

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0011620
Insp Area: 1

Site Address: 1201 K ST SAC
Parcel No: 006-0111-016
N

STE 1600 1201 FINANCIAL SERVICES

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

CONTRACTOR
HMH BUILDERS INC
8589 THYS CT
SAC 95828

OWNER
ROTUNA PARTNERS/CAL DENTAL ASSOC
1201 K ST
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: INTERIOR REMODEL; RELOCATE NON LOAD BEARING PARTITIONS IN FOUR EXISTING OFFICES, ELEC, MECH AND FIRE SPRINKLERS.

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 A, B, C8 License Number 780999 Date 9-29-00 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.

Date 9-29-00 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 INS CO OF TH STATE OF PA Policy Number 7083206/07 Exp Date 08/01/2003

(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 9-29-00 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 # 0011620 Insp. Area IC

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1201 K ST SAC 1504 Suite 1600
 PARCEL # 006-0111-016

<p style="text-align: center;">CONTACT</p> <p>Name <u>JOEL DYER</u> Street Address <u>8584 THYS CT</u> City/State/Zip <u>SAC CA 95828</u> Phone <u>388-9126</u> FAX <u>388-9195</u> E-mail: <u>JDYER@HMH.COM</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>780999</u></p> <p>Name <u>HARRISON MAHONY HIGGINS</u> Address <u>8589 THYS CT</u> City/State/Zip <u>SAC. CA. 95828</u> Phone <u>383 4825</u> FAX <u>388-9126</u> E-mail:</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>COMSTOCK JOHNSON</u> Address <u>10304 PLACER LN. ST. A</u> City/State/Zip <u>SAC. CAL. 95827</u> Phone <u>916-362-6303</u> FAX <u>916-362-5841</u> E-mail:</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>ROTUNDA PARTNERS/CAL DENTAL ASS.</u> Address <u>1201 K ST</u> City/State/Zip <u>SAC CA. 95814</u> Phone <u>916-498-6166</u> FAX E-mail:</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: INSURANCE OF THE STATE OF PA
 → WORKER'S COMPENSATION POLICY # 7083206/7083207 EXPIRATION DATE: 08/01/03

NATURE OF WORK IN DETAIL: INTERIOR REMODEL
 JOB DESCRIPTION: INTERIOR REMODEL; RELOCATE NON LOAD BEARING PARTITIONS IN FOUR EXISTING OFFICES, ELEC. MECH AND FIRE SPRINKLERS.

OCCUPANT/TENANT: 1201 FINANCIAL AND INSURANCE INC. VALUATION: \$ 29,750.00

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 checked="" type="checkbox"/> FIRE				
# Stories	1st flr Area	Total Area of REM	Use Zone	Occp Group	Const type	Fire Req <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fed Code	Vio. File			
19		1335		B	I	<input checked="" type="checkbox"/> SPR <input type="checkbox"/> ALARM	15	[H]	[Quad]		
B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	S	D	PW	UTIL		
	1304	NA	17 RW	13 NA	13 000						

COMMENTS:

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

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy
For Information Contact (916) 264-5716

Building Address: 1201 K ST #1604 Permit No. 00-11620

Building Use: OFFICE Occupancy: B

Building Owner: ROTUNDA PTRS/CAL DENTAL ASSOC. Construction Type: 1-FR

Owner Address: 1201 K ST SAC Sprinkled? [] Yes [X] No

Portion of Building Occupied: SUITE 1604 Area: 1335 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

10/27/00 Willie Harris DENNIS RICHARDSON
Date By:Print Sign CHIEF BUILDING OFFICIAL

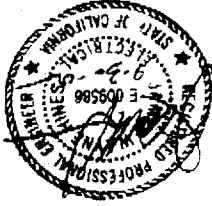
[TCO approvals VE,JZB,MIS,RR]

CBC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE

NOTE
NO NEW LOADS ADDED TO PANELS. THIS
WORK CONSIST OF RELOCATION ONLY.

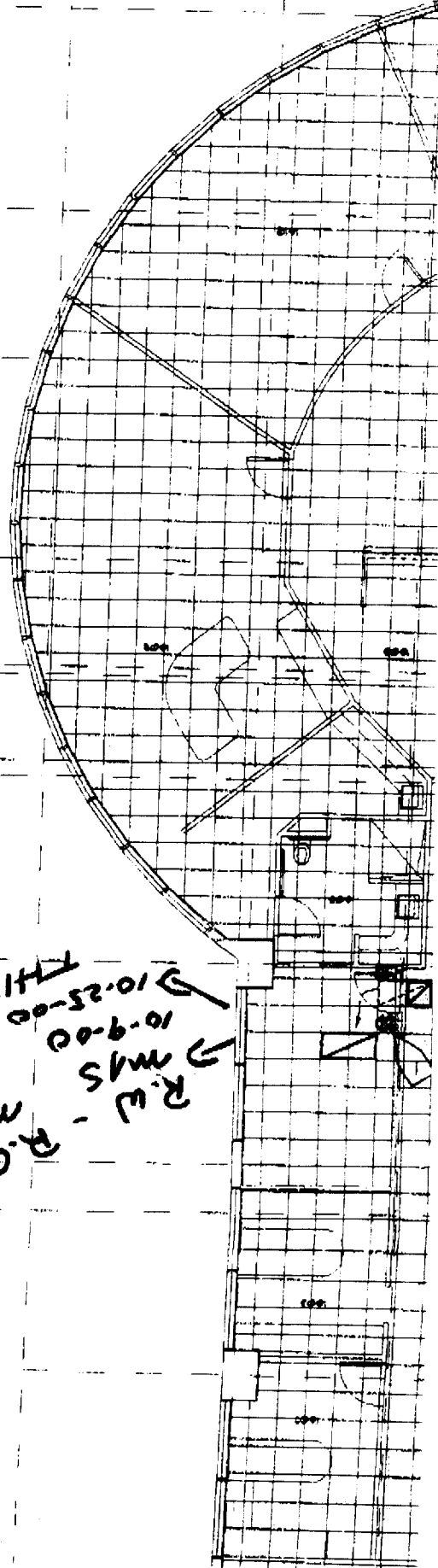


CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIV.
This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.
The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

ISSUED
SEP 29 2000

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R.W. - R.C.
10-9-00 mgs
10-11-00 mgs
10-25-00 THIS RM ONLY



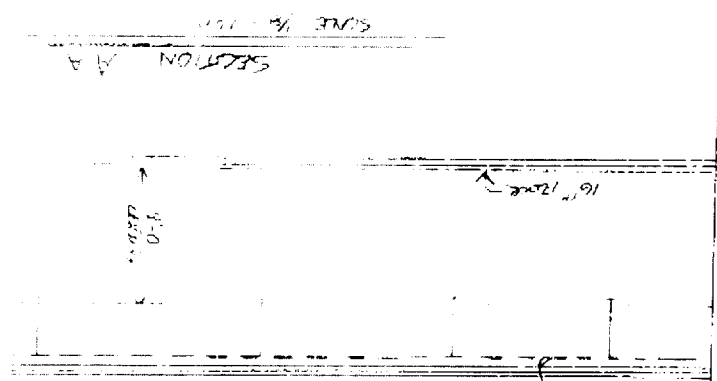
TEENANT IMPROVEMENT DOCUMENTS FOR:
1201 K STREET

JOB TTT

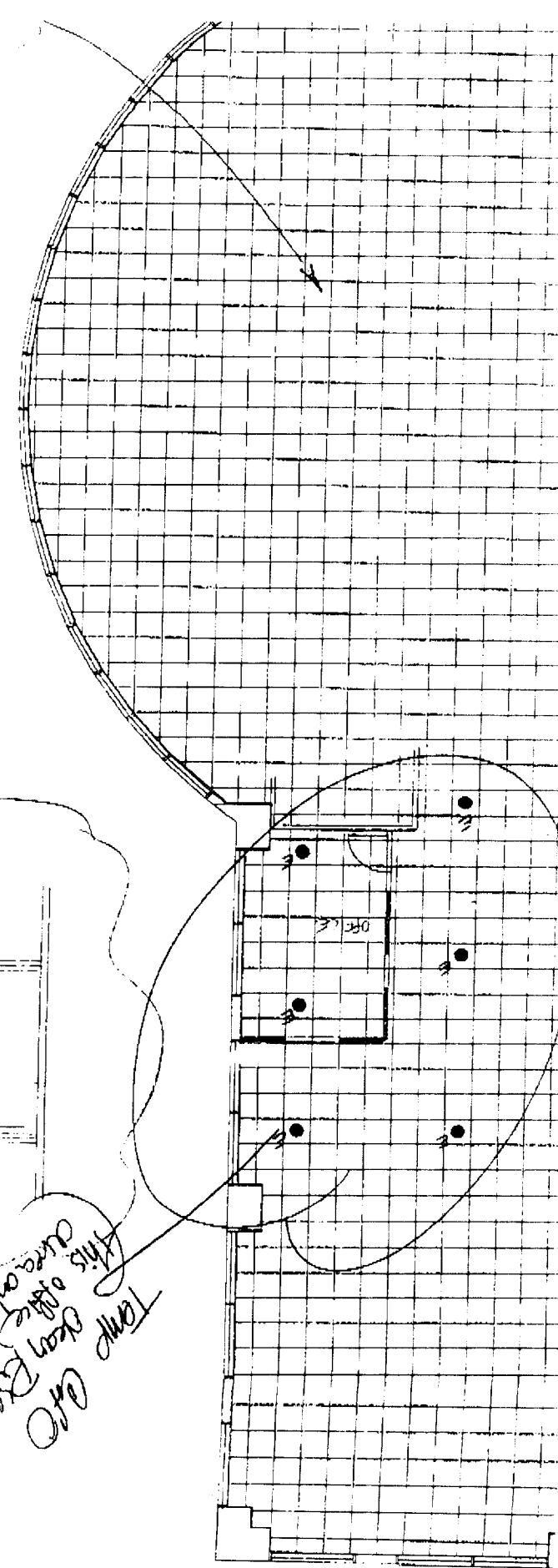
Locations of Occupancy, I Supply to the rooms of the may be located Ceiling sprinkler All new piping equal per N

Temp Clean Off
This office area only
Rosemary Kobles
atalla

EXISTING 14
GRID LINE PIPING



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CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 1201 K ST #1600 Permit No. 0011620

Building Use: OFFICE Occupancy: B

Building Owner: ROTUNDA PARTNERS Construction Type: 1FR

Owner Address: SACRAMENTO, CA Sprinkled? [] Yes [] No

Portion of Building Occupied: SUITE 1600 Area: 1335 Sq. Ft.

6/28/02

Date



By:Print

Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[Finald By:DRP,MJS,TMR,LDD]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE