

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0114237

Insp Area: I
Thos Bros: 297 D4

Site Address: 1100 11TH ST SAC

Parcel No: 006-0104-005 #311

Sub-Type: REM
Housing (Y/N): N

CONTRACTOR

DPR
1451 RIVER PARK DR SUITE 210
SACTO, CA. 95815

OWNER

THE RAM BUILDING
1481 RIVER PARK
SACRAMENTO CA 95815

ARCHITECT

Nature of Work: OFFICE 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 599846 Date 11/13/01 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 11/13/01 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 LUMBERMENS MUTUAL CASUALTY CO Policy Number 5ba15998800 Exp Date 02/01/2002

(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 11/13/01 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.

1100 11th ST

0114237

A.A.O REVISED 110-02

#311

ALIGN WITH EXISTING WALL

DELETE LOW HEIGHT WALLS & INSTALL PEDESTAL FLOOR BOXES FOR POWER & DATA

Some locations as above

FAXES & PRINTERS

FILE AREA

The approval of all electrical work is subject to field inspections

1-COURSES
110-02

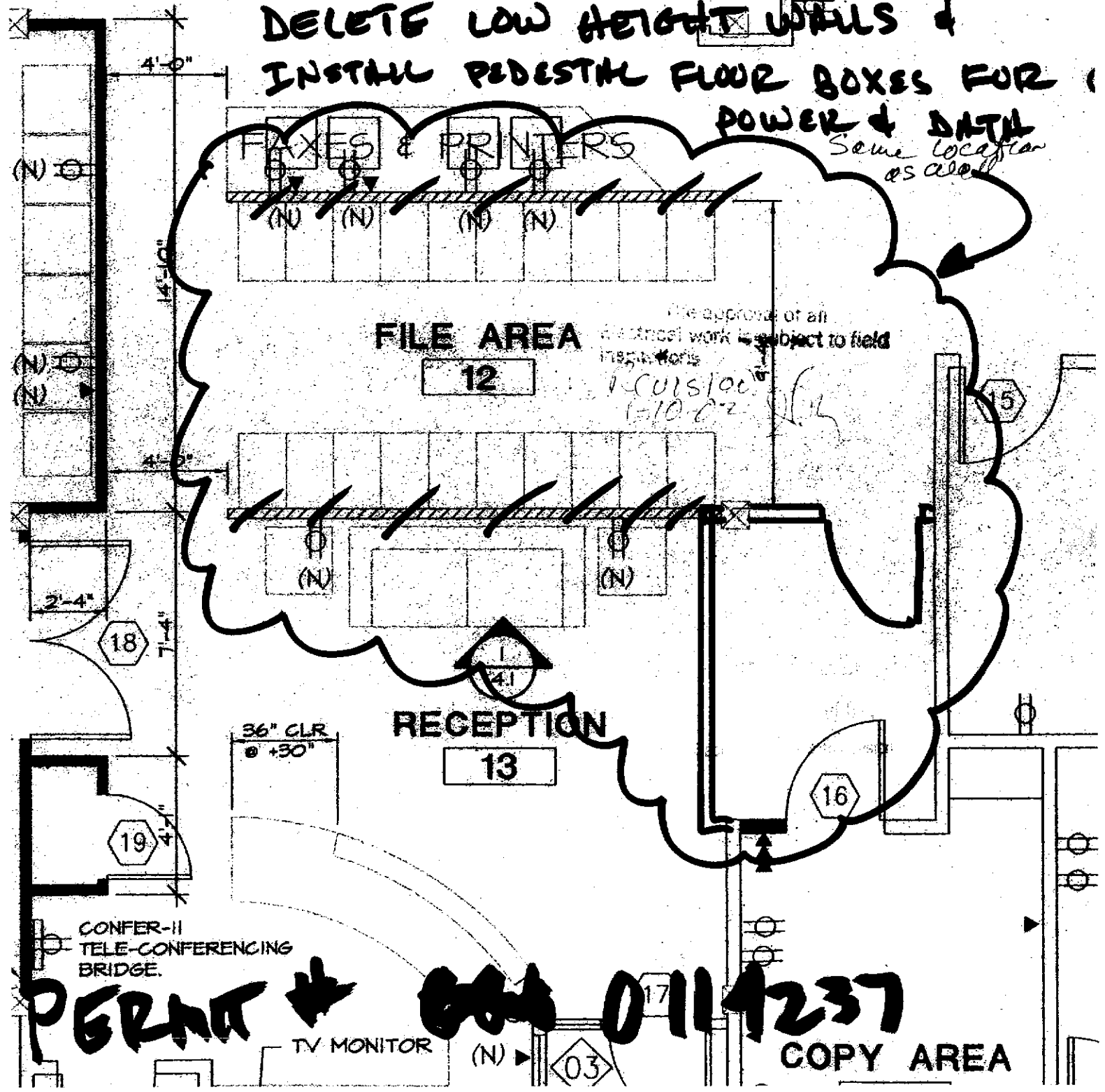
RECEPTION

CONFER-11
TELE-CONFERENCING
BRIDGE.

PERMIT # 000 0114237

TV MONITOR

COPY AREA



A2.0 - REVISED

1-10-02

329 SF/100 = 30.L

FAXES & PRINTERS

DELETE OPEN OFF
LOW HEIGHT 21
WANS 195 SF/100 =:

FILE AREA

12

433 SF/300 = 010.L.

The approval of all
Electrical work is subject to field
inspections

RICH

20

168 SF/100 =

B 000.
2 (EXIST) SWTS

RECEPTION

13

417 SF/100 = 4 O.L.

SHAHA

19

157 SF/100

EXIT

PERMIT

0114237

COPY AREA

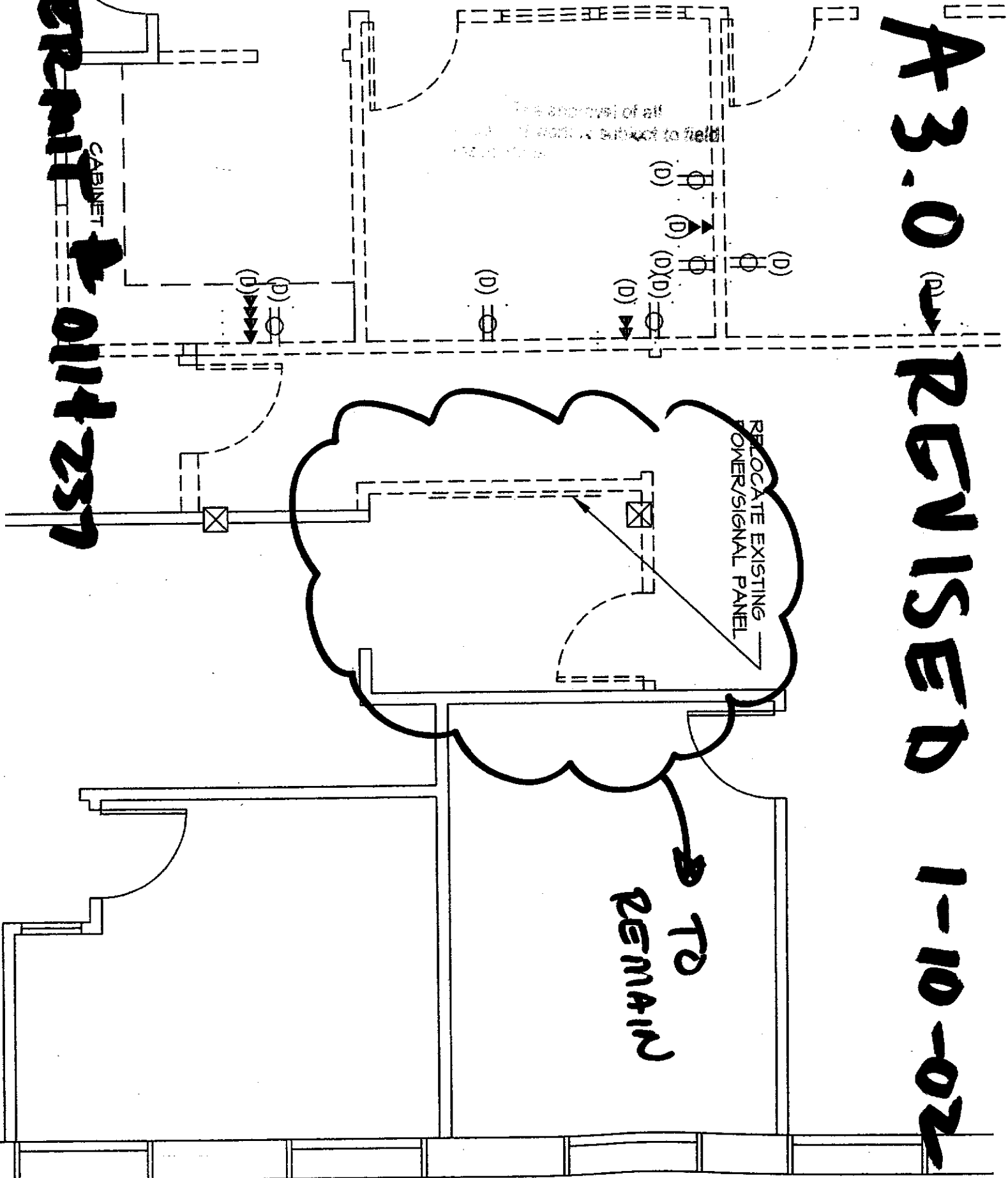
18

142 SF/300 = 0.01

(D)

A3.0 → **REVISED** 1-10-02

The approval of all work is subject to field



Permit → **0114237**

CABINET

RELOCATE EXISTING
POWER/SIGNAL PANEL

TO
REMAIN

APPLICATION FOR COMMERCIAL BUILDING PERMIT

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

| | |
|------------------------------|-------------------------|
| ACTIVITY # <u>0114237</u> | Insp. Area <u>IC</u> |
|------------------------------|-------------------------|

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1100 11TH STREET SACRAMENTO Suite 311
 PARCEL # 006 0104 005

| | |
|---|--|
| <p>CONTACT</p> <p>Name <u>CRAIG FAY</u></p> <p>Street Address <u>1457 RIVER PARK DR</u></p> <p>City/State/Zip <u>SACRAMENTO CA 95815</u></p> <p>Phone <u>916-568-3434</u> FAX <u>568-3442</u></p> <p>E-mail: _____</p> | <p>LICENSED CONTRACTOR Lic No. # <u>599846</u></p> <p>Name <u>DPL CONSTRUCTION</u></p> <p>Address <u>1457 RIVER PARK DR</u></p> <p>City/State/Zip <u>SACRAMENTO, CA 95815</u></p> <p>Phone <u>916-568-3434</u> FAX <u>568-3442</u></p> <p>E-mail: _____</p> |
| <p>ARCHITECT/ENGINEER</p> <p>Name <u>DESIGN TECH</u></p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p> | <p>OWNER</p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p> |

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: LUMBERMANS MUTUAL
 → WORKER'S COMPENSATION POLICY # 5RA15998800 EXPIRATION DATE: 2/1/02

NATURE OF WORK IN DETAIL: FRONT IMPROVEMENT office remodel

OCCUPANT/TENANT: CEERT VALUATION: \$ 50,000

| | | | | | | | | | | |
|------------------------|--------------|-------------|---------------|---------------|-------------|-------------------|-------------|------------|--------|-----|
| FLOOD STATUS: | | S.C.A.T. | | | | | | | | |
| JOB DESCRIPTION | | BLDG | SHELL | APT | TI() | REMX | SW | FIRE | ADD | OTH |
| INSPECTION DISCIPLINES | | <u>BLDG</u> | <u>MECH</u> | PLUMB | <u>ELEC</u> | SITE | <u>FIRE</u> | | | |
| # Stories | 1st flr Area | Total Area | Use Zone | Occp Group | Const type | Fire Req <u>Y</u> | Fed Code | Viol. File | | |
| <u>4</u> | | <u>1500</u> | | <u>B.</u> | | <u>N</u> | <u>15</u> | [H] | [Quad] | |
| | | | | | | SPR | ALARM | | | |
| <u>E</u> | <u>L</u> | P | <u>M</u> | <u>E</u> | <u>F</u> | S | <u>D</u> | PW | UTIL | |
| <u>Carl H</u> | <u>13</u> | <u>144</u> | <u>13 JMT</u> | <u>13 TLM</u> | <u>3</u> | | <u>75</u> | | | |

COMMENTS: Waiting for fire plans reflecting changes/moves per LDD/elec changes per TLM (new overloading (E) circuit), identify dedicated circuits

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed