CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Site Address: 1425 RIVER PARK DR SAC Sub-Type: REM **SUITE 300** Parcel No: 2770286027 Housing (Y/N): N **OWNER CONTRACTOR** ARCHITECT POINT WEST ASSOCIATES 1425 RIVER PARK DR #530 95815 SACRAMENTO CA Nature of Work: REMODEL 1265 SF OF EXISTING OFFICE SPACE 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'sAddress LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed upder 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 6 License Number 2964-73 Date 15-20-98 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:______ 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 abovementioned property for inspection purposes. _____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: Policy Number (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, Lshall forthwith comply with those provisions. _____ 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.

9809739

Permit No:

Insp Area:

Worker's Comp Policy

APPLICATION FOR BUILDING PERMIT DEPARTMENT OF PLANNING AND DEVELOPMENT BUILDING INSPECTION DIVISION

1231 I Street, Room 200

Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

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1	\Box \subseteq	ONTACT			☐ LIC	ENSED CO	NTRACTO)R 110#	
NAME JIII	Condon 1	Stafford .	Space Plannin	k name			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	
ADDRESS 7505 Gold Drive					NAME To be determined ADDRESS				
Loomis	Ca	ZIP 9	5650	- <u></u>		· · · · · · · · · · · · · · · · · · ·	ZIP	<u>-</u> -	
PHONE) 652-340	0 FAX: 19	16 652. 7800	PHON	E() -	FAX	· · · · · ·		
·		H.ÆNG.				OWNER	-		
NAME ST	AFFORD O	SPACE PLA	tnm-6	NAME	NAME SMES PEGIS GROUP				
ADDRESS 1505 GOLD DRIVE					ADDRESS 1425 RIVERPARK DR STE. 530				
PHONE (910) 1052 - 3 400					SAGUA MEMO CA ZIP 95815				
				PHON.	E <u>914)929-</u>	3193 FAX	((916) 929	- 6738	
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(HEALTH DEPT?Y/N)

(REGIONAL SAN FEES?Y/N)

REVISEDI?

CITY OF SACRAMENTO

BUILDING INSPECTION DIVISION APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

	· · · · · · · · · · · · · · · · · · ·	Permit Cannot be Approved Without This Completed Form
1.		e - Jobacco Litigatione:
	Site Address: 1425 2 Verbark by	Suite: 300
	(Street) Business Owner/Representative: Maly 7 (Arr) (2) U	Suite: 300 (Zip) Phone: (916) 324-5020
	Nature of Business: State of California	Lawoffice
	Property Owner: <u>Saves Regis Group</u>	Phone: 929-3193
	Address: 465 Everpark or	Suite: <u>530</u>
	Address: 46 Everpark or (Street)	Ca 95815 (State) (Zip)
2.	(City)	(State) (Zip) es No Is this permit for a shell building? Yes No
	Notify lessee of the responsibility to coordinate with the of hazardous materials.	e Fire Department regarding the use and handling
3.	Does/Will your business generate hazardous waste?	Yes No <u> </u>
4.	Does/Will your business handle, store or transport any	y solid, liquid, or gaseous chemicals? Yes No _X
	ONSULT THE EPA CHEMICAL LIST LOCATED AT THE CUTELY HAZARDOUS MATERIALS TO COMPLETE TH	E BUILDING DIVISION COUNTER FOR HAZARDOUS OR HE FOLLOWING QUESTIONS.
5.	If you answered "YES" to questions #3 and/or #4 at Do you handle, store, or transport 55 gallons, 500 pour Pressure) of a product or formulation containing hazard	
6.	Do you handle, store or transport any amount of acute	ely hazardous materials? Yes No
7.	Is/Will your business be located within 1,000 feet of a	school? Yes NoX_
8.	If you answered "yes" to questions #6 and/or #7, c Is/Will your business be located within 1,000 feet of a	complete the RMPP informational sheet. hospital, and/or long-term healthcare facility? Yes No
	IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR FIRE DEPARTMENT LOCATED AT 1231 I STREET, SU	R #4, PLEASE CONTACT THE CITY OF SACRAMENTO DITE 401, SACRAMENTO, CA OR CALL 449-5416.
Pr De	or to issuance of a certificate of occupancy, each be partment and comply with the Health and Safety Co	nusiness owner(s) shall contact the City of Sacramento Fire ode regarding the use and handling of hazardous materials.
the vic bu an	e administering agency in an amount of not more that blation occurs. If the violation results in, or significal siness shall also be assessed the full cost of the cited disposing of the hazardous materials. Additional li	25541 of the Health and Safety Code shall be civilly liable to an two thousand dollars (\$2,000) for each day in which the antly contributes to, an emergency, including a fire, the ty emergency response, as well as the cost of cleaning up liability and punishment may be assessed for knowing a
vic	plation after reasonable notice of the violation.	BID Use Only: Plan Ck# 6433 Permit # 9719739
Δr	policant's Name: JIM Condon Moly Taniguda (Print) (Signature) (Date)	OK to issue prmt? 10 120 98 F.D. Appr Req'd? Yes N init date
^⊦	Print) (Print)	Hold on Certificate of Occupancy? Yes No.
_	(Signature) (Date)	Fire Dept. Use Only: OK to issue permit? init date
	<u>~</u>	OK to issue Certificate of Occupancy? init date