

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0106743
Insp Area: 1

Site Address: 1115 11TH ST SAC
Parcel No: 006-0106-001 **FIRST FLOOR BREAK ROOM**

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

CONTRACTOR
TRANS-SIERRA CONS
PO BOX 630
SACRAMENTO CA 95805

OWNER
KFNNDY ET AL
1732 3RD ST
SACRAMENTO, CA 95814

ARCHITECT

Nature of Work: REMODEL. EXPAND BREAKROOM AND MEN'S RESTROOM.

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, C.A.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 397815 Date 7-19-01 Contractor Signature Ray F Smith

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 Ray F Smith Applicant/Agent Signature 7-19-01

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:

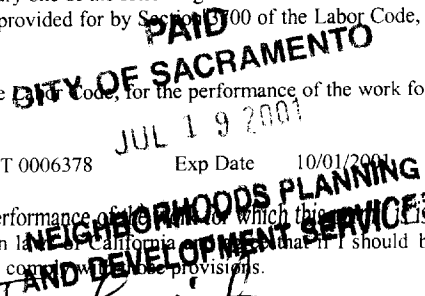
Carrier STATE FUND Policy Number 713-00 UNIT 0006378 Exp Date 10/01/2001

(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 law of the State of California. If I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions.

Date 7-19-01 Applicant Signature Ray F Smith

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.



CITY OF SACRAMENTO
APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

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

ACTIVITY # 0106743 Insp. Area 12

Applicant MUST complete ALL Unshaded areas

ADDRESS 1115 11TH ST Suite 100

PARCEL # 006-0106-001-0000

<p align="center">CONTACT</p> Name <u>DOUG SMITH</u> Address <u>1722 3RD ST SACRAMENTO</u> Phone <u>997-0963</u> FAX _____ E-mail _____		<p align="center">LICENSED CONTRACTOR Lic No. # <u>397815</u></p> Name <u>TRAN SIERRA CONST.</u> Address <u>1722 3RD ST SACRAMENTO</u> Phone <u>441-4970</u> FAX <u>441-4974</u> E-mail _____	
<p align="center">ARCHITECT/ENGINEER</p> Name <u>DESIGN TECH</u> Address <u>814 26TH ST</u> Phone <u>916 444-3055</u> FAX _____ E-mail _____		<p align="center">OWNER</p> Name <u>BARBARA KENNDY ET AL</u> Address <u>1722 3RD ST SACRAMENTO</u> Phone <u>443-7397</u> FAX _____ E-mail _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # 713-00 EXPIRATION DATE: 10-1-01

NATURE OF WORK IN DETAIL: REMODEL, EXPAND BREAK ROOM & MEN'S RESTROOM

OCCUPANT/TENANT: _____ VALUATION: \$ 40,000

FLOOD STATUS:			S.C.A.T.								
JOB DESCRIPTION			BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req <u>Y/N</u>		Fed Code	Vio. File		
				<u>B</u>	<u>X</u>	SPR	ALARM	<u>15</u>	[H]	[Quad]	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>D</u>	<u>S</u>		<u>D</u>	PW	UTIL	
<u>None</u>	<u>3 yr</u>	<u>13,000</u>		<u>13-ADD</u>	<u>3</u>			<u>AR</u>			

COMMENTS: VERIFY THE DISABLED RESTROOM FOR WOMEN & COMPLETE FIXTURE DIMENSIONS

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

CITY OF SACRAMENTO

APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

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

ACTIVITY # <u>0106743</u>	Insp. Area <u>1E</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1115 11TH ST Suite 100
 PARCEL # 006-0106-001-0000

<p style="text-align: center;">CONTACT</p> <p>Name <u>DOUG SMITH</u></p> <p>Address <u>1722 3RD ST SACRAMENTO</u></p> <p>Phone <u>997-0963</u> FAX _____</p> <p>E-mail _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>397815</u></p> <p>Name <u>TRAN SIERRA CONST.</u></p> <p>Address <u>1722 3RD ST SACRAMENTO</u></p> <p>Phone <u>441-4970</u> FAX <u>441-4974</u></p> <p>E-mail _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>DESIGN TECH</u></p> <p>Address <u>814 26TH ST</u></p> <p>Phone <u>916 444-3055</u> FAX _____</p> <p>E-mail _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>BARBARA KENJODY ET AL</u></p> <p>Address <u>1722 3RD ST SACRAMENTO</u></p> <p>Phone <u>443-7377</u> FAX _____</p> <p>E-mail _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # 713-00 EXPIRATION DATE: 10-1-06

NATURE OF WORK IN DETAIL: REMODEL, EXPAND BREAK ROOM & MEN'S RESTROOM

OCCUPANT/TENANT: _____ VALUATION: \$ 40000

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 checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	SITE		<input checked="" type="checkbox"/> FIRE		
Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
				<u>3</u>	<u>X</u>	SPR	ALARM	<u>1E</u>	[H]	[Quad]
<u>None</u>	<u>3415 sq ft</u>			<u>E</u>	<u>F</u>	<u>S</u>		<u>B</u>	PW	UTIL

COMMENTS: provide exists for sprinkler installation
VERIFY THE DISABLED RESTROOM FOR WOMEN &
COMPLETE FIXTURE DIMENSIONS

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

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		Final Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # _____
 ADDRESS: _____
 Commercial Residential

ACC # _____

	1ST REVIEW			2ND REVIEW			IDENTIFY	
	Status	Staff	Date	Status	Staff	Date	Staff	Date
	3	J	7/6/01	13	7/19/01			
MECHANICAL/PLUMBING								
ELECTRICAL								
FIRE								
PLANNING								

STAFF COMMENTS:
