

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

Permit No: 0100106

Insp Area: 1

Site Address: 980 9TH ST SAC

Parcel No: 006-0036-031

SUITE 350

Sub-Type: REM

Housing (Y/N): N

**CONTRACTOR**

RUDOLPH AND SLETTEN INC  
1750 CREEKSIDE OAKS DR STE150  
SAC CA 95833

**OWNER**

LPT ASSOCIATES  
100 PINE ST STE 3200  
SAN FRANCISCO CA 94111

**ARCHITECT**

Nature of Work: INTERIOR OFFICE REMODEL

**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 B License Number 198069 Date 1/3/01 Contractor Signature Alex Strick

**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 does such work through 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 abovementioned property for inspection purposes.

Date 1/3/01 Applicant/Agent Signature Alex Strick

**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 AMERICAN GUARANTEE & LIABILITY Policy Number WC 3495307 - 00 Exp Date 06/30/2001

(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 1/3/01 Applicant Signature Alex Strick

**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 #	Insp. Area
0100106	1

Applicant **MUST** complete ALL Unshaded areas

<sup>350</sup> Suite 3rd floor

ADDRESS 980 NINTH ST

PARCEL # 006-0036-031

<p align="center"><b>CONTACT</b></p> Name <u>ALEX STRICKER</u> Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		<p align="center"><b>LICENSED CONTRACTOR</b> Lic No. # <u>198069</u></p> Name <u>RUDOLPH &amp; SLETTEN</u> Address <u>1750 CREEKSIDE OAKS # 150</u> City/State/Zip <u>SACRAMENTO, CA 95833</u> Phone <u>568-5000</u> FAX <u>568 5500</u> E-mail: _____	
<p align="center"><b>ARCHITECT/ENGINEER</b></p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		<p align="center"><b>OWNER</b></p> Name <u>US BANK</u> Address <u>980 NINTH ST.</u> City/State/Zip <u>SACRAMENTO, CA 95814</u> Phone _____ FAX _____ E-mail: _____	

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: \_\_\_\_\_  
 → WORKER'S COMPENSATION POLICY # 3495307-00 EXPIRATION DATE: 6/30/01

NATURE OF WORK IN DETAIL: INTERIOR REMODEL - REMOVE A FEW WALLS, RELOCATE 2 SPRINKLER HEADS

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 17,500

FLOOD STATUS:			S.C.A.T.							
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( <input checked="" type="checkbox"/> )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG		MECH	PLUMB	<input checked="" type="checkbox"/> ELEC		SITE	<input checked="" type="checkbox"/> FIRE	
# Stories	1st flrArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
		<u>2,395</u> <u>1700</u>		<u>B</u>		SPR	ALARM	<u>15</u>	[H]	[Quad]
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F		S	<input checked="" type="checkbox"/> D	PW	UTIL
<u>NONE</u>	<u>12% N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>KW</u>	<u>T.I.M.</u>			<u>SMB</u>		

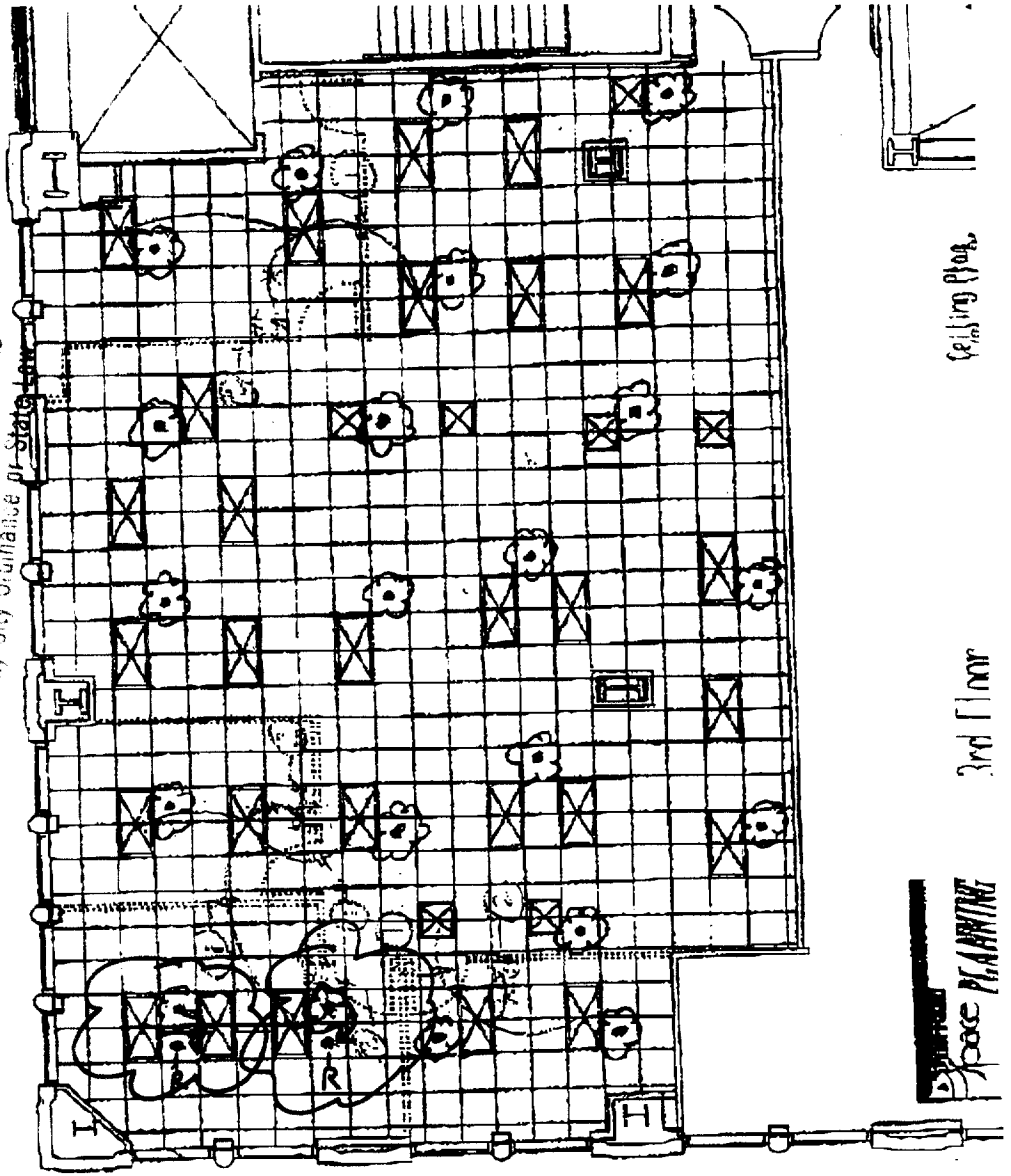
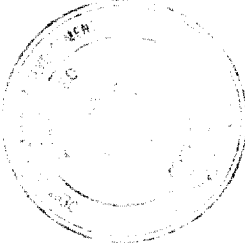
COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations to the plans without written permission from the City Engineer.

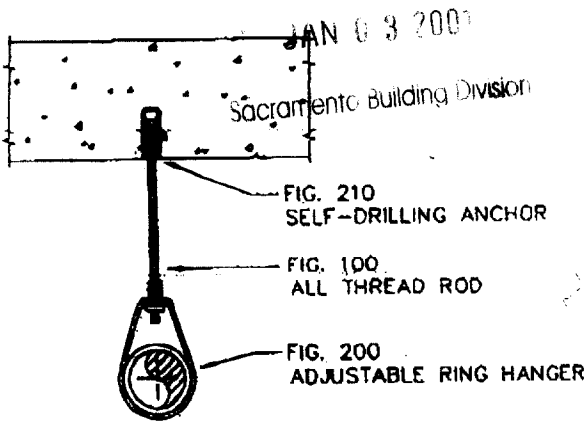
Approval of this plan and specification shall not be held to permit or approve the violation of any City Ordinance or State Law.



**ISSUED**

☁ = LOCATION OF EXISTING SPRINKLER HEADS TO REMAIN

R • = Relocated sprinkler head



THIS DRAWING IS PREPARED BY FOOTHILL FIRE PROTECTION INC.  
 FOR ITS EXCLUSIVE USE AND IS GUARANTEED ONLY IF  
 FOOTHILL FIRE PROTECTION IS THE INSTALLING CONTRACTOR

Ph. 916-663-3582

C-16 783132

APPROVED  
*34 Foster 1-3-01*  
 Sacramento Fire Department  
 PENDING FIELD INSPECTION

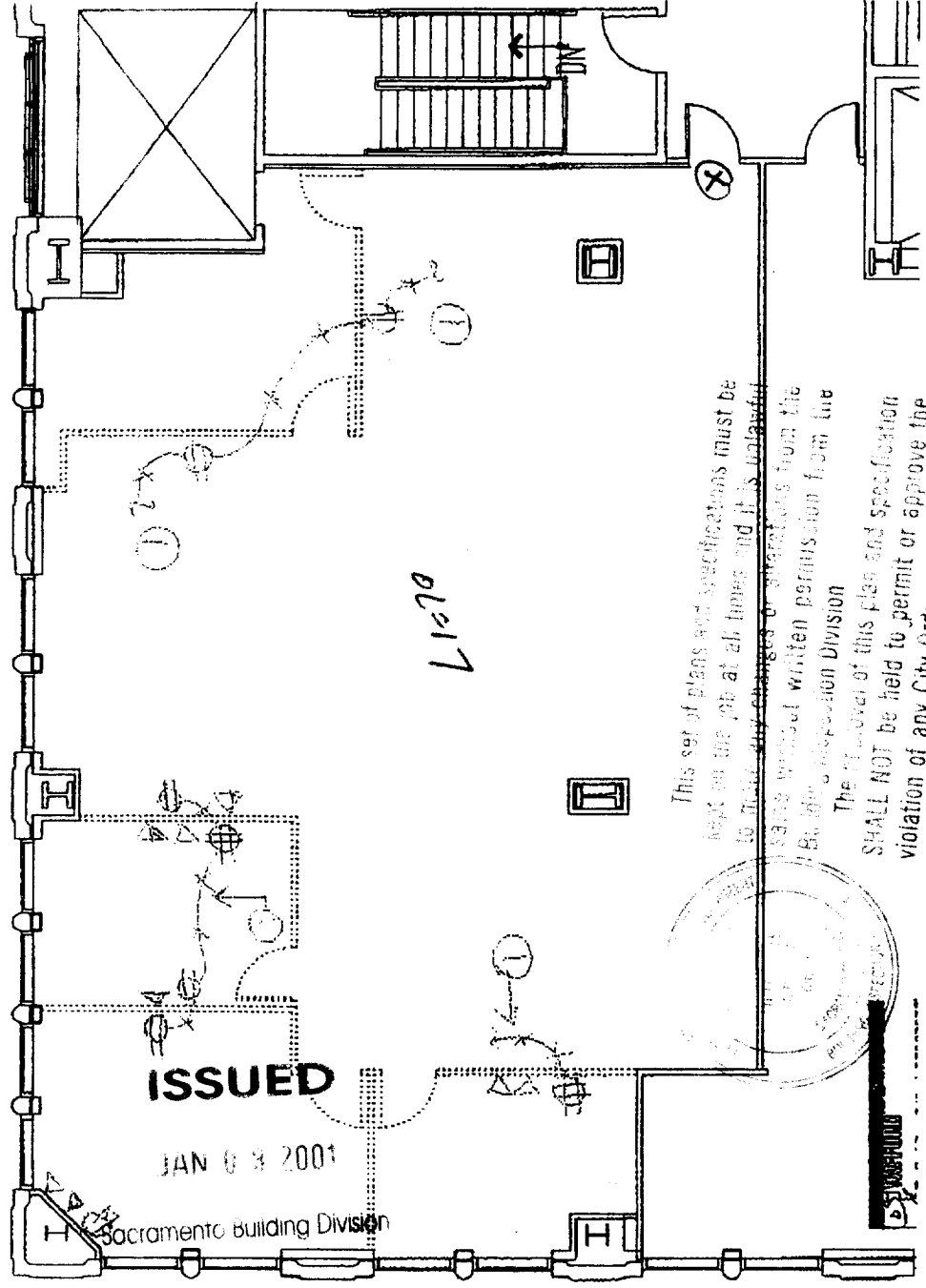
SEE NOTES

- ① REMOVE EXISTING DEVICES LOCATED ON WALLS TO BE REWIR'D. PROVIDE WIRING BOX AS REQUIRED TO INTERCEPT CIRCUIT AND MAINTAIN CONTINUITY. DO NOT INTERRUPT SERVICE TO OCCUPANTS TO REMAIN.

*Elect. 1-~~Remove~~ Remove outlets*

APPROVED: 1996  
 NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION  
 SACRAMENTO DIVISION  
 T.L.M. 01.03.01  
 ELECTRICAL DIVISION

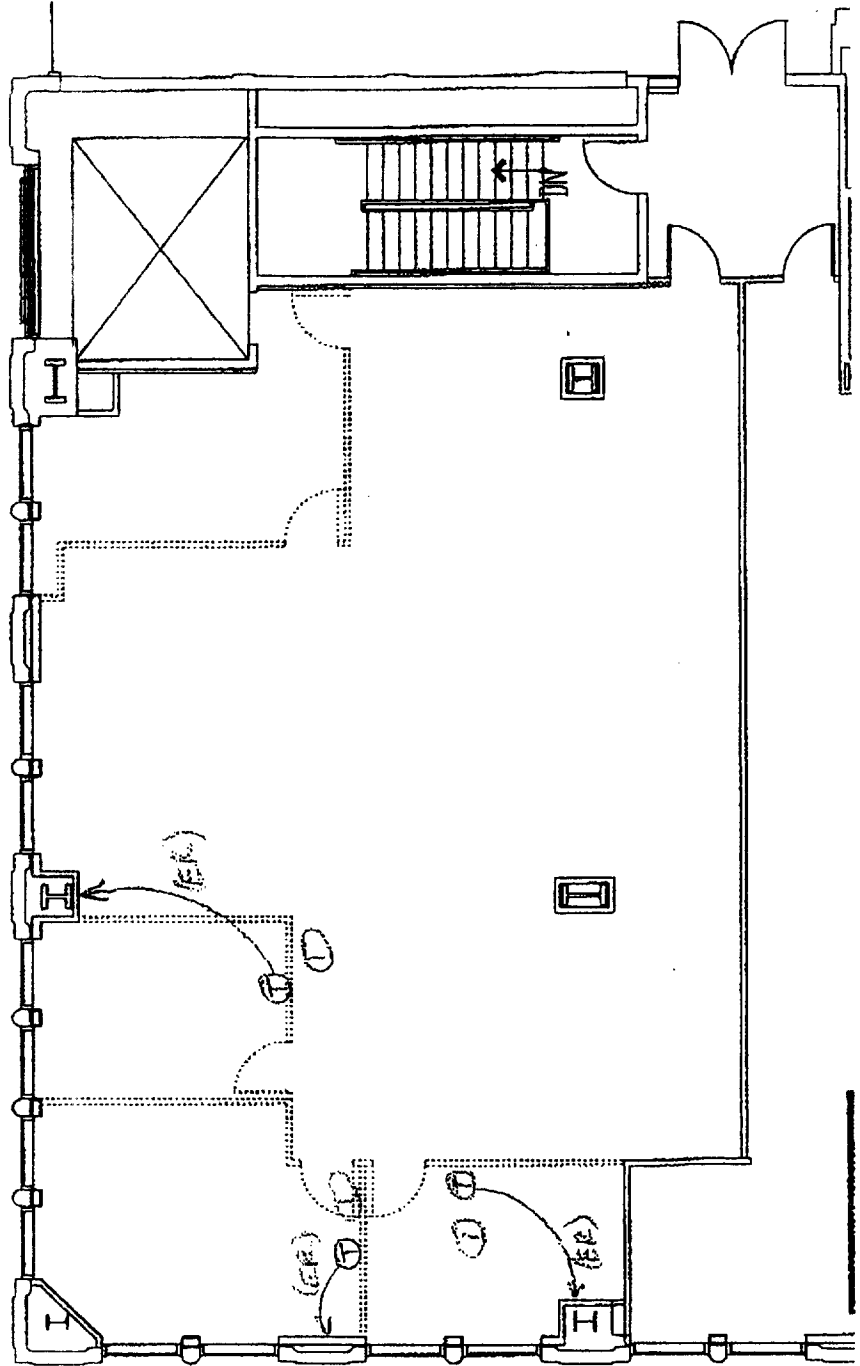
The approval of all Electrical work is subject to field inspections

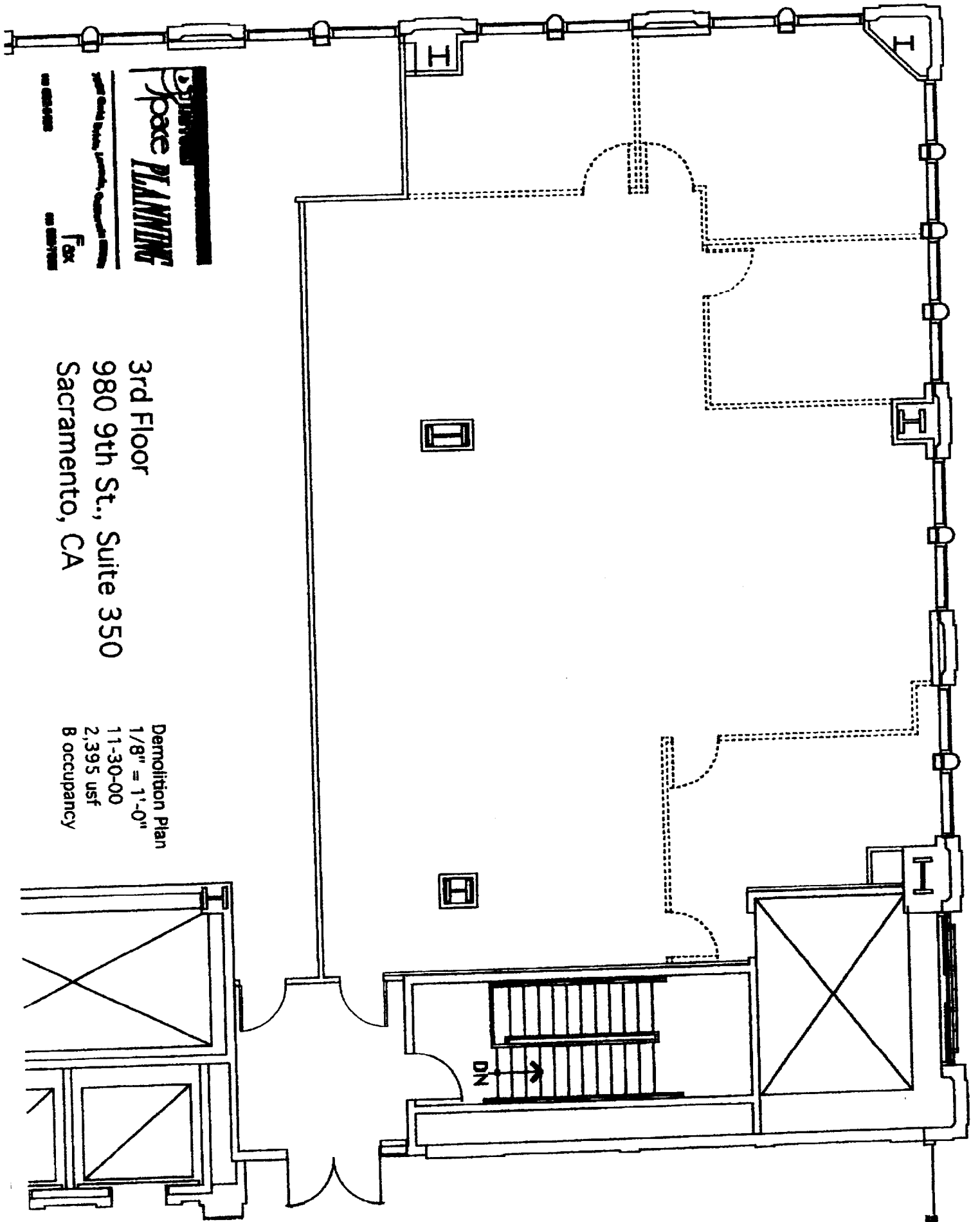


This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations without the written permission from the Building Inspection Division. The approval of this Plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

*Handwritten mark*

SHOW NOTE 2  
① PERMUTE TEMPERATURE SENSE TO OUTSIDE WALL.

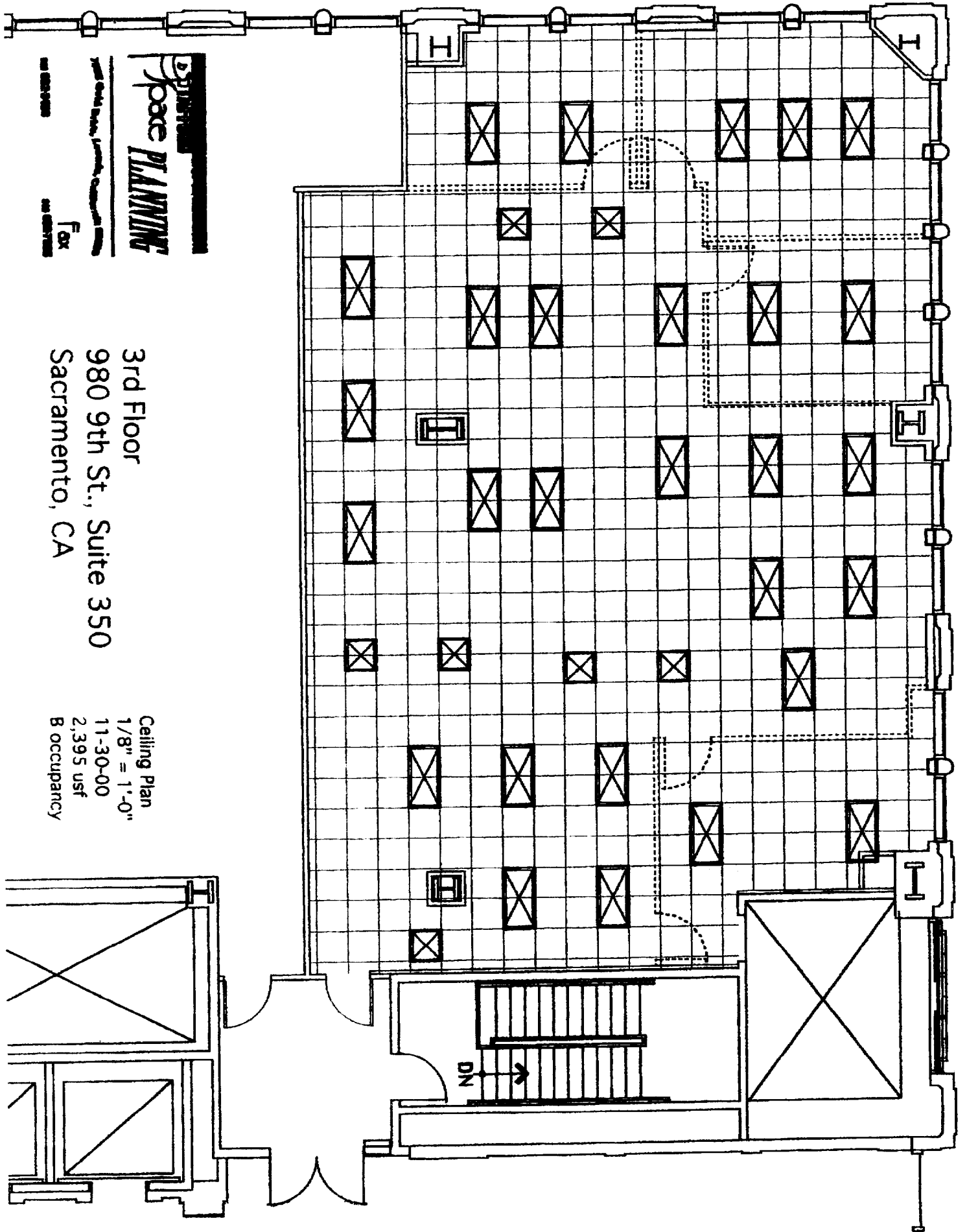




**Space PLANNING**  
 1111 14th St., Suite 300  
 Sacramento, CA 95811  
 Tel: 916.441.1111  
 Fax: 916.441.1112

**3rd Floor**  
**980 9th St., Suite 350**  
**Sacramento, CA**

**Demolition Plan**  
 1/8" = 1'-0"  
 11-30-00  
 2,395 usf  
 B occupancy



**Space PLANNING**  
 1110 14th St., Suite 350, Sacramento, CA  
 Fax 916 442-1111

3rd Floor  
 980 9th St., Suite 350  
 Sacramento, CA

Ceiling Plan  
 1/8" = 1'-0"  
 11-30-00  
 2,395 usf  
 B occupancy

# MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 1-16-01

FROM: Troy Malaspino  
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

980 9th ST. # 350

has been conducted by Inspector PACIL

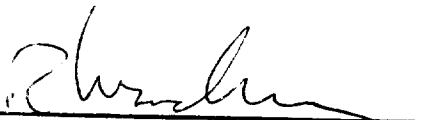
on 1-10-01

01-00106-154  
Permit Number 154

2,395  
Square Footage

TF  
Type of Inspection

The system is acceptable by this department.

  
By: Ross L. Woodman,  
Fire Prevention Officer II

TI-843  
F. D. Reference Number