

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0104675**  
**Insp Area: 1**

**Site Address: 1625 STOCKTON BL SAC**  
Parcel No: 007-0283-002

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

**CONTRACTOR**  
SUNSERI ASSOCIATES  
3104 O ST STE 301  
SAC CA 95816

**OWNER**  
SACRAMENTO MEDICAL FOUNDATION  
1625 STOCKTON BL  
SACRAMENTO CA 95816

**ARCHITECT**

**Nature of Work: 2850 SQ FT 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 EL MONTE 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 A-C-C License Number 667664 Date 5-18-01 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 5-18-01 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 COMPASION INS FUND Policy Number 23835600 Exp Date 04/01/2002

(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 5-18-01 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.**

# 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 # <i>0104675</i>	Insp. Area <i>1C</i>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1625 STOCKTON - BONE MARROW RM Suite \_\_\_\_\_  
 PARCEL # \_\_\_\_\_

<p style="text-align: center;"><b>CONTACT</b> <i>SUNSET</i></p> <p>Name <u>ETHELWINE MOLNAR ASSOC</u></p> <p>Street Address <u>3104 'D' ST #301</u></p> <p>City/State/Zip <u>SAC 95816</u></p> <p>Phone <u>924-3624</u> FAX <u>924-3805</u></p> <p>E-mail: <u>EMOLNAR@SUNSETASSOCIATES.COM</u></p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>667664</u></p> <p>Name <u>SUNSET ASSOCIATES</u></p> <p>Address <u>SAME</u></p> <p>City/State/Zip <u>←</u></p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b> <i>CON</i></p> <p>Name <u>HOSHIDA &amp; REYES</u></p> <p>Address <u>2420 K ST #240</u></p> <p>City/State/Zip <u>SAC 95816</u></p> <p>Phone <u>444-1480</u> FAX <u>444-1482</u></p> <p>E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>SAC. MED. FOUNDATION</u></p> <p>Address <u>1625 STOCKTON</u></p> <p>City/State/Zip <u>SAC 95816</u></p> <p>Phone <u>94561500</u> FAX _____</p> <p>E-mail: _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: Gen. Accident  
 → WORKER'S COMPENSATION POLICY # CPP119726602 EXPIRATION DATE: 10/13/04

NATURE OF WORK IN DETAIL: T.T

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 66,000

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		
				<u>B</u>	<u>III-N</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>	<u>PW</u>	<u>UTIL</u>	
<u>130T</u>	<u>130T</u>		<u>17</u>	<u>T.L.M. 13</u>	<u>03 DMS</u>		<u>SPR</u>			

COMMENTS: Bring in as an express. I will see if I can do it during an express. Jim Tordaro  
Provide Medical gas letter - this shall include information on any gas tanks, use, and pipe information. Room on sprinker plan does not match the architectural plans. Provide section of Building for fire sprinker

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed



**AIRCO**  
**MECHANICAL, INC.**  
 CONTRACTORS AND ENGINEERS  
 5720 Alder Avenue  
 Sacramento, California 95828  
 (916) 381-4523 Lic. 311454

ACTION COPY  
 [Handwritten signatures and initials]

OCT 17 2001

**AIR OUTLET TEST REPORT**

PROJECT NAME Blood Center JOB NUMBER 010245-00-03  
 OUTLET MANUFACTURER titus TEST APPARATUS Balometer  
 SYSTEM 2nd Flr. North

AREA SERVED	OUTLET				DESIGN		PRELIMINARY			FINAL		REMARKS
	NO.	TYPE	SIZE	AK	CFM	VEL	VEL OR CFM	VEL OR CFM	VEL	CFM		
VAV 2-1	S1		6"φ		120		160	120		120	min 75	
max VP .30	S2		6"φ		95		180	100		100	heat 210	
min VP .08	S3		6"φ		95		160	100		100		
	S4		6"φ		105		190	110		110		
					415		690	430		430		
VAV 2-6	S1		8"φ		120		190	150		150	min 135	
max VP .29	S2		8"φ		160		145	130		130		
min VP .05	S3		6"φ		110		110	110		110		
					390		745	390		390		
VAV 2-7	S1		12"φ		440		410	470	485	485	min 315	
max VP .75	S2		10"φ		395		280	310	350	350		
min VP .05	S3		10"φ		420		310	350	400	400		
					1255		1000	1130	1235	1235		
VAV 2-8	S1		8"φ		200		225			205	min 50	
max VP .23												
min VP .04												
VAV 2-10	S1		6"φ		105		130			130	min 75	
max VP .25	S2		6"φ		95		110			110	heat 220	
min VP .07	S3		6"φ		95		105			105		

REMARKS: S4 8"φ 140 435 140 485 140 485

TEST DATE 10-17-01 READINGS BY Erik Tickler

CITY OF SACRAMENTO  
BUILDING INSPECTION DIVISION  
APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

0104675

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: \_\_\_\_\_ Phone: 751-1111  
Site Address: 1625 Stockton Bl (Street) Suite: \_\_\_\_\_ (Zip)  
Business Owner/Representative: \_\_\_\_\_ Phone: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_  
Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite: \_\_\_\_\_ (Street)  
\_\_\_\_\_  
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes \_\_\_ No  Is this permit for a shell building? Yes \_\_\_ No   
Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes \_\_\_ No   
4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes \_\_\_ No   
6. Do you handle, store or transport any amount of acutely hazardous materials? Yes \_\_\_ No   
7. Is/Will your business be located within 1,000 feet of a school? Yes \_\_\_ No

If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes \_\_\_ No \_\_\_

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

**Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.**

**PENALTY:** Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: \_\_\_\_\_ (Print)  
\_\_\_\_\_  
(Signature) 5/8/01 (Date)

BID Use Only: Plan Ck# 0104675 Permit # 0104675
OK to issue prmt? Y <input checked="" type="checkbox"/> F.D. Appr Req'd? Yes No
init date _____
Hold on Certificate of Occupancy? Yes No <input checked="" type="checkbox"/>
Fire Dept. Use Only:
OK to issue permit? init _____ date _____
OK to issue Certificate of Occupancy? init _____ date _____