

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0601061

Insp Area: 1

Thos Bros: 297F3

Site Address: 2401 C ST SAC

Parcel No: 003-0091-018

PAID CITY OF SACRAMENTO

JAN 26 2006

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR OWNER BUILDER

OWNER NEWBORNICA / DEAN AND DEVELOPMENT SERVICES SUITE 100 95814

ARCHITECT

Nature of Work: 1646 SF INTERIOR REMODEL FOR "MONIZ ARCHITECTURE" - ADD ADA BATHROOM; REMOVE 4 WALLS TO OPEN UP SPACE

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 0 _____ 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 1/26/06 Owner Signature *Ellieca Moniz*

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 1/26/06 Applicant/Agent Signature *Ellieca Moniz*

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 1/26/06 Applicant Signature *Ellieca Moniz*

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.



CITY OF SACRAMENTO

www.cityofsacramento.org
Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-7622

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

OWNER BUILDER VERIFICATION

1. Check one below – I or my immediate family (parent, spouse, or child) will perform:

- A - all the work authorized by this permit.
- B - a portion of the work.
- C - none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do:

- all of the authorized work.
- a portion of the authorized work.

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

Name _____ Phone _____

Address _____

Type of Work _____

3. I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner Alicia Moniz | Alicia Moniz
(Printed name) (Signature)

Date 1/26/06 Case No. _____ Permit No. 0601061

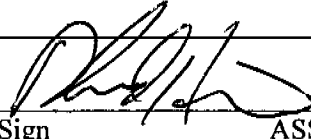
Job Address 2401 C ST.

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 808-5716

Building Address: 2401 C STREET Permit No.: 0601061
Building Use: OFFICE SPACE Occupancy: B
Building Owner: MONIZ ALICIA/DEAN Construction Type: VN
Owner Address: SACRAMENTO, CA Sprinkled? Yes No
Portion of Building Occupied: ENTIRE Area: 1,646 Sq. Ft.
6/27/2006 RICHARD HEINS  CARL HEFNER
Date By: (Print) Sign ASSISTANT BUILDING OFFICIAL

[Finaled By: HILL, WZG, MJB, JPZ]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE

POST THIS CARD IN A CONSPICUOUS PLACE!

SACRAMENTO CITY FIRE DEPARTMENT
2101 ARENA BLVD., STE 200
SACRAMENTO, CA 95834

INSPECTION SERVICES
24 HOUR INSPECTIONS REQUEST LINE CALL (916) 808-1643
MINIMUM OF 48 HOURS NOTICE REQUIRED FOR INSPECTIONS / APPOINTMENTS

PERMIT# 0601061 CHECKED BY MES DATE 1/26/06
SCOPE OF WORK INT. RMDL.
ADDRESS 2401 C ST.
JOB NAME _____
CONTRACTOR DWNER PHONE 916/442-4032

- NOTE:
- 1) Do not cover walls or ceiling or bury piping until the following items are signed off.
 - 2) An all weather (paved) emergency access roadway and operating fire hydrants shall be provided prior to any combustible storage or construction on site.

SITE		
INSPECTIONS	INITIALS	DATE
Underground Fire Mains/Visual (Class 200)	201	
Hydrostatic test of Fire Main (Class 200)	201	
Flushing of Fire Main (Class 200)	201	
Access/Fire Lane/Striping	701	
Gates/Fences/Knox	701	
Above ground tank	600	

FIRE & LIFE SAFETY		
INSPECTIONS	INITIALS	DATE
Fire Doors		
Smoke Venting		
High Piled Stock		
Flammable liquids		
Hazardous Materials		
Special Hazards		
Posted signs for occupant load		

EQUIPMENT		
INSPECTIONS	INITIALS	DATE
Fire Sprinkler System Piping/Visual	200	
Fire Sprinkler Hydrostatic Test	200	
Standpipes	200	
Fire Alarms	100	
Fire Sprinkler Monitoring System	101	
Fire Alarm Monitoring System	102	
Kitchen Hood & Duct System	311	
Special Extinguishing System	308	
Fire Extinguishers	194	
Fire Pumps	202	

SPECIAL REQUIREMENTS		

FINAL APPROVAL
Fire Department Approval [Signature] 1-22-06

NOTICE: Failure to comply with an order of the Fire Department may result in the issuance of a citation and/or discontinued use of the building or premises.

ORIGINAL CARD TO BE POSTED AT THE WORK SITE

KEEP THIS CARD FOR REFERENCE-THIS IS YOUR RECORD OF FIELD INSPECTIONS

There is a \$25.00 fee for replacement/lost cards

JOB CARD

B1-9 REV. 7/02
(10M)

INSPECTION REQ'D
PRIOR TO SIGNOFF

CALL 808-7622 FOR INSPECTIONS

DEVELOPMENT SERVICES
HOT LINE: 808-5656

FIELD OFFICE: 808-5716

NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL, PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR SIGNATURE IN PROPER PLACE.

INSPECTION	INSPECTOR	DATE
B10 FOUNDATION FORMS		
E62 MECH/UNDERGROUND		
B12 CONCRETE SLAB FORMS		
P40 PLUMB. UNDERFLOOR/SLAB	BB PA RA	2-28-06
M30 MECH/UNDERFLOOR/SLAB		
E61 ELECT. UNDERGROUND		
E62 ELECT. CONDUIT-SLAB		
B13 FLOOR JOISTS OR GIRDERS		
B13 DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B13 DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED		
B1415 INSULATION/WALL/FLOOR		
P41 TOP PLUMBING	4-18-06	4-18-06
M31 TOP MECHANICAL/WALL/CEIL.		
E63 ROUGH ELECTRICAL/WALL/CEIL.	4/18/06	4/18/06
B19 FRAME		
B17 ROOF PLYWOOD NAIL, COMM. & APTS.		
B18 EXTERIOR LATH/SIDING		
B22 DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B22 INT. LATH OR WALL BD. NAILING		
E68 DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
E68 SERVICE UNDERGRD CONDUIT		
P43 SEWER SERVICE		
P42 WATER SERVICE		
P46 SPRINKLER SYSTEM		
P42MS GAS TEST		
P48 TEMP GAS	ISSUED	EXPIRES
E67 TEMP. POWER #		
SWIMMING POOLS ONLY		
P47 GAS TEST		
P51 PLUMBING PRE-GUNITE		
P52 PLUMBING PRE-DECK		
E70 ELECTRICAL PRE-GUNITE		
E71 ELECTRICAL PRE-DECK		
E72 ELECTRICAL UNDERGRD		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
ENERGY COMPLIANCE CERTIFICATE TO BE ON FILE PRIOR TO FINAL APPROVAL.		
DATE: _____ SIGNED: _____		
FINAL APPROVALS		
B29 BUILDING	FINAL INSP. NO. 6-22-06	
E79 ELECTRICAL		
P59 PLUMBING		
M39 MECHANICAL		
F94 FIRE	6-22-06	
G05 SITE		

ONCE THE PERMIT IS ISSUED YOU MUST CALL FOR AT LEAST ONE INSPECTION EVERY SIX MONTHS TO KEEP YOUR PERMIT ACTIVE.

Address: **2401 C ST SAC**
Permit #: **0601061**
Area: 1
Thomas Bros: 297F3

Location: 003-0091-018
APN: 003-0091-018
DBA: MONIZ ARCHITECTURE
INSPECTIONS: 916-808-7622
FIELD SERVICES: 916-808-5716

Owner: MONIZ ALICIA / DEAN
1033 S ST.
SUITE 100
SACRAMENTO, CA 95814
916/442-4032
Sg Ft: 0
Occupancy: BLD COM
Const Type: REM
Sub-Type: REM
Valuation: \$10,000.00

Contractor: OWNER BUILDER
CITY OF SACRAMENTO
PAID
FEB 07 2006
NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

JOB DESCRIPTION: 1646 SF INTERIOR REMODEL FOR "MONIZ ARCHITECTURE" - ADD ADA BATHROOM; REMOVE 4 WALLS TO OPEN UP SPACE
02/07/06: OTC REVISION TO RELOCATE ADA BATHRM, REMOVE PARTIAL (S) WALL AT OPEN OFFICE AREA

BLDG Y MECH Y PLBG Y ELEC Y SITE N FIRE Y COMBO N PW

I have and will maintain a certificate or 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.

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Carrier: _____
Policy Number: _____

(This section need not be completed if the permit is for one hundred dollars (\$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 WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTY AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS

PERMIT FEE	\$	
PLAN CHECK/PROG. FEE	\$	
S.M.I. FEE	\$	
CONST. EXCISE TAX	\$	
CITY BUS LICENSE	\$	
TECH. FEE	\$	
WATER DEV. FEE	\$	
CITY SEWER DEV. FEE	\$	
REG. SEWER FEE	\$	
RESIDENTIAL CONST. TAX	\$	
PERMIT NO.		06