

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0110861

Insp Area: 1
Thos Bros: 298C5

Site Address: 500 UNIVERSITY AV SAC
Parcel No: 295-0040-040 FIRST FLOOR

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

CONTRACTOR
O&A CONSTRUCTION
9120 THORTON RD
STOCKTON CA. 95209

OWNER
SACRAMENTO HART CENTER
500 UNIVERSITY AV
SAC CA.

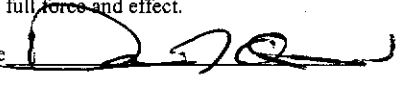
ARCHITECT

Nature of Work: REMODEL EXISTING RADIOLOGY ROOM AND ASSOCIATED CONTROL ROOM

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 762018 Date 9-05-01 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 abovementioned property for inspection purposes.

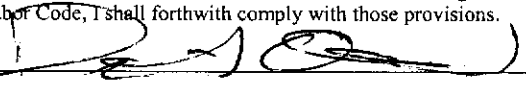
Date 9-05-01 Applicant/Agent Signature 

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 _____ 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 9-5-01 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
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # <u>0110861</u>	Map Area <u>C</u>
---------------------------	-------------------

ADDRESS 500 UNIVERSITY AVE,
 PARCEL # 295.0040.040
 Applicant **MUST** complete ALL Unshaded areas
1ST FLOOR Suite _____

CONTACT Name <u>PHIL</u> Street Address <u>SAME AS ARCH.</u> City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		LICENSED CONTRACTOR Lic No. # _____ Name <u>(TBD)</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
ARCHITECT/ENGINEER Name <u>BAHR Architects, (Phil Bahr)</u> Address <u>1119 Pine St., Ste. A</u> City/State/Zip <u>Menlo Park, CA 94025</u> Phone <u>(650) 566-1979</u> FAX <u>(650) 330-0620</u> E-mail: <u>BahrArchitects@aol.com</u>		SAC. HOMEOWNER Name <u>Karen Gorgen</u> Address <u>500 UNIVERSITY AVENUE</u> City/State/Zip <u>SACRAMENTO, CA</u> Phone <u>916.830.2000</u> FAX <u>916.830.2128</u> E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKERS COMPENSATION POLICY / _____ EXPIRATION DATE _____

NATURE OF WORK IN DETAIL: Remodel existing radiology room and associated control room to accommodate like equipment to be installed as depicted on drawings

OCCUPANT/TENANT: SHVMA VALUATION: \$ 25,000.00

FLOOD STATUS:		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM (X)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>			
Stories	In Rm Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File		
<u>2</u>		<u>512</u>		<u>B</u>	<u>VN</u>	<u>SPR X</u> <u>ALARM</u>		<u>[H]</u> <u>[Quad]</u>		
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>PW</u>	<u>UTIL</u>	

COMMENTS: _____

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

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 0110861
 ADDRESS: 500 UNIV
 Commercial Residential

ACCEPTED by (Staff): (CH)

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
<u>LIFE SAFETY</u>	3	JT	8/24/01	13	JT	8/29/01			
<u>STRUCTURAL</u>	3	JT	"	13	JT	"			
<u>MECHANICAL/PLUMBING</u>	13/13	KAW	8-24-01						
<u>ELECTRICAL</u>	13	JM	8/24/01						
<u>FIRE</u>	13	BSF	8/27/01						
<u>PLANNING</u>									

STAFF COMMENTS:

REQUEST FOR PLANNING STAFF REVIEW

..... to be filled out by Building staff

CUSTOMER NAME: Phillip H. Bahr

PROJECT ADDRESS: 500 UNIVERSITY AVE, SACRAMENTO

PROJECT DESCRIPTION: Remodel existing radiology room and associated control room to accomodate like equipment to be installed as depicted on plans.

DOES THE PROJECT INCLUDE ANY OF THE FOLLOWING TYPES OF WORK ?

New Buildings OR Exterior Work to Existing Buildings	YES	<u>NO</u>
Site Work (changes to Parking, outdoor Equipment, etc)	YES	<u>NO</u>
Change in Use OR Expansion of Existing Use	YES	<u>NO</u>

If customer answers "YES" to any of the above questions, application requires Planning review. Planning staff to fill out reverse side of this form.

If customer answers "NO" to ALL of the above questions, do not send application to Planning.

Confirmed by Building staff: _____ DATE: 8/23/01 BY: AR

If, in reviewing the project plans for Building Permit application, there are any issues identified by Building staff that appear to require Planning staff review, please indicate those issues below and send the customer to Planning.

BUILDING STAFF COMMENTS: _____

_____ DATE: _____ BY: _____

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

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

DATE: 9-24-01

A final inspection of the newly installed fire system at:

500 UNIVERSITY AVE

Has been conducted by Inspector

F. JOHNSON

On

9-21-01

01-10861-199
Permit Number

Square Footage

Remodel w/ sprinklers
Type of Inspection

They system is acceptable by this department.

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

TI-A 124
F.D. Reference Number

La