

CITY OF SACRAMENTO

Permit No: 9808527

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 1584 SILICA AV SAC

Sub-Type: ACOM

Parcel No: 2770101029

Housing (Y/N): N

CONTRACTOR

D R BENDER CONSTRUCTION
P O BOX 1985
ELK GROVE CA 95624

OWNER

HOBART CORPORATION
TROY OH 45374

ARCHITECT

Nature of Work: REMODEL OFFICE, SALES, AND WAREHOUSE AREAS

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 B License Number 424519 Date 10/2/98 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 Oct 2, 1998 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 222-0013694-98
1-1-99

_____ (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 Oct 2, 1998 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
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

| SUBMITTAL DATES | | | | | |
|-----------------|-----|------------|-----|------------|-----|
| First Review | | 2nd Review | | 3rd Review | |
| IN | OUT | IN | OUT | IN | OUT |
| 9/11/98 | 1/1 | 1/1 | 1/1 | 1/1 | 1/1 |

PLAN CHECK # 6363K
 ADDRESS: 1584 SILICA AVE
 Commercial Residential

ACCEPTED by (Staff):
DB (B2)

| DISCIPLINE | 1ST REVIEW | | | 2ND REVIEW | | | 3RD REVIEW | | |
|---------------------|------------|-------|--------|------------|-------|------|------------|-------|------|
| | Status | Staff | Date | Status | Staff | Date | Status | Staff | Date |
| LIFE SAFETY | 3 | HT | 9/2/98 | | | | | | |
| STRUCTURAL | | none | | | | | | | |
| MECHANICAL/PLUMBING | | | | | | | | | |
| ELECTRICAL | 3 | HU | 9/2/98 | | | | | | |
| FIRE | 03 | DW | 9/2/98 | | | | | | |
| PLANNING | | | | | | | | | |

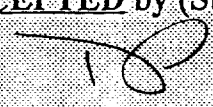
STAFF COMMENTS:

~~CITY OF SACRAMENTO~~
 CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

| SUBMITTAL DATES | | | | | |
|-----------------|-----|------------|-----|------------|-----|
| First Review | | 2nd Review | | 3rd Review | |
| IN | OUT | IN | OUT | IN | OUT |
| / / | / / | 9/23/98 | / / | / / | / / |

PLAN CHECK # 63634
 ADDRESS: ~~1584~~ 1584 Silica Ave
 Commercial Residential

ACCEPTED by (Staff):


| DISCIPLINE | 1ST REVIEW | | | 2ND REVIEW | | | 3RD REVIEW | | |
|---------------------|------------|-------|---------|------------|-------|------|------------|-------|------|
| | Status | Staff | Date | Status | Staff | Date | Status | Staff | Date |
| LIFE SAFETY | | | | | | | | | |
| STRUCTURAL | | | | | | | | | |
| MECHANICAL/PLUMBING | | | | | | | | | |
| ELECTRICAL | 3 | JMN | 9/25/98 | | | | | | |
| FIRE | | | | | | | | | |
| PLANNING | | | | | | | | | |
| | | | | | | | | | |

STAFF COMMENTS: _____

CITY OF SACRAMENTO
APPLICATION FOR ██████████ BUILDING PERMIT 98-08527

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

PLAN CHECK # 6363X Insp. Area 4C

Applicant **MUST** complete ALL Unshaded areas this page only

ADDRESS 1584 Silica Avenue Suite _____
PARCEL # 277-0101-029

| | |
|--|--|
| <p align="center">CONTACT</p> <p>Name <u>[Signature]</u> Address _____ Phone _____ FAX _____ Zip <u>95815</u></p> | <p align="center">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name <u>DR Bender Co</u> Address <u>PO Box 1485</u> <u>Elk Grove CA</u> Zip <u>95621</u> Phone <u>685-5351</u> FAX <u>685-9793</u></p> |
| <p align="center">ARCHITECT/ENGINEER</p> <p>Name _____ Address _____ Phone _____ FAX _____ Zip _____</p> | <p align="center">OWNER ██████████</p> <p>Name <u>Hobart Corp</u> Address <u>1584 Silica Ave</u> <u>SAC CA</u> Zip <u>95815</u> Phone _____ FAX _____</p> |

→ Will the permittee have any employees on the jobsite? Yes No

→ If yes, WORKER'S COMPENSATION POLICY # State 7-11 # 229-45 EXPIRATION DATE: 01-01-99

NAME OF INSURANCE COMPANY: State Farm

NATURE OF WORK IN DETAIL: Remodel Office, sales and warehouse areas.

DBA: Hobart Corp VALUATION: \$20,000

| | | | | | | | | | | |
|-------------------|--------------|------------|----------|------------|------------|---------------|-------|----------|-----------|-----|
| 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 | Vio. File | |
| | | 4982 | | S-2/B/M | III-N | Spr | Alarm | 18 | | |
| B | L | E | M | E | F | S | D | R | | |

COMMENTS:

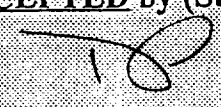
REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

~~CONFIDENTIAL~~
CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

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| IN | OUT | IN | OUT | IN | OUT |
| / / | / / | 9/23/98 | / / | / / | / / |

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|---------------------|------------|-------|---------|------------|-------|------|------------|-------|------|
| | Status | Staff | Date | Status | Staff | Date | Status | Staff | Date |
| LIFE SAFETY | | JM | 9/25/98 | | | | | | |
| STRUCTURAL | | | | | | | | | |
| MECHANICAL/PLUMBING | | | 9/28/98 | | | | | | |
| ELECTRICAL | 3 | JM | 9/25/98 | | | | | | |
| FIRE | | | 9/25 | | | | | | |
| PLANNING | | | | | | | | | |
| | | | | | | | | | |

STAFF COMMENTS: _____

