

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0014353**  
**Insp Area: 1**

**Site Address: 1303 J ST SAC**  
Parcel No: 006-0054-024 # 200

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

CONTRACTOR  
HMH BUILDERS INC  
8589 THYS CT  
SAC 95828

OWNER  
JONES LONG LESALLE  
1121 L ST  
SAC CA 95828

ARCHITECT  
MACAULEY ARCHITECTS

**Nature of Work: ADD TWO OFFICES TO EXISTING 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 MORRIS 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 750399 Date \_\_\_\_\_ Contractor Signature Paul Reed

**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 above mentioned property for inspection purposes.

Date 8/1/03 Applicant/Agent Signature Paul Reed

**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 INS CO OF TH STATE OF PA Policy Number 7083206/07 Exp Date 08/01/2003

(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 8/1/03 Applicant Signature Paul Reed

**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 # <b>0014353</b>	Insp. Area <b>1C</b>
------------------------------	-------------------------

Applicant **MUST** complete ALL Unshaded areas

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

<p style="text-align: center;"><b>CONTACT</b></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>LCOM@MAC-ARCH.COM</u>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> 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;"><b>ARCHITECT/ENGINEER</b></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;"><b>OWNER</b></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 Council 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 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 _____	