

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0006903

Insp Area: 4

Site Address: 2901 TRUXEL RD SAC

Parcel No: 225-0230-051

ALSO 2921

Sub-Type: NFNDTN

Housing (Y/N): N

CONTRACTOR

TURNER CONSTRUCTION COMPANY
BSA ARCHITECTS
1450 HARBOR BL SUITE A
WEST SACRAMENTO CA 95691

OWNER

106 K ST
SACRAMENTO CA 95814

ARCHITECT

LINCOLN DISCOVERY PARK ASSOCIATES LTD
350 PACIFIC AV
SAN FRANCISCO CA 94111

Nature of Work: FOUNDATION AND SITE WORK INCL,PAVING& U.G.(NO LANDSCAPING THIS PHASE)

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 AB License Number 210639 Date 3/31/01 Contractor Signature Michael Skiller

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 8-31-00 Applicant/Agent Signature Michael Skiller

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 LIBERTY MUTUAL Policy Number WC2-621-004321019 Exp Date 01/01/2001

(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 8-31-00 Applicant Signature Michael Skiller

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 #

0006903C

Insp. Area

AC

Applicant **MUST** complete ALL Unshaded areas

ADDRESS **2901 TELLEZ RD. SAC. CA.** Suite _____

PARCEL # **225-023-070, 225-057-051, 225-057-049**

<p style="text-align: center;">CONTACT</p> <p>Name JEFF BLANTON</p> <p>Street Address 927 10th ST.</p> <p>City/State/Zip SAC. CA. 95814</p> <p>Phone 264-8423 FAX 264-8337</p> <p>E-mail: 5300@ 264-8337</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # 210639 AB</p> <p>Name Turner Construction Co.</p> <p>Address 1450 Harbor Blvd. Suite A</p> <p>City/State/Zip W. Sacramento, CA 95691</p> <p>Phone (916) 372-9500 X 31 FAX (916) 372-9655</p> <p>E-mail: mpeterin@tco.com</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name BSA Architects - Mark Schatz</p> <p>Address 350 Pacific Ave</p> <p>City/State/Zip San Francisco, CA 94111</p> <p>Phone 415-781-1526 FAX 415-982-1551</p> <p>E-mail: mschatz@bsaarchitects.com</p>	<p style="text-align: center;">OWNER</p> <p>Name CITY OF SACRAMENTO</p> <p>Address 927 10th ST</p> <p>City/State/Zip SAC. CA. 95814</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____

→ WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: **17,435 SQUARE FOOT COMMUNITY CTR AND A 13,415 LIBRARY AND SITE WORK FOUNDATION & SITE WORK ONLY FOUNDATION, U.G. AND PAVING FEES ON NEXT PAGE**

OCCUPANT/TENANT: **NATIONALS Community Ctr, LIBRARY PARK** VALUATION: \$ **1.5 million**

FLOOD STATUS: X		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		
B	L	P	M	A	V-I	SR ALARM	308	[H]	[Quad]	
CITY OF SACRAMENTO PERMIT ASSISTANCE		(E)	(F)	(S)	D	PW	UTIL			

COMMENTS: **JUN 21 2000 EXEMPT HABITAT FEES**

RECEIVED (on bldg permit)

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

Date of Request: _____

By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 2901 Tauxel

Assessor's Parcel Number: 225 40230-070

Previous Use: 057-051
057 049

Description of Request/Proposed Use: Community Ctr Park Library

Is This a Change of Use? _____

Prior Applications for Project Site(P#, Z#, DRPB#): _____

Zoning Designation: A

Pg 3-389

DR 00-021 ←

Comments: _____

Ch with Scot Mendel

2645894

*Fred Buderi
FOR MIT
MEMORANDUM*

Are There Any Planning Issues?: (circle one) YES NO

- * Staff Site Plan Check Required? (Circle one) YES NO
- * Field Inspection Required? (Circle one) YES NO
- * Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: [Signature]

6-21-00

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

CITY OF SACRAMENTO
 BUILDING INSPECTION DIVISION
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: TURNER CONSTRUCTION/CITY OF SAC Phone: 372-9500
 Site Address: 2901 TRUXEL RD 95814 Suite: _____
(Street) (Zip)
 Business Owner/Representative: MICHELE PELLERIN/JEFF BLANTON Phone: 870-5184
 Nature of Business: CONSTRUCTION
 Property Owner: CITY OF SACRAMENTO Phone: 264-8300
 Address: 927 10th STREET Suite: _____
SACRAMENTO CA 95814
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes ___ No Is this permit for a shell building? Yes ___ No

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes ___ No
 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes ___ No ___
 6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No ___
 7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No ___

If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes ___ No ___

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: Michele Pellerin
Michele Pellerin (Print) 8-31-00
 (Signature) (Date)

BID Use Only: Plan Ck# _____ Permit # _____
OK to issue prmt? Y _____ F.D. Appr Req'd? Yes No init date _____
Hold on Certificate of Occupancy? Yes No
Fire Dept. Use Only:
OK to issue permit? init _____ date _____
OK to issue Certificate of Occupancy? init _____ date _____

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 3-13-01

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

2901 Truxel Rd

Has been conducted by Inspector

S. Badick

On

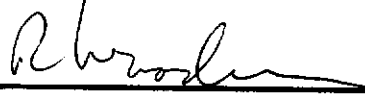
3-1-01

00-06903-201
Permit Number

Square Footage

UG Fire Lines
Type of Inspection

The system is acceptable by this department.



By: Ross L. Woodman,
Fire Prevention Officer II

00-319
F.D. Reference Number