

**CITY OF SACRAMENTO**

**1231 I Street, Sacramento, CA 95814**

**Permit No: 0011919**

**Insp Area: 2**

**Site Address: 1100 CORPORATE WY SAC**

**Sub-Type: NUNDRGD**

**Parcel No: 031-0054-010**

**Housing (Y/N): N**

**CONTRACTOR**

**OWNER**

**ARCHITECT**

4202 DOUGLAS BL SUITE #100

SECURED STORAGE II, LLC

GRANIT BAY, CA 95746

2150 PROFESSIONAL DR #176

SACRAMENTO CA 95828

**Nature of Work: SOME SITE IMPROVMTS,(NO ELECT OR LANDSCAPE UNDERGROUND UTILITIES WATER/SEWER/STORM DRAIN, FIRE, AND PAVING)**

**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 7 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class **B** License Number **474039** Date **5-31-01** 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 3 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 or 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 **5-31-01** 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 for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which this 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 CALIFORNIA INDEMNITY INSURANCE COMPANY Policy Number NS069050B Exp Date 02/01/2002

(This section need not be completed if the permit is issued in the performance of the work for which this permit is issued.) I shall not employ any person in any manner subject to the workers' compensation provisions of the Labor Code if I should become subject to the workers' compensation provisions of the Labor Code.

Date **5-31-01** Applicant Signature \_\_\_\_\_

**WARNING**: FAILURE TO SECURE WORKERS 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.**

Date of Request: \_\_\_\_\_

By: \_\_\_\_\_

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST**

X Project Address: COOPERATIVE WAY

Assessor's Parcel Number: 031-0620-028

038-0054-008,009,000

Previous Use: \_\_\_\_\_

X Description of Request/Proposed Use: SELF-STORAGE

Is This a Change of Use? \_\_\_\_\_

Zoning Designation: OBPUD/GA3

Prior Applications for Project Site(P#, Z#, DRPB#): P99-068

Comments: \_\_\_\_\_

*check conditions  
if conditions  
OK then  
planning OK*

Are There Any Planning Issues?: (circle one) YES NO

- \* Staff Site Plan Check Required? (Circle one) YES NO
- \* Field Inspection Required? (Circle one) YES NO
- \* Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: [Signature] 10-5-00

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

MICROFILM AFTER FINAL

**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 # 0011919 Insp. Area 2

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1100 COLLEGE WAY Suite \_\_\_\_\_  
 PARCEL # ~~031-0620-028~~ 031-0054-010, 008, 009

<p align="center"><b>CONTACT</b></p> Name <u>GENE STACEY</u> Street Address <u>1650 SILICA AVE</u> City/State/Zip <u>SACTO. CA 95815</u> Phone <u>649-0177</u> FAX <u>649-2605</u> E-mail: <u>390-7907</u>	<p align="center"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p align="center"><b>ARCHITECT/ENGINEER</b></p> Name <u>ALLIED LANGDON ENGINEERING</u> Address <u>1650 SILICA AVE</u> City/State/Zip <u>SACTO. CA 95815</u> Phone <u>649-0177</u> FAX <u>649-2605</u> E-mail: _____	<p align="center"><b>OWNER</b></p> Name <u>SECURED STORAGE II, LLC</u> Address <u>2150 PROFESSIONAL DR. #110</u> City/State/Zip <u>ROSEVILLE, CA 95611</u> Phone <u>781-2008</u> FAX <u>781-3854</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: GRADING AND SITE IMPROVEMENTS FOR A FUTURE SELF STORAGE FACILITY. IMPROVEMENTS INCLUDE WATER, SEWER, FIRE, AND PAVING. NO LANDSCAPING LIGHTING OR ELECTRICAL

OCCUPANT/TENANT: POCKET SELF STORAGE VALUATION: \$ 324,100.00

FLOOD STATUS: <u>X99</u>		S.C.A.T. <u>X1, X1.27, 101, 200, 301, 701</u>						
JOB DESCRIPTION	BLDG	SHELL	APT	TIC	REM( )	SW	FIRE	ADD
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> N	Fed Code	Vio. File
						SPR	ALARM	[H] [Quad]
B	L	P	M	E	F	S	D	PW UTIL

COMMENTS: By Fire Department on 11/19/03

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