

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0101578

Insp Area: 1

Site Address: 444 NORTH 3RD ST SAC
Parcel No: 001-0182-015 STE 270

Sub-Type: REM
Housing (Y/N): N

CONTRACTOR
W.E. TOBEY
5258 ACORN WY
SACRAMENTO, CA 95608

OWNER
STG REALTY VENTURES, INC
915 PINER RD
SANTA ROSA, CA 95608

ARCHITECT

Nature of Work: INTERIOR OFFICE REMODEL & MOVE EXTERIOR DOORS

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. Code)

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 B License Number 422794 Date 3/7/2001 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 & P 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 3/7/2001 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 STATE FUND Policy Number 1231549-01 Exp Date 01/01/2002

(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 3/7/2001 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.

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 444 NORTH 3RD ST Permit No. 0101578

Building Use: OFFICE Occupancy: B

Building Owner: STG REALTY VENTURES, INC Construction Type: VN

Owner Address: 915 PINER RD SANTA ROSA, CA Sprinkled? [X] Yes [] No

Portion of Building Occupied: SUITE 270 Area: 6416 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy: DBA: RESPIRATORY CARE BOARD

4/6/01 Bryan Nelson DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[TCO approvals:GTD,MJS,TR.GRS.CP]

BC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 444 NORTH 3RD ST Permit No. 0101578

Building Use: OFFICE Occupancy: B

Building Owner: STG REALTY VENTURES, INC Construction Type: VN

Owner Address: 915 PINER RD SANTA ROSA, CA Sprinkled? [X] Yes [] No

Portion of Building Occupied: SUITE 270 Area: 6416 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy: DBA: RESPIRATORY CARE BOARD

5/3/01 DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[TCO approvals GTD,MJS,FR,GRS,CP]

BC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure

POST IN A CONSPICUOUS PLACE

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 #	Insp. Area
0101578	1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 444 North 3rd Street Suite 270
 PARCEL # 001-0182-015

<p align="center">CONTACT</p> Name <u>WARREN TOBEY</u> Street Address <u>5258 ACOEN WAY</u> City/State/Zip <u>CARMICHAEL CA. 95608</u> Phone <u>486-2526</u> FAX <u>486-2526</u> E-mail: <u>the tobe @ Juno . Com</u>		<p align="center">LICENSED CONTRACTOR Lic No. # <u>422794</u></p> Name <u>WARREN TOBEY (W.E. TOBEY, CON)</u> Address <u>5258 ACOEN WAY</u> City/State/Zip <u>CARMICHAEL CA. 95608</u> Phone <u>916 486-2526</u> FAX <u>486-2526</u> E-mail: <u>THE TOBE @ Juno . Com</u>	
<p align="center">ARCHITECT/ENGINEER</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		<p align="center">OWNER</p> Name <u>STG VENTURE REALTY INC</u> Address <u>915 PINEK ROAD</u> City/State/Zip <u>SANTA ROSA, CA.</u> Phone <u>707 591 0104</u> FAX _____ E-mail: _____	

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

NATURE OF WORK IN DETAIL:

INTERIOR OFFICE REMODEL + EXTERIOR WORK
EXTERIOR DOORS 175,000

OCCUPANT/TENANT: Respiratory Care Board VALUATION: \$ 155,000

FLOOD STATUS:		S.C.A.T. <u>X16</u>							
JOB DESCRIPTION	BLDG	SHELL	APT	TI ()	REM (X)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES	<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File	
		<u>6416</u>		<u>B</u>	<u>VN</u>	<u>SPR</u> <u>ALARM</u>	<u>15</u>	[H] [Quad]	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	PW	UTIL
							<u>SMS</u>		

COMMENTS:

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

Date of Request: _____

By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 444 North 3rd St

Assessor's Parcel Number: 001-0182-015

Previous Use: Office

Description of Request/Proposed Use: INTERIOR OFFICE REMODEL +
NEW EXTERIOR DOORS.

Is This a Change of Use? NO

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

Zoning Designation: HC-SPD
M96-010 (RE)
P 83-088 (TM)
P 82-105 (LIA)
P-7974 (TM)

Richard's Blvd SPD
Design Review Area

Comments: [Handwritten scribbles]

Created by M May
Needs Design Review to

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

- * Staff Site Plan Check Required? (Circle one) YES NO
- * Field Inspection Required? (Circle one) YES NO
- * Design Review/Preservation Required?: (Circle one) YES NO

re-locate/eliminate
exterior doors. or add

Planning Review by/Date: Chimney 2-5-01.

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

MICROFILM AFTER FINAL