

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0508597  
Insp Area: 4  
Thos Bros: 277G2

Site Address: 3951 RESEARCH DR SAC  
Parcel No: 250-0029-012

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

CONTRACTOR  
UNGER CONSTRUCTION  
910 X ST  
SACRAMENTO CA 95818

OWNER  
PMRA III  
555 CAPITOL MALL #215  
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: REMOVING NON BEARING WALLS

**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 301690 Date 6/15/05 Contractor Signature Alex S. [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.

X Date 6/15/05 Applicant/Agent Signature Alex S. [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 AB 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 0002442-2004 Exp Date 10/01/2005

\_\_\_\_ (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 6/15/05 Applicant Signature Alex S. [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**  
**PLANNING & BUILDING DEPARTMENT**  
 PERMIT SERVICES SECTION  
 1231 I Street, Suite 200  
 Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7046

<b>ACTIVITY #</b>	<b>Isnp. Area</b>
0508597	

*Applicant MUST complete ALL Unshaded areas*

**ADDRESS** 3951 Research Drive Suite B  
**PARCEL #** 250-0029-012

<b>CONTACT</b>		<b>LICENSED CONTRACTOR</b> Lic No. # <u>201690</u>	
Name <u>Gary Tinseth</u>	Street Address <u>910 X Street</u>	Name <u>Under Construction</u>	Address <u>910 X Street</u>
City/State/Zip <u>Sacramento, CA 95818</u>	Phone <u>916 325 5500</u> FAX <u>916 325 5460</u>	City/State/Zip <u>Sacramento CA 95818</u>	Phone <u>916 325 5500</u> FAX <u>916 325 5460</u>
E-mail:		E-mail:	
<b>ARCHITECT/ENGINEER</b>		<b>OWNER</b>	
Name <u>Ottolini &amp; Associates</u>	Address <u>4070 Bridge St. suite 7</u>	Name <u>Reef</u>	Address <u>2720 Gateway Drive Suite 40</u>
City/State/Zip <u>Folsom CA 95628</u>	Phone <u>536 0768</u> FAX <u>536 0769</u>	City/State/Zip <u>Sacramento CA</u>	Phone <u>925 9965</u> FAX <u>925 0413</u>
E-mail:		E-mail:	

→ Will permittee have any employees on the jobsite?  No  Yes → **INSURANCE CO:** STATE FUND  
 → **WORKER'S COMPENSATION POLICY #** 2442 **EXPIRATION DATE:** 10/31/05

**NATURE OF WORK IN DETAIL:**

**OCCUPANT/TENANT:** **VALUATION: \$** 10,000.00

<b>FLOOD STATUS</b>						<b>S.C.A.T.</b>				
<b>JOB DESCRIPTION</b>		BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TI( ) <input type="checkbox"/>	REM( ) <input type="checkbox"/>	SW <input type="checkbox"/>	FIRE <input type="checkbox"/>	ADD <input type="checkbox"/>	OTHER <input type="checkbox"/>
<b>INSPECTION DISCIPLINES</b>		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1 <sup>st</sup> flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
						SPR	ALARM		PW	UTIL
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>		
						AT JMT				

**COMMENTS:**

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

City of Sacramento  
Development Services Department  
**PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL**

ADDRESS: 3951 RESEARCH DRIVE	APN: 250-0029-012
DRPB AREA / PUD / SPD: EXPANDED NORTH / NORWOOD TECH PUD	ZONING: M-1S-PUD
EXISTING LAND USE: COMMERCIAL BUILDING	
PROPOSED USE: COMMERCIAL TI - ALL INTERIOR	
<b>PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:</b>	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC      ZA      IR      ER      DR      PB Required Planning application must be approved <i>before</i> project can be submitted for plan check
<input type="checkbox"/>	Application(s) IN PROGRESS:    File Number: Application must be approved <i>before</i> project can be submitted for plan check.
<input type="checkbox"/>	Application(s) COMPLETED:    File Number & approval date: Building permit must conform to approved plans and comply with all conditions of approval. Do NOT accept applications for a building permit prior to the end of the 10-day appeal period.
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Route to SITE for inspection <i>only</i> , plan check not required.
<input type="checkbox"/>	Preliminary review <b>ONLY</b> ; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
CONDITIONS AND COMMENTS: PROPOSED WORK INTERIOR, REMOVE NON WEIGHT BEARING WALLS, MOVE DOORS. NO WORK TO EXTERIOR PROPOSED. NO CHANGE IN USE - OFFICE TO OFFICE. NO ADDITIONAL PLANNING ENTITLEMENTS APPARENT. NO DESIGN REVIEW APPROVAL REQUIRED.	
DATE: 06/15/05	BY: BONNIE SURGEON

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 808-5716

Building Address:	<u>3951 RESEARCH DR</u>	Permit No.:	<u>0508597</u>
Building Use:	<u>REMODEL</u>	Occupancy:	<u>B</u>
Building Owner:	<u>PMRA III</u>	Construction Type:	<u></u>
Owner Address:	<u>SACRAMENTO, CA</u>	Sprinkled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Portion of Building Occupied:	<u>REMODEL</u>	Area:	<u></u> Sq. Ft.
10/31/05	<i>Carolyn Cooper</i>	<b>RON BEEHLER</b>	
Date	By: (Print)	Sign	<b>CHIEF BUILDING OFFICIAL</b>

[ Finaled By: DKS,KAT ]

*This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.*

**POST IN A CONSPICUOUS PLACE**