

**CITY OF SACRAMENTO**

**1231 I Street, Sacramento, CA 95814**

**Permit No: 0004875**

**Insp Area: 3**

**Site Address: 8425 BELVEDERE AV SAC**

**Parcel No: 061-0140-054**

**Sub-Type: AOTHR**

**Housing (Y/N): N**

**CONTRACTOR**

BUZZ OATES  
8615 ELDER CREEK RD  
SACRAMENTO, CA 95828

**OWNER**

CHRISMAN FAMILY REVOCABLE TRU  
7728 WILBUR WY #A  
SACRAMENTO CA 95828

**ARCHITECT**

**Nature of Work: CONSTRUCT DEMIZING WALL BETWEEN TENANTS**

**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 License Number 702621 Date 5/12/00 Contractor Signature Shoma Madam

**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 3 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 5/12/00 Owner Signature Shoma Madam

**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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date \_\_\_\_\_ 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 COMP INS FUND Number 1579398-00 Exp Date 3/1/01

\_\_\_\_ (This section need not be completed if the person (or persons) (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 which shall 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 5/12/00 Applicant Signature Shoma Madam

**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 COMMERCIAL BUILDING PERMIT**

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

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

ACTIVITY # 00-04875 Insp. Area 30

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 8425 BELVEDERE SAC Suite \_\_\_\_\_

PARCEL # 061-0140-054

<b>CONTACT</b> Name <u>THOMAS MALBOURN</u> Address <u>8615 ELDER CREEK, SAC 95828</u> Phone <u>381-3600</u> FAX <u>381-4707</u> E-mail _____		<b>LICENSED CONTRACTOR</b> Lic No. # <u>702621</u> Name <u>BUZZ OATBS ENT</u> Address <u>8615 ELDER CREEK</u> Phone <u>381-3600</u> FAX <u>381-4707</u> E-mail _____	
<b>ARCHITECT/ENGINEER</b> Name <u>LEO McGLADRE</u> Address <u>3417 ARDEN WAY SAC 95225</u> Phone <u>488-8380</u> FAX <u>488-2062</u> E-mail _____		<b>OWNER</b> Name _____ Address _____ Phone _____ FAX _____ E-mail _____	

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: STATE COMP INS FUND  
 → WORKER'S COMPENSATION POLICY # 1579-398-00 EXPIRATION DATE: 3/1/01

NATURE OF WORK IN DETAIL: 187.5 LF 2HR DEMISING WALL

OCCUPANT/TENANT: FULMER INDUSTRIES VALUATION: \$ 15,000

FLOOD STATUS: <u>NF</u>		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( <input checked="" type="checkbox"/> )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<input checked="" type="checkbox"/> 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	
<u>13</u>	<u>13</u>	<u>140625</u>		<u>F1</u>		SPR	ALARM	<u>10</u>	[H]	[Quad]
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	P	M	E	<input checked="" type="checkbox"/> F	S	D	PW	UTIL	

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

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

# DAILY FIELD REPORT

Project #: 796-315-00	Date: 2/10/00	Day: Tues	Weather: Cloud	PAGE 1 of 1							
Project Name: Fulcrum Ind	Project Location: Sacramento	Permit #: 00-0875C									
Client: Russ Oster	General Contractor:		Client's Representative:								
Sub Contractor: Performance Contracting (PCI)	Superintendent: Kojak		Other Persons Contacted: Lamont								
Type of Work: Fireproofing	Location/Element: Roof I Beam	Equipment used: —	Time:								
Type of Work:	Location/Element:	Equipment used:	Time:								
Plans/Specifications: MLO M Glado's Ass.											
Spoke with Roger. Observed fireproofing of Monokote type MK-6s T&B#4607 applied to roof I Beam running North to South through building. This beam has sheed rock on top and bottom, the hole to deck areas S.											
This beam is painted and will require a bond test once cured. Reschedule for bond test.											
Took a 12"x12" sample for density Test.											
Took 2 thickness tests, see below.											
Location	1	2	3	4	5	6	7	8	9	Total	Average
2011 S&H	1"	1"	1"	1"	N/A	1"	1"	1"	1"	8	1 in
4011 S&H	1"	1"	1"	1"	N/A	1"	1"	1"	1"	8	1 in
Fireproofing extended approximately 5 ft on connecting beam to steel screens. Lamont of PCI has verbal JAs to the thickness of fireproofing. Raney EIT the above.											
Fireproofing Average thickness 1 in minimum											
ATTACHMENTS: <input type="checkbox"/> FIELD DENSITY DATA <input type="checkbox"/> CONCRETE PLACEMENT DATA <input type="checkbox"/> SKETCH <input type="checkbox"/> OTHER:											
Copy received by/given to: <i>Mario</i>	Arrived: 9:15am	Departed: 11:00am	Report by: <i>Dean</i>								



# DAILY FIELD REPORT

Project #: 146-335.00	Date: 6/26/00	Day: MON	Weather: CLEAR	PAGE 1
Project Name: TULCRUM RD.	Project Location: SAC		Permit #:	
Client: B.O.E.		Client's Representative: ROGER		
General Contractor:		Superintendent:		
Sub-Contractor:		Other Persons Contacted:		
Type of Work:	Location/Element:	Equipment used:	Time:	
Type of Work: EPOXY OBSV.	Location/Element:	Equipment used:	Time:	
Plans/Specifications: LEO MCGLADE + ASSOC. 4/27/00				
OBSERVED PLACEMENT OF SIMPSONS SET HIGH STRENGTH EPOXY INTO CLEAN + DRY <del>BY</del> HOLES FOR 16 #5 REBAR WITH 4' EMBEDMENT TO EXISTING SLAB FOR FIRE WALL PIT AS PER PLANS @ DETAIL L+M/52				
ALL WORK WAS DONE SATISFACTORY AS PER SIMPSONS SPECS + AS PER PLANS.				
ATTACHMENTS: <input type="checkbox"/> FIELD DENSITY DATA <input type="checkbox"/> CONCRETE PLACEMENT DATA <input type="checkbox"/> SKETCH OTHER:				
Copy received by/given to: ROGER	Arrived: 6:45	Departed: 7:00	Report by: MJ	