

CITY OF SACRAMENTO

Permit No: 9811180

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 201 LATHROP WY SAC

Sub-Type: ACOM

Parcel No: 2750300018

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

DOS ROBLES L P
100 COMMERCE CR
SACRAMENTO CA 95815

Nature of Work: OFFICE, REC HALL, KITCHEN 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 2-3-99 Owner Signature [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 2-3-99 Applicant/Agent Signature [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 2-3-99 Applicant Signature [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.

COUNTY SANITATION DISTRICT NO. 1
 SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE
 PERMIT AND CALCULATION SHEET

APPLICATION NO:	BLDG PERMIT NO:
GENERAL INFORMATION	THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER
PERMIT IN CITY OF SAC.	249528
FEE'S PER BKNDSTAW W.I.Q. (DR) <i>[Signature]</i> 2-1-99	2-1-99
	<small>SEWER WATER \$1,005.00 TRASH 003543 02/01/99 \$1,005.00</small> THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE

FEE CALCULATION		BUILDING USE	
INSPECTION		RESIDENTIAL SF <input type="checkbox"/>	MF <input type="checkbox"/>
CSD-1		COMMERCIAL USE	UNITS
SRCSD	1005-		
CONSTRUCTION			
IN-LIEU			
TOTAL FEE	\$1005⁰⁰		

APN: 275-0300-018

DESCRIPTION/
SUBDIVISION N/A LOT: N/A

PROPERTY ADDRESS 201 LATHROP WY #H

OWNER DOS ROBLES

MAILING ADDRESS 400 SLOPE AVE.

CITY-STATE-ZIP SAC. CA 95815 PHONE 925-2761

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE *[Signature]*

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____

BILLING COPY

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) JACK GREER 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 TBA 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 TBA 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
<u>TBA</u>			

Signed Jack A. Greer
Job Address: 201 Rathrop #11
Permit No.: 9811180 C

Date 1-25-99

OK TO PROCEED FOR A

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

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

PLAN CHECK # _____ Insp. Area 4

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

ADDRESS 201 LATHROP Suite H
PARCEL # 275-0300-018

CONTACT
Name JACK GREER
Address 400 SLOPE
SAC Zip 95821
Phone 925-2761 FAX 925-2761

LICENSED CONTRACTOR Lic No. # _____
Name OWNER/BUILDER
Address 400 SLOPE
Zip _____
Phone _____ FAX _____

ARCHITECT/ENGINEER 925-2307
Name KENT BURROW
Address 1818 29th Street
SAC Zip 95811
Phone _____ FAX _____

OWNER/[REDACTED]
Name _____
Address _____
Zip _____
Phone _____ FAX _____

→ 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: ~~Remodel improvement~~
change of use OFFICE REMODEL + REC HALL & KITCHEN
ADULT Day CARE FACILITY NONRESIDENTIAL

DBA: UNITED CEREBRAL PALSY VALUATION: 33000

FLOOD STATUS:				S.C.A.T. <u>None</u>						
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM(<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH
INSP. DISCIPLINES			<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
<u>1</u>		<u>4300</u>		<u>B/A3</u>	<u>111N</u>	Spr <input checked="" type="checkbox"/>	Alarm <input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> S		<input checked="" type="checkbox"/> D	<input checked="" type="checkbox"/> R	

COMMENTS:
Call Regional Sanitation
Fire: Submit fire sprinkler drawings w/ these plans.
REGIONAL SANITATION FEES? [] Yes [] No HEALTH DEPARTMENT? [] Yes [] No

**City of Sacramento Development Services Division
Planning and Zoning Information Request**

Project Address: 201 LATHROP Way

Assessor's Parcel Number: 275-0300-018

Current Land Use: Warehouse & office

Description of Request/Proposed Use: _____

To offices & day care ^{adult.} 10-4^{AM}pm

day activities, some ambulatory, some Non.

Zoning Designation: M-1-PC

Prior Applications for Project Site(P#,Z#,DRPB#): P98-113

Comments: Reqs. Spec. Permit Approval
prior to permit issuance.
(App. Rec'd. 10/7/98)
Review by Site Plan Check

Are There Any Planning Issues?: (Circle One) YES NO

Site Plan Check Required? (Circle One) YES NO

Design Review/ Preservation Required?: (Circle One) YES NO
North Sac.

Planning Review by/Date: W. J. Zouk 11/3/98

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



January 25, 1999

RECEIVING FAX : 264-7046

SENDING FAX : 875-6253

TO: **STEVE GORMAN**
CITY OF SACRAMENTO

FROM: **DOLORES ROSS**
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

PHONE NUMBER: 875-6679

RE: **SEWER FACILITY IMPACT FEES**
201 LATHROP WAY

APN: **275-0300-018**
Plan Check # 98-11180

The Sewer Facility Impact Fees due to convert 4,300 sq. ft. of a 14,284 sq. ft. office building to an adult day care facility for United Cerebral Palsy are as follows:

Impact to County Sanitation District-1	\$0
Impact to Sac. Regional County San. District	\$1,005
	<u>\$1,005</u>

*This fee is due and payable at 827 Seventh Street, Room 105.
This fee is also subject to adjustment if the data supplied is changed.*

e-mail: rossd@pwa.co.sacramento.ca.us

MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 2-22-99

From: Gordon Duncan,
Fire Marshal

Subject: **FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

201 LATHROP

has been conducted by Inspector C. PACK

on 2-19-99.

98-11180-C

Permit Number

2000 sq

Square Footage

Remodel

Type Inspection

The system is acceptable by this department.

R. Woodman

By: Ross L. Woodman,
Fire Prevention Officer II

98-378

F. D. Reference Number