

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0011853**  
**Insp Area: 4**

**Site Address: 1455 RESPONSE RD SAC**  
Parcel No: 277-0287-003 SUITE 230

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

CONTRACTOR  
CHRISTIAN CONSTRUCTION  
6737 AUSTIN WAY  
SAC, CA 95823

OWNER  
SPIEKER PROPERTIES INC  
1451 RIVER PARK DR STE  
SACRAMENTO CA 95815-4503

ARCHITECT

**Nature of Work: INTERIOR 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 64445 Date 1/20/2000 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 above-mentioned property for inspection purposes.

Date 1/20/2000 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 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 \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

(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 1/20/2000 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.**

# 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 # <span style="font-size: 1.5em; font-family: cursive;">0011853</span>	Insp. Area <span style="font-size: 1.5em; font-family: cursive;">4</span>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1455 RESPONSE RD SAC CA Suite 230  
 PARCEL # 2770087003

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>JIM CHRISTIAN</u>                  Street Address <u>6737 AUSTIN WAY</u>                  City/State/Zip <u>SAC CA 95823</u>                  Phone <u>802-3115</u> FAX <u>395-7784</u>                  E-mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>644455</u></p> <p>Name <u>CHRISTIAN CONSTRUCTION</u>                  Address <u>6737 AUSTIN WAY</u>                  City/State/Zip <u>SAC CA 95823</u>                  Phone <u>802-3115</u> FAX <u>395-7784</u>                  E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>M. NIELSON + ASSOC</u>                  Address <u>550 HOWE AVE</u>                  City/State/Zip <u>SAC CA 95825</u>                  Phone <u>925-0333</u> FAX _____                  E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>DERRICK FONG/AVANT</u>                  Address <u>1455 RESPONSE RD</u>                  City/State/Zip <u>SAC CA SUITE #220</u>                  Phone <u>641-6990</u> FAX <u>641-6994</u>                  E-mail: _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: \_\_\_\_\_  
 → WORKER'S COMPENSATION POLICY # N/A EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: REMODEL T.I. OF EXISTING SPACE. DEMO + REBUILD OFFICES TO SUIT AS PLANNED. RELOCATE RAMP MECHANICAL, MODIFY AND CIRCUIT NEW OUTLETS, SWITCHES AND LIGHTS.  
INT OFFICE REMODEL

OCCUPANT/TENANT: AVANT LTD VALUATION: \$ 29,000

FLOOD STATUS: <u>NR</u>		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( <input checked="" type="checkbox"/> )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>			
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Ret <u>N</u>	Fed Code	Vio. File		
		<u>3721</u>		<u>B</u>	<u>VIH</u>	SPR	ALARM	<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

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 00115  
 ADDRESS: 145 PULASKI  
 Commercial     Residential



ACCEPTED by (Staff):  
 \_\_\_\_\_

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	13	JT	10/6						
STRUCTURAL	13	JT	11						
MECHANICAL/PLUMBING	13	JIT	10/6						
ELECTRICAL	13	JHM	10/5/00						
FIRE	13	JMT	10/9						
PLANNING									

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

**CITY OF SACRAMENTO**  
 BUILDING INSPECTION DIVISION  
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

*As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form*

1. Business Name: CHRISTIAN CONSTRUCTION Phone: 202-3115  
 Site Address: 1455 ROSENSE RD Suite: 230  
(Street) (Zip)  
 Business Owner/Representative: BYBUNTS LTD Phone: 641-6990  
 Nature of Business: CPA  
 Property Owner: SPIKER PROPERTIES Phone: 921-5600  
 Address: 1610 Hidden Way ST 298 Suite: 298  
(Street) (City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes \_\_\_ No \_\_\_ Is this permit for a shell building? Yes \_\_\_ No

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes \_\_\_ No   
 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No

**CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.**

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes \_\_\_ No \_\_\_  
 6. Do you handle, store or transport any amount of acutely hazardous materials? Yes \_\_\_ No \_\_\_  
 7. Is/Will your business be located within 1,000 feet of a school? Yes \_\_\_ No \_\_\_

If you answered "yes" to questions #6 and/or #7, complete the RMPP Informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes \_\_\_ No \_\_\_

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

**Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.**

**PENALTY:** Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: M. Christian  
(Print)  
[Signature] 18 Oct 2000  
(Signature) (Date)

BID Use Only: Plan Ck# _____ Permit # <u>0011853</u> OK to issue prmt? <u>Y</u> <u>SEP. 10/18</u> F.D. Appr Req'd? Yes No <small>init date</small>	
Hold on Certificate of Occupancy? Yes <input checked="" type="checkbox"/> No	
Fire Dept. Use Only: OK to issue permit? ini' _____ date _____ OK to issue Certificate of Occupancy? ini' _____ date _____	





# CIRCO System Balance, Inc.

AIR • HYDRONIC • TEMPERATURE • SOUND • SYSTEM SURVEY

8167 BELVEDERE AVENUE, SUITE E

SACRAMENTO, CALIFORNIA 95826

(916) 454-9104

COMPLETION DATE

11/20/00

JOB NO.

7457

JOB DESCRIPTION:

1455 RESPONDER  
SUITE

CONTRACTOR:

CHRISTIAN CONST.

ARCHITECT:

ENGINEER:

TEST PERFORMED BY:

GARY S



CHARTER MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

**MEMORANDUM**

**SACRAMENTO FIRE DEPARTMENT**

**TO:** BUILDING DEPARTMENT

**DATE:** 11-16-00

**FROM:** Troy Malaspino  
Fire Marshal

**SUBJECT: FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

1455 Response Rd #230

Has been conducted by Inspector

S. Bodick

On

11-16-00

00-11853-194  
Permit Number

\_\_\_\_\_  
Square Footage

Remodel  
Type of Inspection

They system is acceptable by this department.

R. Woodman  
By: Ross L. Woodman,  
Fire Prevention Officer II

TI-779  
F.D. Reference Number

✓