

CITY OF SACRAMENTO

Permit No: 0115669

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 1001 I ST SAC

Thos Bros:

**Parcel No: 006-0043-001
N**

6TH FLOOR ROOMS 6-70 THRU 6-77A

Sub-Type:

REM

Housing (Y/N):

CONTRACTOR

OWNER

ARCHITECT

**PARKING AUTHORITY OFCITY OF SACRAMENTO
915 I ST RM 12 (ORG 11
SACRAMENTO CA 95814**

Nature of Work: ADD 6 OFFICES AND ONE CONFERENCE ROOM

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 12/21/01 Owner Signature Sam Bell as agent

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 12/21/01 Applicant/Agent Signature Sam Bell

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 NEIGHBORHOOD PLANNING AND DEVELOPMENT SERVICES 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 12/21/01 Applicant Signature Sam Bell

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 #

0115669

Insp. Area

1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1001 J ST

6 FLOOR

OFFICERS 6-70 thru
 State 6-77A

PARCEL # 006-0043-001

CONTACT

Name GARY ROBERTS
 Street Address 1512 14TH ST
 City/State/Zip SAC, CA 95814
 Phone 498-7900 FAX 498-7909
 E-mail: _____

LICENSED CONTRACTOR

Lic No. # _____

Name _____
 Address _____
 City/State/Zip _____
 Phone _____ FAX _____
 E-mail: _____

ARCHITECT/ENGINEER

Name _____
 Address _____
 City/State/Zip _____
 Phone _____ FAX _____
 E-mail: _____

OWNER

Name _____
 Address _____
 City/State/Zip _____
 Phone _____ FAX _____
 E-mail: _____

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

→ WORKER'S COMPENSATION POLICY: _____

NATURE OF WORK IN DETAIL: ADD 6 OFFICERS AND ONE
CONFERENCE ROOM.

OCCUPANT/TENANT: _____

VALUATION: \$ 125,000⁰⁰

FLOOD STATUS: _____

S.C.A.T. _____

JOB DESCRIPTION		BLDG	SHELL	APT	TI(✓)	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>				<u>ELEC</u>			<u>FIRE</u>
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y</u> N		Fed Code	Vio. File	
<u>6</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>B</u>	<u>I</u>	<u>SPR</u>	ALARM	<u>5</u>	[H]	[Quad]
							<u>S</u>	<u>D</u>	PW	UTIL

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No

HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

Provided

Faxed

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
12/11/01	1 / 1	1 / 1	1 / 1	1 / 1	1 / 1

PLAN CHECK # _____
ADDRESS: _____
 Commercial Residential



ACCEPTED by Staff: _____

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
ALL SALES	13	JT	12/12/01						
STRUCTURAL	13	JT	"						
MECHANICAL/PLUMBING	13	KAW	12-12-01						
ELECTRICAL	13	JM	12/14/01						
FIRE	13	BTF	12/12/01						
PLANNING									

Wille

Due

STAFF COMMENTS:

APPLICATION FOR COMMERCIAL

**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION**

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

ACTIVENESS 0115689 **Imp. Area** 1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1001 I STREET Suite 6-70 THRU 6-77A
PARCEL # 006-0047-001 600 FL

<p align="center">CONTACT</p> <p>Name <u>GARY ROBERTS</u> Street Address <u>1512 14TH STREET</u> City/State/Zip <u>SACRAMENTO, CA 95814</u> Phone <u>498-7900</u> FAX <u>498-7909</u> E-mail: _____</p>	<p align="center">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>
<p align="center">ARCHITECT/ENGINEER</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	<p align="center">OWNER</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ 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: ADD 6 OFFICES AND ONE CONFERENCE ROOM

OCCUPANT/TENANT: _____ VALUATION: \$ 125,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI (X)	REM ()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	PLUMB	<u>ELEC</u>	SITE	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req (Y/N)	Fed Code	Vio. File		
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>B</u>	<u>F</u>	<u>Y</u>	<u>15</u>	[H]	[Quad]	
					<u>13 DF</u>	<u>S</u>	<u>D</u>	PW	UTIL	

COMMENTS: _____

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