

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0513241

Insp Area: 1

Thos Bros: 297D4

Site Address: 926 J ST SAC

Parcel No: 006-0101-012

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR
MARKET ONE BUILDERS INC
1419 N MARKET BL #1
SACRAMENTO CA 95834

OWNER
RUBICON PARTNERS INC
3300 DOUGLAS BLVD STE 369
ROSEVILLE CA 95661

ARCHITECT

Nature of Work: SHELL AND CORE BUILDING IMPROVEMENTS (TI)

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 737694 _____ 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 _____ Owner Signature _____

IN ISSUING THIS BUILDING PERMIT, the applicant represents, ^{NOV 13 2005} 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. ~~NEW CITY HALL~~ building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to local 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 _____ 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 STATE FUND Policy Number 692280204 Exp Date 10/01/2006

_____, (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 _____ 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
PLANNING & BUILDING DEPARTMENT
 PERMIT SERVICES SECTION
 1231 I Street, Suite 200
 Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7046

ACTIVITY # 0513241	Isnp. Area 1
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Applicant MUST complete ALL Unshaded areas

ADDRESS 926 J STREET SACRAMENTO, CA, Suite _____
PARCEL # 006-0101-012

CONTACT		LICENSED CONTRACTOR Lic No. # <u>737694</u>	
Name <u>MARKET ONE BUILDERS, INC.</u>		Name <u>MARKET ONE BUILDERS, INC.</u>	
Street Address <u>1419 N. MARKET BLD. STE #1</u>		Address <u>1419 N. MARKET BLD. STE #1</u>	
City/State/Zip <u>SACRAMENTO, CA. 95834</u>		City/State/Zip <u>SACRAMENTO, CA. 95834</u>	
Phone <u>916-928-7474</u> FAX <u>916-928-7475</u>		Phone <u>916-928-7474</u> FAX <u>916-928-7475</u>	
E-mail: <u>MBROWNE@M1B.COM</u>		E-mail: <u>MBROWNE@M1B.COM</u>	
ARCHITECT/ENGINEER		OWNER	
Name <u>VITAE ARCHITECTURE PLANNING INTERIORS</u>		Name <u>RUBICON PARTNERS, INC.</u>	
Address <u>640 2ND STREET, 2ND FLOOR</u>		Address <u>3300 DOUGLAS BLD. STE. 369</u>	
City/State/Zip <u>SAN FRANCISCO, CA. 94107</u>		City/State/Zip <u>ROSELILLE, CA. 95061</u>	
Phone <u>415-356-6400</u> FAX <u>415-356-6401</u>		Phone <u>916-787-5623</u> FAX <u>916-787-5617</u>	
E-mail: <u>BKOOONE@VITAEARCHITECTURE.COM</u>		E-mail: <u>USEPULVADO@RUBICONPARTNERS.INC</u>	

→ Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** TRAVELERS INSURANCE
 → **WORKER'S COMPENSATION POLICY #** 692205204 **EXPIRATION DATE:** 10/01/05

NATURE OF WORK IN DETAIL: SHELL & CORE BUILDING IMPROVEMENTS.

OCCUPANT/TENANT: _____ **VALUATION:** \$ 4,000,000

FLOOD STATUS				S.C.A.T.								
JOB DESCRIPTION				BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TI <input checked="" type="checkbox"/>	REM <input type="checkbox"/>	SW <input type="checkbox"/>	FIRE <input type="checkbox"/>	ADD <input type="checkbox"/>	OTHER <input type="checkbox"/>
INSPECTION DISCIPLINES				BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1 st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File			
						SPR	ALARM					
<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>(PW)</u>	<u>(UTIL)</u>		

COMMENTS:

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

ACORD[®] CERTIFICATE OF LIABILITY INSURANCE

OP ID #4
MARKE-3

DATE (MM/DD/YYYY)
08/18/05

PRODUCER
Jenkins Athens Ins Sacramento
License No. 0545478
P. O. Box 13847
Sacramento CA 95853
Phone: 916-925-2525 Fax: 916-925-3595

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

MarketOne Builders Inc.
1419 N. Market Blvd. Suite 1
Sacramento CA 95834

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Travelers Insurance	
INSURER B: Westchester Surplus Lines	
INSURER C: State Compensation Ins Fund	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	DTECO7918A962TIL04	09/01/04	09/01/05	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000				
					MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO	DT8107918A962TIL04	09/01/04	09/01/05	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
B	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	COW781364	09/01/04	09/01/05	EACH OCCURRENCE \$ \$5,000,000
	DEDUCTIBLE				AGGREGATE \$ \$5,000,000
	RETENTION \$				\$
					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	692280204	10/01/04	10/01/05	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
					E.L. EACH ACCIDENT \$ 1000000
					E.L. DISEASE - EA EMPLOYEE \$ 1000000
	OTHER				E.L. DISEASE - POLICY LIMIT \$ 1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

RE: Evidence of Coverage. 10 day notice of cancellation will apply if cancelled for non-payment of premium.

CERTIFICATE HOLDER

Evidence of Coverage
Insureds use only

CANCELLATION

EVIDE-1

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

[Signature]