

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0015176

Insp Area: 1

Thos Bros: 297C6 697

Site Address: 1025 3RD ST SAC

Parcel No: 006-0087-049

ROOF OF HOLIDAY INN

Sub-Type: NCOM

Housing (Y/N): N

CONTRACTOR

ATC TOWER SERVICES
501 CANAL BL. # E
POINT RICHMONT, CA. 94804

OWNER

JOHN Q HAMMONS HOTELS L P
300 HAMMONS PARKWAY 90
SPRINGFIELD MO 65806

ARCHITECT

Nature of Work: ROOFTOP INSTALLATION OF 1 ANTENNA, 1 SATELITE DISH, & EQUIPMENT CABINET

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.

X License Class B License Number 664262 Date 7-23-03 Contractor Signature Ben [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 _____ 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.

X Date 10-9-01 Applicant/Agent Signature Ben [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 AMERICAN HOME Policy Number 5275439 Exp Date 12/01/2001

____ (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.

X Date 10-9-01 Applicant Signature Ben [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.

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 # 0015176	Insp. Area 1
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1025 3 RD STREET Suite TOP OF HOTEL
 PARCEL # 006-0087-049-0000

CONTACT <u>SULLIVAN-1-510</u> Name <u>(STEVE ANDREWS) PATRIC 236-3700</u> Street Address <u>4428 Montevue Blvd</u> City/State/Zip <u>Fair Oaks CA 95628</u> Phone <u>1-916-709-3430</u> FAX <u>1-510-784-8565</u> E-mail: <u>Steve - Andrews @ lcc.com</u>	LICENSED CONTRACTOR Lic No. # <u>664262</u> Name <u>TO BE ANNOUNCED</u> Address <u>ATC CONST. SERVICES</u> City/State/Zip <u>501 CANAL BLVD, RICHMOND CA 94804</u> Phone <u>364-8190</u> FAX E-mail:
ARCHITECT/ENGINEER Name <u>MSA ASSOCIATES</u> Address <u>2148 Market St</u> City/State/Zip <u>San Francisco CA 94114</u> Phone <u>1-415-503-1363</u> FAX <u>1-415-503-1362</u> E-mail:	OWNER Name <u>LCC International, Inc.</u> Address <u>3497 Breakwater Court</u> City/State/Zip <u>Hayward CA 94545</u> Phone <u>1-510-784-8505</u> FAX <u>1-510-784-8565</u> E-mail:

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: rooftop installation of - 1 omni antenna - 1 satellite dish - 1 equipment cabinet ; related electrical
ask?
Per ATC

OCCUPANT/TENANT: holiday inn XM RADIO VALUATION: \$22,000⁰⁰

FLOOD STATUS:				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	
				EU		SPR	ALARM	20	[H]	[Quad]
B	L	P	M	E	F	S	D	PW	UTIL	

COMMENTS:

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

Date of Request: 12-28-00
By: LCC International Inc

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project
Address: 1025 3rd St - Holiday Inn

Assessor's Parcel Number: 006-0087-049-0000

Previous Use: _____

Description of Request/Proposed Use: addition of 1- omni antenna and
1 satellite dish and equipment cabinet to hotel
rooftop

Is This a Change of Use? NO

Zoning Designation: C3

Prior Applications for Project Site(P#, Z#, DRPB#): P2585, P7167, P7281, P7286,
P7465, P8847, Z96-027, 1PR 98-027

Comments: _____
needs to meet conditions of approval for previous
ZA approval (ZA00-103)

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

→ previous ZA approval
Z00-103

- * 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: Phil Reed 12/29/00

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

MICROFILM AFTER FINAL

Date of Request: 8.08.01
By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 1025 3rd St.

Assessor's Parcel Number: 006 - 0087 - 049

Previous Use: exist hotel bldg w/ exist. antennas

Description of Request/Proposed Use: add new antennas

Is This a Change of Use? No

Prior Applications for Project Site(P#, Z#, DRPB#): Z00-103 Zoning Designation: C-3

Comments: Z00-103 App'd 7/31/2000; must comply with conditions of approval, and plans to conform to app'd. plans

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

- * Staff Site Plan Check Required? (Circle one)
- * Field Inspection Required? (Circle one)
- * Design Review/Preservation Required?: (Circle one)

YES NO
YES NO
YES NO

→ App'd AS NOTED ABOVE

Planning Review by/Date: PAUL REED 8/08/01

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

MICROFILM AFTER FINAL