

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0518477
Insp Area: 1
Thos Bros: 297C5

Site Address: 1102 Q ST SAC
Parcel No: 006-0276-023

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

CONTRACTOR
THE WATKINS CO. INC
1102 Q ST
SACRAMENTO CA 95814

OWNER
KIDOSE, LLC
1102 Q ST
SACRAMENTO, CA 95814

ARCHITECT

Nature of Work: INTERIOR BUILDOUT OF 4 OFFICES

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.

X License Class B License Number 495151 Date 11-21-05 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 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 am exempt under Sec. _____ B & PC for this reason: _____
Date _____ Owner Signature _____

PAID
CITY OF SACRAMENTO
NOV 21 2005

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.

X Date 11-21-05 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 NO EMPLOYEE Policy Number _____ Exp Date _____

X (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.

X Date 11-21-05 Applicant 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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
PERMIT SERVICES SECTION
 1231 I Street, Suite 200
 Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7046

ACTIVITY # <u>0518477</u>	Isnp. Area <u>1</u>
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Applicant MUST complete ALL Unshaded areas

ADDRESS 1102 Q ST, SACTO, CA. **Suite** 6th floor
PARCEL # _____

<p style="text-align: center;">CONTACT</p> <p>Name: <u>JIM DOBRINSKI</u> Street Address: <u>1102 Q ST, SU. 200</u> City/State/Zip: <u>SACTO, CA. 95814</u> Phone: <u>916 930-0300</u> FAX <u>916 930-0376</u> E-mail: <u>watkinsinc@aol.com</u></p> <p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name: <u>CYNTHIA EASTON ARCHITECT</u> Address: <u>4532 FREEPORT BLVD</u> City/State/Zip: <u>SACTO, CA 95822</u> Phone: <u>916 453-1505</u> FAX <u>916 453-0843</u> E-mail: <u>www.eastonarchitects.com</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>495151</u></p> <p>Name: <u>THE WATKINS COMPANY INC.</u> Address: <u>1102 Q ST, SU 200</u> City/State/Zip: <u>SACTO, CA. 95814</u> Phone: <u>916 930-0300</u> FAX <u>916 930-0376</u> E-mail: <u>watkinsinc@aol.com</u></p> <p style="text-align: center;">OWNER</p> <p>Name: <u>THE WATKINS COMPANY, INC</u> Address: <u>1102 Q ST, SU 200</u> City/State/Zip: <u>SACTO, CA. 95814</u> Phone: <u>916 930-0300</u> FAX <u>916 930-0376</u> E-mail: <u>watkinsinc@aol.com</u></p>
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Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** AAZIS
WORKER'S COMPENSATION POLICY # 0100001299-041 **EXPIRATION DATE:** 11-01-06

NATURE OF WORK IN DETAIL: INTERIOR COMMERCIAL BUILDOUT OF A OFFICE TENANT IMPROVEM

OCCUPANT/TENANT: STATE OF CALIF. DEPT. OF JUSTICE **VALUATION: \$** 32,000.00

LOAD STATUS										S.C.A.T.									
BLDG <input type="checkbox"/> SHELL <input type="checkbox"/> APT <input type="checkbox"/> TI () <input type="checkbox"/> REM () <input type="checkbox"/> SW <input type="checkbox"/> FIRE <input type="checkbox"/> ADD <input type="checkbox"/> OTHER <input type="checkbox"/>																			
INSPECTION DISCIPLINES		BLDG		MECH		PLUMB		ELEC		SITE		FIRE							
Stories	1 st flr Area	Total Area	Use Zone	Occp Group	Coast type	Fire Req. Y/N		Fed Code		Vio. File									
						SPR	ALARM					PW	UTIL						
<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>DAC</u>									

COMMENTS: DTC P/L check

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



Fire Safety Correction Notice

Page 1 of 1

File No: State Leased

Name: DOJ

Address: 1102 Q St. Sacramento

The California Health and Safety Code and the State Fire Marshal's regulations require the following fire safety deficiencies be corrected.

A final construction inspection was conducted at the above facility, 6th floor, addition of 4 offices. The work involving 1-hour corridors.

Project is complete. Occupancy is granted. No further fire and life safety inspections required.

The above deficiencies are to be corrected within 11 days. When ALL deficiencies have been corrected, sign and return the certification on the opposite side of this form. If you have any questions, contact the Office of the State Fire Marshal at (916) 227-7457.

ISSUED BY (Deputy State Fire Marshal)
Ellen M. Shelton

RECEIVED BY
Hector Conner

DATE
13 Jan 2016