

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 9902038

Insp Area: 1

Site Address: 2510 J ST SAC

Parcel No: 007-0103-003

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

OWNER

CHRIS BROCCCHINI
SACRAMENTO CA

ARCHITECT

95816

Nature of Work: INTERIOR OFFICE REMODEL

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 _____ Date _____ 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 3/19/99 Owner Signature Chris Brocchini

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 above mentioned property for inspection purposes.

Date 3/19/99 Applicant/Agent Signature Chris Brocchini

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 3/19/99 Applicant Signature Chris Brocchini

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 **[REDACTED]** BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION
1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # 9902038 Insp. Area 1

Applicant **MUST** complete ALL Unshaded areas this page only

ADDRESS 2510 (2512) J ST Suite _____
PARCEL # 007-0103-003

<p align="center">CONTACT</p> <p>Name <u>CHRIS BROCCINI</u> Address <u>P.O. BOX 163411</u> <u>SAC CA</u> Zip <u>95816</u> Phone <u>492-2200</u> FAX <u>[REDACTED]-2190</u></p> <p align="center">ARCHITECT/ENGINEER 492-</p> <p>Name <u>[REDACTED]</u> Address <u>[REDACTED]</u> Zip _____ Phone _____ FAX _____</p>	<p align="center">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name _____ Address <u>[REDACTED]</u> Zip _____ Phone _____ FAX _____</p> <p align="center">OWNER [REDACTED]</p> <p>Name _____ Address _____ Zip _____ Phone _____ FAX _____</p>
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→ Will the permittee have any employees on the jobsite? Yes No

→ If yes, WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: 1. ACCESSIBILITY UPGRADES IN BATHROOMS.
2. New Shower
3. REPLACE 1. BATH COULING w/NEW
Office
INTERIOR REMODEL

DBA: Osteonics VALUATION: 4900

FLOOD STATUS:			S.C.A.T.:							
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM(X)	SW	FIRE	ADD	OTH
INSP. 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	
		<u>2000</u>		<u>B/M/SI</u>	<u>VN</u>	Spr <u>N</u>	Alarm	<u>15</u>		
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	F	S		<u>D</u>	R	
								<u>SB</u>		

COMMENTS: _____

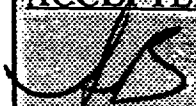
REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION**

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN SB	OUT	IN	OUT	IN	OUT
3/4/99	1/1	1/1	1/1	1/1	1/1

PLAN CHECK # 9902038
 ADDRESS: 2510 J ST
 Commercial Residential

ACCEPTED by (Staff):


DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	03	G7L	3/10	13	G7L	3/16			
STRUCTURAL	13	G7L	3/10						
MECHANICAL/PLUMBING	13	JMT	3/4/99						
ELECTRICAL	13	JMT	3/4/99						
FIRE									
PLANNING	13	WG	3/16/99						

STAFF COMMENTS:

PLANNING WAS ADDED ON 3/16/99 DUE TO THE CHANGES AT COVERED GARAGE. (G7L 3/16/99)

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNER

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed improvement (yes or no) _____

2. I (have/have not) _____ signed an application for a building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise, and provide the major work.

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the work indicated:

Name	Address	Phone	Type of Work
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Signed Chris Brochini

Job Address 2510 'J' Street, Sacramento Date 1/19/99

Permit No.: 99 02038C 95816

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: OSTEONICS Phone: 492.2200
 Site Address: 2510 'J' ST Suite: _____
 Business Owner/Representative: CHRIS BROCCCHINI (Street) (Zip) Phone: 492.2200
 Nature of Business: MEDICAL IMPLANTS
 Property Owner: CHRIS BROCCCHINI ETAL Phone: 492.2200
 Address: P.O. BOX 163411 Suite: _____
SACRAMENTO (City) CA (State) 95816 (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: Chris Broccchini
CHRIS BROCCCHINI (Print) 1/19/99 (Date)
 (Signature)

BID Use Only: Plan Ck# _____	Permit # <u>99-020380</u>
OK to issue prmt? <input checked="" type="checkbox"/> <u>3-19-99</u> init date	F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Fire Dept. Use Only:	
OK to issue permit? ini' _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	