

CITY OF SACRAMENTO

Permit No: 9811002

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 2225 19TH ST SAC

Sub-Type: ACOM

Parcel No: 0100155028

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

19TH & W STREET PARTNERS
2225 19TH ST
SACRAMENTO CA 95818

**Nature of Work: INTERIOR REMODEL, SEIZMIC UPGRADE RESRIPE PARKING , COMPLETE
NEW ROOF W/ 25YR DIM COMP PER DES REV.**

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 2/5/99 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 2/5/99 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 2/5/99 Applicant Signature _____ David Hillen

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 [REDACTED] BUILDING PERMIT

9811002

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

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

PLAN CHECK # _____ Insp. Area 1

Applicant **MUST** complete ALL Unshaded areas this page only

ADDRESS 2225 19th STREET SACRAMENTO CA Suite _____

PARCEL # APNS 009-0141-005-TR-008 010-0155-027

| | |
|---|---|
| <p style="text-align: center;">CONTACT</p> <p>Name <u>DAVID HILLER</u></p> <p>Address <u>11344 COLOMA ROAD STE 315</u> <u>GOLD RIVER, CA</u> Zip <u>95670</u></p> <p>Phone <u>635-7886</u> FAX <u>635-7579</u></p> | <p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name <u>OWNER BUILDER</u></p> <p>Address _____ Zip _____</p> <p>Phone _____ FAX _____</p> |
| <p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>DESIGN TEL</u></p> <p>Address <u>814 29th STREET</u> <u>SACRAMENTO CA</u> Zip <u>95816</u></p> <p>Phone <u>444-3055</u> FAX _____</p> | <p style="text-align: center;">OWNER [REDACTED]</p> <p>Name <u>19th & W STREET PARTNERS</u></p> <p>Address <u>11344 COLOMA RD</u> <u>GOLD RIVER CA</u> Zip <u>95670</u></p> <p>Phone <u>635-7886</u> FAX <u>635-7579</u></p> |

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

→ If yes, WORKER'S COMPENSATION POLICY # N/A EXPIRATION DATE: _____

NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: TENANT IMPROVEMENT REMODEL TO EXISTING BUILDING, NEW ROOF COMPLETE, REMOVE 10% OF EXISTING WALLS AND CREATE OPEN SPACE. INSTALL NEW CABLE FOR TELEPHONE & COMPUTER SYSTEM. PERFORM VOLUNTARY SEISMIC UPGRADE IMPROVEMENTS FOR STATE TENANT.

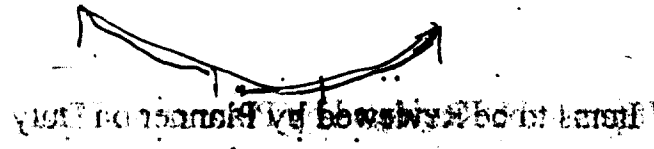
DBA: _____ VALUATION: \$ 104,500.00

| | | | | | | | | |
|-------------------|--------------|--|--|---|--|---|-----------|-----------|
| FLOOD STATUS: | | S.C.A.T. | | | | | | |
| JOB DESCRIPTION | BLDG | SHEL | APT | REM() | SW | FIRE | ADD | OTH |
| INSP. DISCIPLINES | | <input checked="" type="checkbox"/> BLDG | <input checked="" type="checkbox"/> MECH | <input checked="" type="checkbox"/> PLUMB | <input checked="" type="checkbox"/> ELEC | SITE | FIRE | |
| # Stories | 1st flr Area | Total Area | Use Zone | Occp Group | Const type | Fire Req. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Fed Code | Vio. File |
| <u>B</u> | <u>L</u> | <u>P</u> | <u>M</u> | <u>B</u> | <u>III N</u> | Spr <input checked="" type="checkbox"/> Alarm <input checked="" type="checkbox"/> | <u>15</u> | <u>NO</u> |
| <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>R</u> |

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

651-095-888 #



City of Sacramento Development Services Division Planning and Zoning Information Request

Project Address: 2225 19th St.

Assessor's Parcel Number: 010-055-027 signed C-4

Current Land Use: Office Bldg *old City Des Rev*

Description of Request/Proposed Use: _____

RENOV

Zoning Designation: _____

Prior Applications for Project Site(P#,Z#,DRPB#): Design Review

Comments: Requires a minimum of 25 year laminated dimensional roofing. No other exterior work app'd by Des Rev.

Luis Sanchez

Are There Any Planning Issues?: (Circle One) YES NO

Site Plan Check Required? (Circle One) YES NO

Design Review/ Preservation Required?: (Circle One) **YES** NO

Planning Review by/Date: LUIS SANCHEZ 2/5/99

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

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) YES

2. I (have/have not) _____ 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:

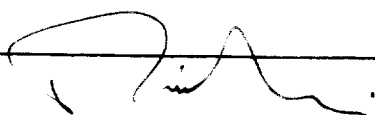
Name BEXON CONSTRUCTION Address _____
City MARSHVILLE Telephone 705-4443
Contractors License No. B-709540

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 DAVID HILLEN Address 11344 COCONA DR STE 315
City SACRAMENTO CA Telephone 635-7886
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  DAVID HILLEN

Job Address 2225 19th STREET Date 2/5/99

Permit No.: 11002

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 9-21-99

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

2225 19th St.

has been conducted by Inspector PACK

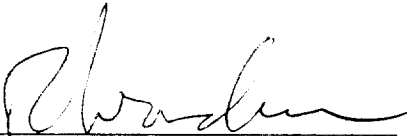
on 9-20-99

98-11002
Permit Number

400
Square Footage

REMODEL
Type of Inspection

The system is acceptable by this department.


By: Ross L. Woodman,
Fire Prevention Officer II

TI-259
F. D. Reference Number