

CITY OF SACRAMENTO

Permit No: 9806939

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 1900 14TH ST SAC

Sub-Type: COM

Parcel No: 0090084014

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

13TH & T ST VENTURE
1927 13TH ST
SACRAMENTO CA 95814

Nature of Work: INTERIOR DEMO 16,720 SF

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.

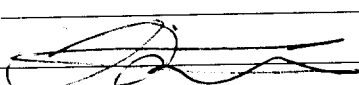
License Class _____ License Number _____ Date _____ Contractor Signature _____

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.)

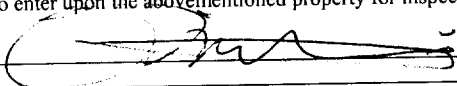
_____, I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

_____, I am exempt under Sec. _____ B & PC for this reason: _____

Date 23 Jul 98 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 23 Jul 98 Applicant/Agent 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 COMPENSATION INSURANCE FUND Policy Number 10-98 499-97

(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 23 Jul 98 Applicant 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
APPLICATION FOR BUILDING PERMIT**

9806939

**DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES DIVISION**

1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

→ Applicant must complete ALL Unshaded areas ←

PC #	AREA #
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ADDRESS 1900 14th STREET SACRAMENTO Suite _____
PARCEL # 009-0084-014

<p align="center">CONTACT</p> <p>Name <u>BOB MACKINNON ARCHITECT</u> Address <u>1104 8th STREET</u> <u>SACRAMENTO</u> Zip <u>95814</u> Phone <u>448-9888</u> FAX <u>448-9887</u></p>	<p align="center">LICENCED CONTRACTOR Lic No. # _____</p> <p>Name _____ Address _____ Phone _____ FAX _____</p>
<p align="center">ARCHITECT/ENGINEER</p> <p>Name <u>BOB MACKINNON ARCHITECTURE</u> Address <u>1104 8th STREET</u> <u>SACRAMENTO CA</u> Zip <u>95814</u> Phone <u>448-9888</u> FAX <u>448-9887</u></p>	<p align="center">OWNER/TENANT</p> <p>Name <u>13th STREET VENTURE</u> Address <u>1927 13th STREET</u> <u>SACRAMENTO CA</u> Zip <u>95814</u> Phone <u>444-3262</u> FAX _____</p>

→ Will the permittee have any employees on the jobsite? Yes No
 → If yes, WORKER'S COMPENSATION POLICY # 499-97 EXPIRATION DATE: 10-01-98
 NAME OF INSURANCE COMPANY: STATE COMPENSATION INSURANCE FUND

NATURE OF WORK IN DETAIL: DEMOLITION OF INTERIOR ARCHITECTURAL, NON STRUCTURAL WALLS, FLOORS, CEILING, CUT BACK TO PANELS AND UNITS FOR ELECTRICAL AND HVAC.

DBA: _____ VALUATION: \$5,000.00

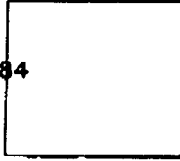
FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM()	SW	FIRE	ADD	<u>OTH</u>
INSP. DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y/N</u>	Fed Code	Vio. File		
						Spr	Alarm			
B	<u>L</u>	P	<u>M</u>	<u>E</u>	F	S	<u>D</u>	R		

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

COUNTY OF SACRAMENTO

OFFICE OF THE ASSESSOR
700 H STREET, SACRAMENTO, CA 95814-1284



ROGER G.F. FONG, ASSESSOR
JOHN SOLIE, ASSISTANT ASSESSOR

DE ANGELIS FAMILY TRUST
1927 13TH STREET
SACRAMENTO, CA 95814

JULY, 9/1998

Assessor's Parcel Number: 009-0084-015-0000 - 1900 - 14th Street

Dear Property Owner:

Article XIII A of the California Constitution requires that all property be reassessed at current market value when a change in ownership occurs except when excluded by law. Recorded documents received in this office indicate that a change in ownership has occurred and that reassessment is appropriate on the above referenced parcel(s).

We are requesting clarification regarding this change in ownership in order for this office to make a proper determination concerning reassessment. Please submit the information and/or documents checked below within 30 days from the date you receive this notice. If the information requested is not received within the time period indicated, the determination to reassess your property will remain in effect.

INFORMATION REQUESTED - Copy of item underlined below:

Partnership Agreement if incorporated, copy of amended Articles of Incorporation. If not incorporated, certified copy of Minutes regarding name change.
PLEASE SUPPLY A COPY OF THE 13TH & T VENTURE PARTNERSHIP AGREEMENT.

Thank you for your cooperation in this matter. If you have any questions, please contact the Property Transfer Unit at (916) 874-5899 between 9:00 a.m., and 4:00 p.m., or you may come to 700 H Street, third floor between 8:00 a.m., and 5:00 p.m., to obtain additional information in person.