

**NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL, PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.**

INSPECTION	INSPECTOR	DATE
B10 FOUNDATION FORMS		
E009111 UFER GROUND		
B12 CONCRETE SLAB FORMS		
P40 PLUMB. UNDERFLOOR/SLAB		
M30 MECH/UNDERFLOOR/SLAB		
E01 ELECT. UNDERGROUND		
E62 ELECT. CONDUIT-SLAB		
<b>DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED</b>		
B13 FLOOR JOISTS OR GIRDERS		
<b>DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED</b>		
B1416 INSULATION/WALL/FLOOR		
P41 TOP PLUMBING		
M31 TOP MECHANICAL/WALL/CEIL.		
E03 ROUGH ELECTRICAL/WALL/CELL.	<i>J. M. ...</i>	3-9-08
B19 FRAME		
B17 ROOF PLYWOOD MAIL, COMM. & APTS.		
B18 EXTERIOR LATH/SIDING		
<b>ALLS ONLY</b>		
<b>DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED</b>		
B22 INT. LATH OR WALL BD. NAILING		
<b>DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED</b>		
E66 SERVICE UNDERGRD CONDUIT		
P43 SEWER SERVICE		
P42 WATER SERVICE		
P46 SPRINKLER SYSTEM		
<b>DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED</b>		
P47M33 GAS TEST		
P48 TEMP GAS	ISSUED	EXPIRES
E68 POWER POLE		
E67 TEMP POWER #		
<b>SWIMMING POOLS ONLY</b>		
P47 GAS TEST		
P47 PLUMBING PRE-GUNITE		
P47 PLUMBING PRE-DECK		
E70 ELECTRICAL PRE-GUNITE		
E71 ELECTRICAL PRE-DECK		
E72 ELECTRICAL UNDERGRD		
<b>DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED</b>		
ENERGY COMPLIANCE CERTIFICATE TO BE ON FILE PRIOR TO FINAL APPROVAL.		
DATE	SIGNED	
<b>FINAL APPROVALS</b>		
B29 BUILDING	FINAL Insp. NO.	
E79 ELECTRICAL	3-13-08	<i>J. M. ...</i>
P59 PLUMBING		
M39 MECHANICAL		
<b>DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED</b>		
<b>THIS CARD TO BE POSTED ON JOB AT ALL TIMES UNTIL FINAL APPROVAL</b>		

BUILDING SITE ADDRESS: 2100 Q STREET SUITE 1C  
 INSPI. AREA: 1C

ASSESSOR PARCEL NO. 007-324-004  
 LICENSED CONTRACTOR: THE SACRAMENTO BEE  
 PROPERTY OWNER: THE SACRAMENTO BEE  
 ARCH. ENGR.:

ADDRESS: 2100 Q STREET  
 COMMUNITY PLAN NO. 916-321-1754  
 ZIP CODE: 916-321-1754  
 PHONE NO.:

NO. OF STORIES: NO. OF ROOMS: ROOF COVERING: AREA 1ST FLOOR: TOTAL AREA: GARAGE AREA: PATIO AREA: USE ZONE: STREET WIDTH:

THIS PERMIT IS FOR:  BUILDING  MECHANICAL  PLUMBING  ELECTRICAL  SITE  FIRE

NATURE OF WORK IN DETAIL: INTERIOR OFFICE REMODEL, ADD LIGHT SWITCH & SUPPLY/RETURN DUCT  
 FLOOD STATUS: SPECIAL CONDITIONS ATTACHMENTS:  
 CITY OF SACRAMENTO BUILDING INSPECTION DIVISION PERMIT SERVICES 264-7619

**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: \_\_\_\_\_

(This section need not be completed if the permit is for one hundred dollars (\$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: \_\_\_\_\_ Applicant: \_\_\_\_\_ (Signature)

WARNING: FAILURE TO SECURE WORKERS' 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 FEES.

ISSUED BY:	VALUATION	\$ 6,000.00	FIRE SP	Y
DATE ISSUED	BUILDING PERMIT FEE	\$	FED CODE	10
PLAN CHECK/PROC. FEE	S.M.L. FEE	\$	PERMIT NO.	00
CITY SEWER	CONST. EXCISE TAX	\$		0
DEV. FEE	CITY BUS LICENSE	\$		1
WATER	TECH. FEE	\$		5
CITY SEWER	SEWER FEE	\$		7
DEV. FEE	RESIDENTIAL CONST. TAX	\$		3
SEWER FEE	TOTAL FEES	\$		0

**CITY OF SACRAMENTO**  
**APPLICATION FOR COMMERCIAL BUILDING PERMIT**

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

ACTIVITY # 0001573 Insp. Area \_\_\_\_\_

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2100 C ST Suite \_\_\_\_\_  
 PARCEL # 007-324-04

<b>CONTACT</b>		<b>LICENSED CONTRACTOR</b>	
Name <u>JOHN KERSTHAW</u>		Name <u>C/B</u>	
Address <u>2100 C ST</u>		Address _____	
Phone <u>321-1754</u> FAX <u>321-1998</u>		Phone _____ FAX _____	
E-mail _____		E-mail _____	
<b>ARCHITECT/ENGINEER</b>		<b>OWNER</b>	
Name <u>C/B</u>		Name <u>THE SACRAMENTO BEE</u>	
Address _____		Address <u>2100 C ST</u>	
Phone _____ FAX _____		Phone <u>321-1754</u> FAX <u>321-1998</u>	
E-mail _____		E-mail _____	

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

NATURE OF WORK IN DETAIL: INTERIOR OFFICE REMODEL ADD LIGHT  
SWITCH & SUPPLY & RETURN DUCT

OCCUPANT/TENANT: Bee VALUATION: \$ 6,000

FLOOD STATUS:		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	<input checked="" type="checkbox"/> MECH	<input type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input type="checkbox"/> SITE	<input type="checkbox"/> FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fed Code	Vio. File		
		<u>110</u>		<u>F</u>	<u>E</u>	<input checked="" type="checkbox"/> SPR <input type="checkbox"/> ALARM	<u>10</u>	[H]	[Quad]	
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input type="checkbox"/> S	<input checked="" type="checkbox"/> D	PW	UTIL	
<u>G.L.</u>	<u>G.L.</u>		<u>13</u>	<u>13</u>	<u>13</u>		<u>13</u>			

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

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