

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 # 0014353	Insp. Area 1C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1303 - J STREET Suite 200
 PARCEL # 006-0054-024

<p style="text-align: center;">CONTACT</p> Name <u>Laura Constantine</u> Street Address <u>2420 K STREET Suite 220</u> City/State/Zip <u>SACRAMENTO / CA / 95816</u> Phone <u>916-447-0654</u> FAX <u>916-447-0656</u> E-mail: <u>LCON@MAC-ARCH.COM</u>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>790999</u></p> Name <u>HMH</u> Address <u>8589 Thys Court</u> City/State/Zip <u>Sacramento, CA 95828</u> Phone <u>916-383-4825</u> FAX <u>916-383-6014</u> E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>MACHULAE + ARCHITECTS</u> Address <u>2420 K STREET, Suite 220</u> City/State/Zip <u>SACRAMENTO, CA 95816</u> Phone <u>916-447-0654</u> FAX <u>916-447-0656</u> E-mail: <u>US@MAC-ARCH.COM</u>	<p style="text-align: center;">OWNER</p> Name <u>1303 J STREET, LLC, % Jones Lang LaSalle</u> Address <u>1121 L Street, Suite 105</u> City/State/Zip <u>Sacramento, CA 95814</u> Phone <u>916-446-2594</u> FAX <u>916-446-3767</u> E-mail: _____

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

NATURE OF WORK IN DETAIL: ADDING TWO OFFICES AND ENLARGING ANOTHER; RELOCATE HVAC DUCT AND ELECTRICAL OUTLETS AND LIGHTING

OCCUPANT/TENANT: AMERICAN INSTITUTE OF ARCHITECTS CAL CIRCUIT VALUATION: \$ 15,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<u>BLDG</u>	<u>MECH</u>	PLUMB	<u>ELEC</u>	SITE	<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>1600 #</u>		<u>B</u>	<u>II-FR</u>	SPR	ALARM	<u>15</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>REP</u>	<u>PW</u>	<u>UTIL</u>
		<u>1305 N A Ave</u>		<u>Thys T.L.M. 1300 13</u>						

COMMENTS: Provide the branch circuit that serves each office, T.L.M.

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

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: AIM OFFICE Phone: _____
 Site Address: 323 J STREET Suite: _____
 Business Owner/Representative: CAROL REED (Street) (Zip) Phone: 323-415-2323
 Nature of Business: AIM OFFICE
 Property Owner: JONES LANE LESSEE Phone: _____
 Address: JONES LANE Suite: _____
 _____ (City) _____ (State) _____ (Zip)

2 Are you developing an undetermined tenant space? Yes ___ No ✓ 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 ✓

4 Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No ✓

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: CAROL REED
 _____ (Print)
 _____ (Signature) _____ (Date)

BID Use Only: Plan Ck# _____	Permit # <u>0019353</u>
OK to issue prmt? (Y) <u>6/22/13/00</u> F.D. Appr Req'd? Yes (No)	init date
Hold on Certificate of Occupancy? Yes (No)	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	