

CITY OF SACRAMENTO

Permit No: 0316907

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Thos Bros: 298 D5

Site Address: 83 SCRIPPS DR SAC St: 300

Sub-Type: REM

Parcel No: 295-0370-004

CAMPUS COMMONS DESIGN REVIEW AREA Housing (Y/N):

N

CONTRACTOR

GERCON CONSTRUCTION
2143 HURLEY WAY # 200
SACRAMENTO CA 95825

OWNER

BOYCE DAVID D
1530 15TH ST # 200
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: INTERIOR REMODEL INCL. DEMO PARTITIONS, NEW PARTITIONS, NEW PLUMBING, MINOR ELECTR.

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 NONE 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 598433 Date 10/30/03 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, 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 above mentioned property for inspection purposes.

Date 10/30/03 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.

X 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 COMP. INS FUND Policy Number 713-0011257 Exp Date 04/01/2004

(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 10/30/03 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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO BUILDING DIVISION

PERMIT SERVICES SECTION

NORTH OFFICE: 2101 Arena Blvd., Ste. 200
Sacramento, CA 95834 (916) 808-2534 FAX 808-7046

CENTRAL CITY: 1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 808-2534 FAX 264-5987

ACTIVITY #

Insp. Area

0316907



Applicant **MUST** complet
ALL Unshaded areas

ADDRESS 83 Scripps Dr. Suite 300
PARCEL # 299-037-0004

CONTACT
Name Caitlin Chu @ SSP
Street Address 3569 Taylor Rd Ste. D
City/State/Zip Loomis, CA 95650
Phone 652-3400 FAX 652-7809
E-mail: SSP@quiknet.com

LICENSED CONTRACTOR Lic No.# 598433
Name Gercon Construction
Address 2143 Hurley Way Ste. 220
City/State/Zip Sacramento, CA 95825
Phone 916-921-5400 FAX 916-921-5445
E-mail: gerhardt@gercon-construction.com

ARCHITECT/ENGINEER
Name Stafford Space Planning
Address _____
City/State/Zip Same as above
Phone _____ FAX _____
E-mail: _____

OWNER
Name Brown Fink, Boyce & Astle
Address 83 Scripps Dr. Ste 210
City/State/Zip Sacramento, CA 95825
Phone 916-924-0800 FAX 916-924-0802
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: minor tenant improvement. some demo. New int. partitions, New plumbing, new loc. of hvac & F. Sprinklers

OCCUPANT/TENANT: Sutter VALUATION: \$ 52,086

FLOOD STATUS:				S.C.A.T.					
JOB DESCRIPTION		BLDG	SHELL	APT	TI	REM(SW	FIRE	ADD	OTH
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"/> Y <input type="checkbox"/> N		Fed Code	
<u>13</u>	<u>1300</u>	<u>1,005</u>	<u>M</u>	<u>B</u>	<u>V-1 hour</u>	SPR <input checked="" type="checkbox"/> Y	ALARM <input type="checkbox"/> N	Via. File [H] [Quad]	
<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>
		<u>13 RMH</u>		<u>13</u>	<u>13 PAUL</u>			<u>C</u>	

COMMENTS: _____

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