

CITY OF SACRAMENTO

Permit No: 9812003

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 1770 TRIBUTE RD SAC

Sub-Type: ACOM

Parcel No: 2770285007

LOBBY

Housing (Y/N): N

CONTRACTOR

ORLANDO ELECTRIC
2505 CASTINE CT
SACRAMENTO CA

95826

OWNER

TEACHERS INSURANCE & ANNUITY ASSOCIATION
2180 HARVARD ST #475
SACRAMENTO CA

95815

ARCHITECT

Nature of Work: INSTALL ELEVATOR PIT FOR FUTURE ELEVATOR INSTALLATION

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 B1 License Number 305384 Date 12-4-98 Contractor Signature [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 hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 12-4-98 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.

X 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 Legion Insurance Company Policy Number WCA-0923653 Exp Date 9-30-99

(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 12-4-98 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.

PLAN CHECK # 1111 Insp. Area 1111

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

Applicant MUST complete ALL Unshaded areas  
 this page only

ADDRESS ~~XXXX~~ E 1770 TRIBUTE RD Suite LIBBY  
 PARCEL # 277-0285-007

**CONTACT**  
 Name Tony ORLANDO  
 Address 2505 CASTINE CT  
SAC CA Zip 95826  
 Phone (916) 970-7545 FAX (916) 366-0411

**LICENSED CONTRACTOR** Lic No. # 305384  
 Name ORLANDO ELECTRIC  
 Address 2505 CASTINE CT  
SAC CA Zip 95826  
 Phone (916) 970-7545 FAX (916) 366-0411

**ARCHITECT/ENGINEER**  
 Name THMD  
 Address 2150 CAPITAL AVE  
SAC CA Zip 95816  
 Phone 448-7711 FAX 446-0457

**OWNER**  
 Name RPD  
 Address 10351 SANTA MONICA BLVD  
CA. Suite 410 Zip 90025  
 Phone 310 557-1311 FAX 0608

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: ~~NEW ELEVATOR, ELECTRICAL, PLUMBING, PARTIAL PLASTER (INDOOR) STAIR~~  
~~RENOVATION OF OFFICE~~  
CONSTRUCTION OF ELEVATOR PIT  
 VALUATION: 32,000 ~~13,000~~ \$13,000

DBA: _____		S.C.A.T. _____								
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	Viol. File		
						Spr Alarm	IS	NA		
B	L	P	M	E	K	S	D	R		

COMMENTS: \_\_\_\_\_

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No  
 WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS  Yes  No