

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: **0507506**
Insp Area: **4**
Thos Bros:
Sub-Type: DEFERSUB
Housing (Y/N): N

Site Address: **2210 DEL PASO RD SAC**
Parcel No: **225-0070-088**

CONTRACTOR
SACRAMENTO CONTROL SYSTEMS
11249 SUNCO DR #3
RANCHO CORDOVA CA 95742

OWNER
SACRAMENTO PROPERTIES HOLDINGS INC
2150 RIVER PLAZA DR #155
SACRAMENTO CA 95833

ARCHITECT

Nature of Work: FIRE MONITORING SYSTEM FOR BLDG F, DEFERRED TO ACT # 0318661

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.

X License Class C10 License Number 408126 Date 7-31-05 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.

X Date 5-26-05 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 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 713-10820-02 Exp Date 01/01/2006

(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.

X Date 5-26-05 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.

0318661

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
PERMIT SERVICES SECTION
1231 I Street, Suite 200
Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7046

ACTIVITY # <u>0507505</u>	Isnp. Area <u>4</u>
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Applicant MUST complete ALL Unshaded areas

ADDRESS 2210 Del Paso Bldg F Suite _____
PARCEL # 225-0070-088

CONTACT		LICENSED CONTRACTOR Lic No. # <u>408126</u>	
Name <u>David Hodge</u>	Street Address <u>11249 Sunco Dr.</u>	Name <u>SACRAMENTO Control Systems</u>	Address <u>11249 Sunco Dr.</u>
City/State/Zip <u>Rancho Cordova CA 95742</u>	Phone <u>638-0788</u> FAX <u>638-0893</u>	City/State/Zip <u>Rancho Cordova CA 95742</u>	Phone <u>638-0788</u> FAX <u>638-0893</u>
E-mail: _____		E-mail: _____	
ARCHITECT/ENGINEER		OWNER	
Name _____	Address _____	Name _____	Address _____
City/State/Zip _____	Phone _____ FAX _____	City/State/Zip _____	Phone _____ FAX _____
E-mail: _____		E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Comp
→ WORKER'S COMPENSATION POLICY # 713-10820-004 EXPIRATION DATE: 1-1-06

NATURE OF WORK IN DETAIL: Fire Monitoring Systems

OCCUPANT/TENANT: _____ VALUATION: \$ 2050.00

FLOOD STATUS						S.C.A.T.				
JOB DESCRIPTION		BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TI() <input type="checkbox"/>	REM() <input type="checkbox"/>	SW <input type="checkbox"/>	FIRE <input type="checkbox"/>	ADD <input type="checkbox"/>	OTHER <input type="checkbox"/>
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1 st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
						SPR	ALARM		PW	UTIL
B	L	P	M	E	F	S		D		

COMMENTS:

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

0318659

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
PERMIT SERVICES SECTION
1231 I Street, Suite 200
Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7046

ACTIVITY # 0507506	Isnp. Area 4
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Applicant **MUST** complete **ALL Unshaded areas**

ADDRESS 2230 Del Paso Rd Bldg G. Suite _____
PARCEL # 225-0070-088

CONTACT		LICENSED CONTRACTOR Lic No. # 408126	
Name <u>DAVID HODGE</u>		Name <u>SACRAMENTO CONTROL SYSTEMS</u>	
Street Address <u>11249 SUNCO DR.</u>		Address <u>11249 SUNCO DR.</u>	
City/State/Zip <u>Rancho Cordova CA 95742</u>		City/State/Zip <u>Rancho Cordova CA 95742</u>	
Phone <u>638-0788</u> FAX <u>638-0893</u>		Phone <u>638-0788</u> FAX <u>638-0893</u>	
E-mail: _____		E-mail: _____	
ARCHITECT/ENGINEER		OWNER	
Name _____		Name _____	
Address _____		Address _____	
City/State/Zip _____		City/State/Zip _____	
Phone _____ FAX _____		Phone _____ FAX _____	
E-mail: _____		E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO.** State Comp
→ **WORKER'S COMPENSATION POLICY #** 713-10820-004 **EXPIRATION DATE:** 1-1-02

NATURE OF WORK IN DETAIL: Fire Monitoring Systems

OCCUPANT/TENANT: _____ **VALUATION:** \$ 2050.00

FLOOD STATUS						SCAT:											
JOB DESCRIPTION						BLDG <input type="checkbox"/> SHELL <input type="checkbox"/> APT <input type="checkbox"/> TIC <input type="checkbox"/> REM <input type="checkbox"/> SW <input type="checkbox"/> FIRE <input type="checkbox"/> ADD <input type="checkbox"/> OTHER <input type="checkbox"/>											
INSPECTION DISCIPLINES						BLDG		MECH		PLUMB		ELEC		SITE		FIRE	
# Stories	1 st Fl. Area	Total Area	Use Zone	Occp. Group	Const type	Fire Req. Y/N		Fed Code		Via. File							
						SPR	ALARM					PW	UTIL				
B	L	P	M	E	F	S		D									

COMMENTS:

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