

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0114039

Insp Area: 2

Site Address: 6600 BRUCEVILLE RD SAC

Thos Bros:

Parcel No: 117-0170-072

SOUTH SIDE MAIN HOSP. ENTRANCE

Sub-Type: NOTHR

N

Housing (Y/N):

CONTRACTOR

HMH BUILDERS INC
8589 THYS CT
SAC 95828

OWNER

KAISER FOUNDATION HOSPITALS
6600 BRUCEVILLE RD
SACRAMENTO CA 95823

ARCHITECT

Nature of Work: INSTALL TIERED "KEYSTONE" RETAINING WALL FOR EROSION CONTROL MAIN HOSPITAL ENTRANCE

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 780999

Date 11-29-01

Contractor Signature

James M. Schatz

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

Date 11-29-01

Applicant/Agent Signature

James M. Schatz

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 INS CO OF TH STATE OF PA

Policy Number 7083206/07

Exp Date 08/01/2003

(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 11-29-01

Applicant Signature

James M. Schatz

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 # 0114039	Insp. Area 2C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS KAISER SOUTH SACRAMENTO MEDICAL CENTER
6600 BRUCEVILLE ROAD, SACRAMENTO, CA 95823 Suite N/A
 PARCEL # 117-0170-072

<p style="text-align: center;">ARCHITECT/CONTACT</p> Name <u>STEVEN P. JOHNSON, AIA</u> Street Address <u>3540 FOLSOM BLVD.</u> City/State/Zip <u>SACRAMENTO, CA 95816</u> Phone <u>916-453-1234</u> FAX <u>916-453-1236</u> E-mail: <u>sjohnson@db-arch.com</u>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>780999</u></p> Name <u>HMH BUILDERS, INC./KEVIN LOBAO</u> Address <u>8589 THYS COURT</u> City/State/Zip <u>SACRAMENTO, CA 95828</u> Phone <u>916-383-4825</u> FAX <u>916-388-9195</u> E-mail: <u>klobao@HMH.COM</u>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>EARL MCGUIRE, PE</u> Address <u>P.O. Box 617</u> City/State/Zip <u>CAMINO, CA 95709</u> Phone <u>530-644-3773</u> FAX <u>530-644-7595</u> E-mail:	<p style="text-align: center;">OWNER</p> Name <u>KAISER FOUNDATION HOSPITAL</u> Address <u>1950 FRANKLIN STREET</u> City/State/Zip <u>OAKLAND, CA 94612</u> Phone _____ FAX _____ E-mail:

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # SELF-INSURED (SEE ATTACHED) EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: INSTALLATION OF A TIERED RETAINING WALL BY "KEYSTONE" IN ORDER TO STABILIZE AN EXISTING LANDSCAPE AREA AND TO PREVENT FURTHER EROSION DOWN THE SLOPE, INTO THE EXISTING LOWER LEVEL PATIO AREA.

OCCUPANT/TENANT: _____ VALUATION: \$ 189,000.00

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. Y (N)	Fed Code	Vio. File		
						SPR	ALARM	14	[H]	[Quad]
B	L	P	M	E	F	S	D	PW	UTIL	
						13	M/C	SANIT		

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

PLANNING AND ZONING REVIEW

..... to be filled out by Planning staff

ADDRESS: 6600 BRUCEVILLE RD

APN: 117-0170-~~000~~074 ZONING: H-R

DESIGN REVIEW AREA: No

PREVIOUS FILES RELATED TO SITE: _____

EXISTING LAND USE: MEDICAL OFFICES - KAISER

PROPOSED USE: SAME : ADDITION OF 3
RETAINING WALLS AT (E) LANDSCAPE AREA -
NO OTHER WORK INVOLVED.

COMMENTS: _____

DATE: _____ BY: _____

DOES IT APPEAR THAT THE PROJECT WILL REQUIRE A PLANNING APPLICATION?

YES **NO** (If yes, circle applications needed below)

.....Staff.....ZA.....Planning Commission.....Design Review.....Preservation Review.....

CONCLUSION: NO ENTITLEMENTS WILL BE REQUIRED
FOR WORK DESCRIBED ABOVE ONLY.

DATE: 10/29/01 BY: D. HUNG

December 14, 2001

COPY TO: SACRAMENTO BLDG INSP DEPT
1231 I STREET, NO. 200
SACRAMENTO, CA 95814

STL NO.: 0011538
AUTH NO: 160-173-TI-01

PROJECT: KAISER RETAINING WALL
SOUTH SACRAMENTO MED CTR
6600 BRUCEVILLE RD , SACRAMENTO, CA

SUBJECT: FIELD DENSITY TESTS, ASTM D2922
LABORATORY MAXIMUM DENSITY, ASTM D1557

Our firm has conducted field and laboratory testing for the earthwork activities at the above referenced project. Enclosed are the results of our test determinations conducted from December 6, 2001 to December 14, 2001.

The results of the compaction test determinations were at or above 90% of maximum density as determined by ASTM D1557. The results of our test determinations represent the compaction at the locations tested. Our firm does not guarantee earthwork testing nor does our work relieve the contractor of his obligations to fulfill the project requirements. This testing does not preclude the possibility that the soils may become disturbed by future construction activities or precipitation.

If you have any questions or if we can be of further assistance, please do not hesitate to contact our office.

Respectfully submitted,
SIGNET TESTING LABS, INC.



Thomas C. Cole, PE
Senior Engineer

TCC/dl

c: KAISER PERMANENTE SO SACTO/GILES POPISH
DREYFUSS & BLACKFORD/STEVEN JOHNSON
HMH BUILDERS INC/KEVIN LOBAO
SACRAMENTO BLDG INSP DEPT
KAISER CONSTRUCTION SERVICES/DON HILDEBRANDT
KAISER CONSTRUCTION SERVICES/KIM IRVING. IOR
FILE COPY

I. Laboratory Compaction Curve Data (ASTM D1557)

Soil Description	Curve No.	Max. Dry Density (pcf)	Optimum Moisture, %
Brown Sandy Clay	1	123.0	10.0

II. Field Density Tests

Test Date	Test No.	Curve No.	Depth of Test	Location	Moisture %	Dry Density, pcf	Percent Compaction	Percent Required
Backfill of First Level / First 2 Courses								
12/06/01	1	1	Top of Course #2	10' From End of Wall Near Building	15.2	119.7	97%	90%
12/06/01	2	1	Top of Course #2	10' From End of Wall Away from Building	16.9	114.8	93%	90%
Wall #1 Backfill								
12/10/01	3	1	2' Below Top of Wall	Wall Station 0 + 15	15.1	111.1	90%	90%
12/10/01	4	1	2' Below Top of Wall	Wall Station 0 + 30	16.6	112.4	91%	90%
Wall #1 Backfill								
12/11/01	5	1	Top of Wall	Wall Station 0 + 08	16.8	112.4	91%	90%
12/11/01	6	1	Top of Wall	Wall Station 0 + 33	17.1	110.1	90%	90%
Second Level Top of Second Course								
12/13/01	7 *	1	Top of Course #2	10' From End of Wall Near Building	19.9	106.3	86%	90%
12/13/01	8 *	1	Top of Course #2	10' From End of Wall Away from Building	21.6	106.7	87%	90%
Second Level Top of Second Course								
12/14/01	R7	1	Top of Course #2	10' From End of Wall Near Building	17.2	110.4	90%	90%
12/14/01	R8	1	Top of Course #2	10' From End of Wall Away from Building	17.1	110.3	90%	90%

LEGEND:

- * = indicates test failure
- R = indicates retest

Signet Testing Labs, Inc.

1417 N Market Blvd. Ste 1 • Sacramento CA 95834
916-568-5858 • Fax: 916-568-5813

STL
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 Class 11/14/01