

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

**Permit No: 000585**  
**Insp Area: 4**

**Site Address: 1601 RESPONSE RD SAC**  
Parcel No: 277-0272-014 SUITE 200

Sub-Type: ACOM  
Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

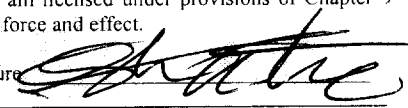
LASIK VISION CORPORTION  
1500 W GEORGIA ST  
VANCOUVER BRITISH COLUMBIA

**Nature of Work: REMODEL OFFICE SPACE . INCLUDES DEMO. SUITE NO. 200**

**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 647870 Date 3-17-00 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.)

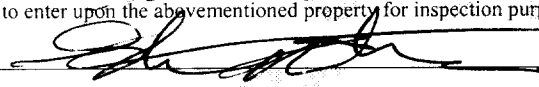
\_\_\_\_ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a 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 hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 3-17-00 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 \_\_\_\_\_ 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 3-17-00 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.**

**CITY OF SACRAMENTO  
APPLICATION FOR COMMERCIAL BUILDING PERMIT**

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

1231 I Street, Rm. 200  
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0000585 Insp. Area

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1661 PENNSYLVANIA ROAD Suite # 200  
PARCEL # 277 0272 CH

<b>CONTACT</b> Name <u>Tom Speroni Dale Pyle</u> Address <u>525 S Douglas</u> Phone <u>310 343 3430</u> FAX <u>310 343 3431</u> E-mail <u>Tsperoni@cmgty.com 372 7379</u>		<b>LICENSED CONTRACTOR Lic No. #</b> Name <u>Construction Management Group</u> Address <u>525 S Douglas Ave</u> Phone <u>310 343 3430</u> FAX <u>310 343 3431</u> E-mail _____	
<b>ARCHITECT/ENGINEER</b> Name <u>EDP Studio</u> Address <u>17842 - 4 mile Blvd # 134</u> Phone <u>714 730 5450</u> FAX <u>714 730 4055</u> E-mail _____		<b>OWNER</b> Name <u>Lasik Vision Corporation</u> Address <u>1500 W Georgia St</u> Phone <u>604 801 6429</u> FAX _____ E-mail <u>VANCOUVER BRITISH COLUMBIA CANADA</u>	

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: USI of Southern C.A.  
 → WORKER'S COMPENSATION POLICY # WC 4057555 EXPIRATION DATE: 06/01/00

NATURE OF WORK IN DETAIL: Trim space plumb - Elect - walls -  
INCLUDES DEMO

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 200,000

FLOOD STATUS:		S.C.A.T.							
JOB DESCRIPTION <u>RENOV</u>		SHELL	APT	TI ( )	REM <input checked="" type="checkbox"/>	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE	<u>FIRE</u>		
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y/N</u>		Fed Code	Vio. File
				<u>B</u>	<u>III N</u>	<u>SPR</u>	<u>ALARM</u>	<u>15</u>	[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>

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

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

CITY OF SACRAMENTO  
BUILDING SAFETY

1231 I Street, Sacramento, Ca. 95814 • Phone (916) 264-7619 • Fax (916) 264-7046

CURSORY REVIEW FORM

DATE: 01/21/00  
REVIEW NO.: 0000585  
COST EST: \$200,000.00  
CYCLE: 1

JOB ADDRESS: 1601 Response Rd., Suite 200

PROJECT DESCRIPTION: LASIK Vision Sacramento Medical Office Remodel

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T=TAKE IN \*R=RETURN UNREVIEWED A=APPROVED N=NOT APPROVED E=EXPRESS  
X=NOT APPLICABLE  
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LIFE SAFETY : INI GCL DATE 01/24/00 3.50 T R A N E X

BUILDING : INI GCL DATE 01/24/00 T R A N E X

MECH/PLMB : INI JMT DATE 4/25/00 T R A N E X

ELECTRICAL : INI GCL DATE 01/24/00 T R A N E X

FIRE PROTECTION : INI JMT DATE 1-24-00 T R A N E X

\*Any project shown "RETURN UNREVIEW" will be put on hold. Plan check cycle will not start until required items noted above are submitted.



1 Copy for each supervisor inspector Insp. Area 10


AUTHORIZATION TO START WORK

CITY OF SACRAMENTO, BUILDING INSPECTIONS DIVISION  
1231 I ST., ROOM 200, SACRAMENTO, CA 95814

Company: ~~SA~~ C M G PC # 0000585  
Address: 365 Liberty Street Rockland BID App. vac  
MA 02370  
Job Phone: 716 723 5811 Office Ph. 1-81-782-8808 Fee 350.00 FD.02.08.  
00

SUBJECT: Project Address: 1601 Response Rd. Suite # \_\_\_\_\_

I request permission to start the following work Remove Extns walls

conct  
\_\_\_\_\_ 

I realize that all work will be at the owner's and contractor's risk without assurance that the permit for the project will be granted. Any code conflicts will be corrected. I agree not to cover or conceal any work or portion thereof. I realize that inspections will not be made on this project until a building permit is issued. All changes required to conform to the approved plans will be completed without dispute. Work affecting the structural integrity of the existing building is not permitted.

I will expedite necessary revisions, corrections and clarifications as required to obtain the building permit.

If it should be determined subsequently by the City that changes in the design of the building are necessary after commencement of the work authorized, I assume full responsibility and all risk of loss which may result by reason of such changes. I agree that the building shall conform to the approved final plans as amended, without regard to the stage of completion.

This authorization is valid for 30 days while the plans are being processed for permit. These state required declarations must be properly executed before this authorization is valid. This authorization is valid when initialed by authorized Building Department personnel and stamped approved. Keep posted on job site at all times.

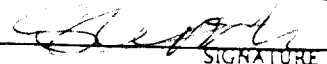
CONSTRUCTION LENDING AGENCY

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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 the Business and Professions Code and my license is in full force and effect.

Lic. Class: 3 Lic. Number: 47370 Menemsha Develpment Group  
COMPANY NAME  
 2-7-00  
SIGNATURE DATE

COPIES



# AIR CONDITIONING COMPANY INC.

**PROJECT** LASIK      **TEST APPARATUS** ALNOR/BALOMETER      **JOB #** 830019  
**SYSTEM NO.** \_\_\_\_\_      **OUTLET MANUFACTURER** TITAS PSS  
**AREA SERVED** 2nd Floor /SUITE 200      **TECHNICIAN** CALLOWAY      **DATE** 3/23/00

## AIR OUTLET TEST REPORT

SUB-SYSTEM IDENTIFIER	OUTLET				DESIGN (CFM)	PRELIMINARY	FINAL
	NO.	TYPE	SIZE	Ak	SUPPLY	SUPPLY	SUPPLY
<b>V-9</b>	1	CD	2412		450	450	430
	2	CD	2412		450	360	425
	3	CD	2412		450	485	450
					<b>1350</b>	<b>1295</b>	<b>1305</b>
<b>V-10</b>	1	CD	2412		450	290	435
	2	CD	2412		450	400	430
	3	CD	2412		450	310	420
					<b>1350</b>	<b>1000</b>	<b>1285</b>
<b>V-12</b>	1	CD	2410		400/160	600/250	395/140
	new velocity				400/160	600/250	395/140
	independent vav						
<b>V-13</b>	1		8		200/200		205/205
	new velocity	2		8	200/200		195/195
	independent vav				400/400		400/400

**MEMORANDUM**

**SACRAMENTO FIRE DEPARTMENT**

**TO:** BUILDING DEPARTMENT

**DATE:** 9-3-00

**FROM:** Troy Malaspino  
Fire Marshal

**SUBJECT: FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

1601 Response #200

has been conducted by Inspector S. Budick

on 7-31-00

00-00585  
Permit Number

7500  $\phi$   
Square Footage

Remodel  
Type of Inspection

The system is acceptable by this department.

R Woodman  
By: Ross L. Woodman,  
Fire Prevention Officer II

TI-543  
F. D. Reference Number