

CITY OF SACRAMENTO

Permit No: 9900422

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 2800 L ST SAC

Sub-Type: ACOM

Parcel No: 007-0173-001 1ST FLOOR

Housing (Y/N): N

CONTRACTOR

UNGER CONSTRUCTION
2112 SUTTERVILLE RD
SACRAMENTO CA 95822

OWNER

SUTTER HOSP OF SACTO
2801 L ST
SACRAMENTO CA 95816

ARCHITECT

Nature of Work: REMODEL SPACE FOR NEW MEDICAL OFFICE USE

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, A License Number 301690 Date 3/4/99 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 relocation 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.

Date 3-4-99 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 STATE FUND Policy Number 092-98 2442 Exp Date 10-1-99

(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 3-4-99 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 **REMODEL** BUILDING PERMIT

9900422

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

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

PLAN CHECK # _____ Insp. Area _____

Applicant MUST complete ALL Unshaded areas this page only

ADDRESS 2800 L ST. - Ground Floor Suite 1st Floor
PARCEL # 007-0173-001

<p align="center">CONTACT</p> <p>Name <u>John Munn</u> Address <u>2112 Sutterville Rd.</u> <u>Sac, CA</u> Zip <u>95822</u> Phone <u>916-452-1458</u> FAX <u>916-452-2612</u></p>		<p align="center">LICENSED CONTRACTOR Lic No. # <u>301690</u></p> <p>Name <u>Wager Construction</u> Address <u>2112 Sutterville Rd.</u> <u>Sac, CA</u> Zip <u>95822</u> Phone <u>916-452-1458</u> FAX _____</p>	
<p align="center">ARCHITECT/ENGINEER</p> <p>Name <u>Silva Strong</u> Address <u>2200 21st St</u> <u>Sac, CA</u> Zip <u>95818</u> Phone <u>916-736-3100</u> FAX <u>916-736-3001</u></p>		<p align="center">OWNER</p> <p>Name <u>Sutter Health</u> Address <u>P.O. Box 160727</u> <u>Sac, CA</u> Zip <u>95816-0727</u> Phone <u>916-733-8800</u> FAX _____</p>	

→ Will the permittee have any employees on the jobsite? Yes No

→ If yes, WORKER'S COMPENSATION POLICY # 692-98 # 2442 EXPIRATION DATE: 10-1-99

NAME OF INSURANCE COMPANY: State Fund

NATURE OF WORK IN DETAIL: T.I. project - approx 1750 sq. ft. - converting retail space into medical office space.
Remodel Space for New Medical Office Use
1750 sq ft

DBA: Sutter Cancer Center VALUATION: 60,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM(X)	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		BLDG	MECH	PLUMB	ELEC	MECH		FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
		<u>1757</u>		<u>B</u>	<u>II FL</u>	<u>Spr</u>	<u>Alarm</u>	<u>15</u>		
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	<u>R</u>	

COMMENTS:

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

**City of Sacramento Development Services Division
Planning and Zoning Information Request**

Project Address: 2800 L ST.

Assessor's Parcel Number: 007-0173-001

Current Land Use: ~~Residential~~ Med. Ofc.

Description of Request/Proposed Use: _____

Remodel Med. Ofc.

Zoning Designation: H

Prior Applications for Project Site(P#,Z#,DRPB#): P42-300

Comments: Med Ofc. - OK

Are There Any Planning Issues?: (Circle One) YES NO

Site Plan Check Required? (Circle One) YES NO

Design Review/ Preservation Required?: (Circle One) YES NO

Planning Review by/Date: W. J. Bourp 1/15/99

A list of items that must be reviewed by Planning is provided on the reverse side of this form.