
Hold on Certificate of Occupancy? Yes No _____	
Fire Dept. Use Only:	
OK to issue permit? ini' _____	date _____
OK to issue Certificate of Occupancy? init _____	date _____

**OWNER-BUILDER VERIFICATION**

ATTENTION PROPERTY OWNER

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/have not) 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 MARCO COLUCCI Address 1540 53RD ST  
City SACRAMENTO Telephone 451-5509  
Contractors License No. B284245

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

Signed Tony Wilson  
Job Address 1500 21ST ST. Date 7.10.98  
Permit No.: \_\_\_\_\_

7.10.98

TO WHOM IT CONCERNS:

WE WILL NOT BE  
USING MEDICAL GASES IN  
REMODELED DENTAL PROJECT.

Terry Wilson  
FACILITIES MGR.

B. D

# MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 9-21-98

From: Gordon Duncan,  
Fire Marshal

Subject: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

1500 21<sup>st</sup> STREET

has been conducted by Inspector K. Lee

on 9-18-98.

98-06218-C

Permit Number

400

Square Footage

Remodel

Type Inspection

The system is acceptable by this department.



By: Ross L. Woodman,  
Fire Prevention Officer II

TI-153

F. D. Reference Number