

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0310348

Insp Area: 1

Thos Bros:

Sub-Type: REM

Housing (Y/N): N

Site Address: 1201 ALHAMBRA BL SAC

Parcel No: 007-0183-001

STE 200

CONTRACTOR

WEST FORK CONSTRUCTION
4701 24TH ST SUITE 1A
SACRAMENTO CA 95822

OWNER

ALHAMBRA MEDICAL BUILDING
2929 K ST
SACRAMENTO CA 95816

ARCHITECT

Nature of Work: 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 B License Number 724016 Date 8/8/03 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 _____ 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 above mentioned property for inspection purposes.

Date 8/8/03 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 FUND Policy Number 046001030703 Exp Date 01/01/2004

_____, (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 8/8/03 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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION
 311 Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0310398	Insp. Area IC
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1201 ALHAMBRA BLVD Suite 200

CONTACT

NAME RUDY REDONDO

ADDRESS 4701 24th ST.

CITY/STATE/ZIP SACRAMENTO, CA

PHONE 452-8197 FAX 452-8190

E-MAIL:

LICENSED CONTRACTOR Lic No. # 724016

NAME WEST FORK CONST.

ADDRESS 4701 24th ST.

CITY/STATE/ZIP SACRAMENTO, CA

PHONE 452-8197 FAX 452-8190

E-MAIL:

ARCHITECT/ENGINEER

NAME BOULDER ASSOCIATES

ADDRESS 2015 J ST.

CITY/STATE/ZIP SACRAMENTO

PHONE 492-8796 FAX

E-MAIL:

OWNER

NAME

ADDRESS

CITY/STATE/ZIP

PHONE FAX

E-MAIL:

Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____ EXPIRATION DATE: _____

WORKER'S COMPENSATION POLICY # _____

NATURE OF WORK IN DETAIL: INTERIOR T.I.

OCCUPANT/TENANT: ALHAMBRA P.T. VALUATION: \$ 60,000

JOB STATUS:		S.C.A.T.						
BLDG	SHELL	APT	TIL	REMO	SW	FIRE	ADD	OTH
BLDG								FIRE
INSPECTION DISCIPLINES								
Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File
<u>2</u>		<u>4832</u>		<u>B</u>	<u>11-1HR</u>	<u>SPR X 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>	PW UTIL

COMMENTS:

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

BOULDER ASSOCIATES, INC.

Architecture + Interior Design

Robert G. Owens III, AIA
Craig D. Mulford, AIA

Nicholas J. Rehnberg, AIA
Timothy C. Boers, AIA

July 14, 2003

City of Sacramento
Planning and Building Department
1231 I Street, Suite 200
Sacramento, CA 95814

RE: SMF - Alhambra Physical Therapy Remodel
02884.00

Dear Plans Examiner:

Enclosed please find five stamped and signed sets of plans for the Alhambra Suite 200 Remodel for submittal to the City of Sacramento.

The existing Alhambra Suite 200 has been split in half. The City of Sacramento has already issued a demolition permit and the building permit for the new Suite 202. The work described in these drawings consists of remodeling and upgrading of finishes in the existing, licensed physical therapy suite. The following narrative describes the changes we are proposing:

1. Relocation of casework in therapist charting room.
2. Reconfiguration of existing therapy cubicle curtains.
3. Addition of floor mounted plugs for exercise equipment.
4. Upgrade of paint and carpet throughout the suite.

Alhambra Suite 200 qualifies as a Rehabilitation Clinic per CBC Section 422A.19. As an OSHPD III facility, the suite is subject to review by the local jurisdiction. CBC Section 422A.19.2 lists the specific requirements for a physical therapy service space. CBC Sections 422A.4-13 list the general requirements for OSHPD III Clinics. In these drawings, we have indicated the applicable requirements and noted the code sections they satisfy.

Please do not hesitate to contact me if there are any questions regarding the review of these drawings. I can be reached by phone at (916) 492-8796, by cellular phone at (916) 548-8184, or by email at rmickerson@boulderassociates.com.

Sincerely,

BOULDER ASSOCIATES, INC.



Romano Nickerson

Cc: Job File 02884.00 (4)

MICROFILM AT FINAL