

CITY OF SACRAMENTO

Permit No: 9714389

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 3835 J ST SAC

Sub-Type: REM

Parcel No: 0080032026

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

TIPTON HEATER

3701

SACRAMENTO CA

95816

Phone:

Phone:

Phone:

Nature of Work: EXTERIOR FACADE RENOVATION AND INTERIOR 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 \_\_\_\_\_ 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,B,C,C22 License Number 1671664 Date 3/99 Contractor Signature Kavio Sumsui

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 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 or 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 or 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.

Date 12/11/97 Applicant/Agent Signature Kavio Sumsui

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 California Compensation Policy Number W973155103

(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 12/11/97 Applicant Signature Kavio Sumsui

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  
 APPLICATION FOR BUILDING PERMIT  
 DEPARTMENT OF PLANNING AND DEVELOPMENT  
 BUILDING INSPECTION DIVISION  
 1231 I Street, Room 200  
 Sacramento, CA 95814  
 (916) 264-7619 FAX 264-7046

9714389

ADDRESS 3835 J St. P.C. # 5527  
 PARCEL # \_\_\_\_\_ SUITE # \_\_\_\_\_  
 AREA # 1st

CONTACT  LICENSED CONTRACTOR

NAME KEVIN DONNELLY  
 ADDRESS 1723 14TH ST.  
SACRAMENTO ZIP 95814  
 PHONE 440-5340 FAX: 440-5506

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_ ZIP \_\_\_\_\_

ARCH./ENG.  OWNER/

NAME SHANE AS ABOVE  
 ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME DR. SUZANNE KILMER  
 ADDRESS 3835 J ST.  
SACR ZIP 95817  
 PHONE 916 457-0400

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE?  YES  NO

NATURE OF WORK IN DETAIL: EXTERIOR FACADE RENOVATION  
TI RENOVATION.

D.B.A. \_\_\_\_\_  VALUATION \$100K

FLOOD STATUS \_\_\_\_\_  S.C.A.T. \_\_\_\_\_

JOB DESCR. BLDG SHEL APT II(-) REM( ) SW FIRE ADD OTH

INSP. DISCIPLINES  BLDG  MECH  PLUMB  ELEC  SITE  FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	USE ZONE	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FED. CODE	VIO. FILE
B	L	P	M	E	<del>RENOV</del>	S	B	R

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

SACRAMENTO COMP. PERMIT #

Planning Division COMMERCIAL PRELIMINARY Information Request

BUILDING CHECK ONE:

Over the counter review and issue permit \_\_\_\_\_  
Will be taken in and reviewed for site conditions \_\_\_\_\_  
Will be taken in but not reviewed for site conditions \_\_\_\_\_  
Information only, pre-submittal information \_\_\_\_\_

9714389

Customer Name: KEVIN DONNELLY Phone Number: 440.5348

Project address: 3835 'J' STREET  
APN: 008-0032-044 Current site use: MEDICAL OFFICE

Need to verify AN. Proposed Site use: SAME

Describe what is being requested: APPROVAL & COMMENTS

Requested by: \_\_\_\_\_ Date: 10.21.97

Zone \_\_\_\_\_ Overlay / SPD / PUD / R-review \_\_\_\_\_

- Planning staff Review required \_\_\_\_\_
- Planning Hearing required \_\_\_\_\_
- Design Review required \_\_\_\_\_
- No Planning Issues
- Counter ok review by site cond. \_\_\_\_\_

Prior Applications on site P# \_\_\_\_\_ Z# \_\_\_\_\_

DR# \_\_\_\_\_ PB# \_\_\_\_\_ IR# \_\_\_\_\_

Comments: Proposal is allowed as per attached notations from the planning Division. No planning issues. O.K. H. Perry

Planning review by: H. Perry Date: 10.21.97

- MUST BE REVIEWED BY PLANNING
- |                 |                      |               |
|-----------------|----------------------|---------------|
| Care Facilities | Anything Residential | Restaurants   |
| Churches        | Day care             | Sidewalk Cafe |
| Drive-through   | Lot Line adjustments |               |
| Medical Offices | Bars                 |               |

Security gates  
CELLULAR COMMUNICATION FACILITIES

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

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

1 Business Name: BOB LAYNE'S SKIN SURGERY MEDICAL CLINIC Phone: 916.923.0400  
 Site Address: 3835 J STREET Suite: N/A  
(Street) (Zip)  
 Business Owner/Representative: SUZANNE L. KILMETER M.D. Phone: 916.923.0400  
 Nature of Business: MEDICAL CLINIC  
 Property Owner: SUZANNE L. KILMETER Phone: 916.923.0400  
 Address: 1400 38TH Suite: N/A  
SACRAMENTO (Street) CA. 95816  
(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: Karen Switzer  
(Print)  
Karen Switzer 12/11/07  
(Signature) (Date)

BID Use Only: Plan Ck# <u>5527</u> Permit # <u>9714389</u> OK to issue prmt? <u>NO</u> <small>DATE</small> F.D. Appr Req'd? Yes No <small>init date</small>	
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Fire Dept. Use Only: OK to issue permit? ini' <input type="checkbox"/> date <input type="checkbox"/> OK to issue Certificate of Occupancy? ini' <input type="checkbox"/> date <input type="checkbox"/>	

CITY OF SACRAMENTO  
BUILDING INSPECTION \* DEPARTMENT OF PLANNING AND DEVELOPMENT  
1231 I STREET \* SACRAMENTO, CA 95814 \* PHONE (916)264-7619

STRUCTURAL TESTS AND INSPECTIONS SCHEDULE

PRIOR TO OBTAINING THE PERMIT, THE PROJECT OWNER SHALL COMPLETE, SIGN AND SUBMIT THIS FORM FOR THE BUILDING INSPECTION DIVISION FOR APPROVAL.

PROJECT NAME: LASER AND SKIN SURGERY CENTER  
PROJECT ADDRESS: 3835 - J st

PLAN REVIEW # 5527  
PERMIT NUMBER \_\_\_\_\_

TESTING/INSPECTION AGENCY/IES: CONSOLIDATED ENGINEERING LABS

201 HARRIS AVE #14

OWNER'S NAME: KEVIN A. DANIELLY SIGNATURE: [Signature]  
(Please Print)

hereby certifies that the Testing/Inspection agency named above has been engaged to perform structural tests and inspections during construction, as noted below, to satisfy all applicable portions of the Uniform Building Code.

INSPECTIONS REQUIRED

In accordance with Sections 302 and 306 of the Uniform Building code, special inspections shall be performed on the following items (circled):

<u>Item</u>	<u>Description</u>	<u>Ref. Dwg.*</u>
1.	CONCRETE <u>3000 PSI</u>	<u>A-2.1/52.1 B-2.1/82.1</u>
2.	REINFORCING/PRESTRESS STEEL _____	_____
3.	WELDING <u>Field welding</u>	<u>A5/A9.2, A3/A9.2</u>
4.	HIGH STRENGTH BOLTING _____	_____
5.	STRUCTURAL MASONRY _____	_____
6.	PILING, DRILLED PIERS, CAISSONS _____	_____
7.	SPRAY APPLIED PROOFING _____	_____
8.	OTHER: _____	_____

\* Referenced drawings listed represent a sample of the item requiring special inspection and are not intended to document all drawings or specifications containing information pertaining to that item.

BID APPROVAL [Signature]

Date 12/14/77

[Handwritten notes]

# CITY OF SACRAMENTO CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address 3835 W STREET Permit No. 47-14389

Building Use Medical Office DBA: Faer & Skin Surgery Center Occupancy B

Building Owner Dr. Suzanne Klamer Construction Type VN

Owner Address 3035 J Street, Sacramento, CA 95819 Sprinkled  Yes  No

Portion of Building Occupied Entire building 2 stories Area 8,350 Sq. Ft.

05 / 15 / 98 BRADFORD J. BOEHM, P.E. Bradford J. Boehm, P.E.  
City Building Official

Date Issued 05 / 15 / 98 By: Print  
Prletas/McDonald/Krinko/Kakashima

Sign

City Building Official

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 9 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 City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

**POST IN A CONSPICUOUS PLACE**



May 13, 1998

**CONSOLIDATED ENGINEERING  
LABORATORIES**

Mr. Dave Lyman  
Sunseri Associates, Inc.  
3104 'O' Street, Suite 301  
Sacramento, CA 95815

**Re: Remodel of Laser & Skin Surgery Center  
3835 "J" Street  
Sacramento, CA  
Permit No.: 97-14389  
CEL No.: S1257; Report No. 2**

**FINAL LABORATORY AFFIDAVIT**

THIS IS TO CERTIFY that in accordance with Section 306 (a) of the Uniform Building Code, Consolidated Engineering Laboratories has provided special inspection and testing on the subject project as listed below:

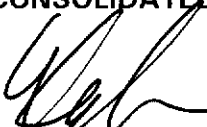
1. Epoxied Anchorages

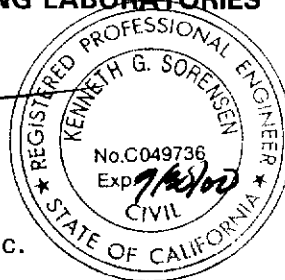
These inspections were performed by personnel under the general supervision of a Registered Civil Engineer in the State of California. Details of our work on this project are contained in our testing and inspection reports, issued during the course of construction.

Based upon the inspections performed and upon our substantiating reports, it is our professional judgment that the inspected work was performed substantially in conformance with the approved plans and specifications, approvals by the Structural Engineer, and the applicable workmanship provisions of the Uniform Building Code.

Sincerely,

**CONSOLIDATED ENGINEERING LABORATORIES**

  
Kenneth G. Sorensen, P.E.  
Division Engineer



cc: Sunseri Associates, Inc.  
City of Sacramento

All reports are submitted as the confidential property of clients. Publication of statements, conclusions, or extracts is reserved pending our written approval.

*Bryan Nakoski*  
5/15/98



**CONSOLIDATED ENGINEERING**  
**LABORATORIES**

February 27, 1998

City of Sacramento  
1231 "I" Street, Room 200  
Sacramento, CA 95814

**RE: Remodel of Laser & Skin Surgery Center**      **Inspection Date: 2-27-98**  
**3835 "J" Street**      **Location: Jobsite**  
**Sacramento, CA**      **Inspector: D. Allopenna**  
**Permit No.: 97-14389**      **Report No.: 1**  
**CEL No.: S1257**      **Hours: 4 Regular**

**EPOXIED ANCHOR INSTALLATION REPORT**

2-27-98 - CEL inspector D. Allopenna reported to the jobsite. Inspected the placement of 4 total  $\frac{3}{4}$ " diameter all-thread rods installed at the columns to foundation connection. The rods were placed vertically into  $\frac{7}{8}$ " diameter holes to a depth of 7". The holes were clean, dry, and the rods were fully embedded in epoxy. The Simpson High Strength adhesive was mixed and placed in accordance with the manufacturer's recommended procedures.

Work inspected was in compliance with approved plans and specifications, per approved drawings S2.1, #97113.

**REVIEWING ENGINEER: KENNETH G. SORENSEN, C.E. #49736**

cc: Sunseri Associates, Inc.  
City of Sacramento

All reports are submitted as the confidential property of clients. Publication of statements, conclusions, or extracts is reserved pending our written approval.