

CITY OF SACRAMENTO

Permit No: 9715195

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 321 BERCUT DR SAC
Parcel No: 0010182019

Bld E

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

CONTRACTOR

OWNER

ARCHITECT

SUNSTONE HOTEL INVESTORS
POB4240
SAN CLEMENTE CA 92674
Phone: 503-245-7460

Phone:

Phone:

Nature of Work: BLDG E(ADD KITCHENS &REMODEL SUITES;ENCLOSE EXITS)

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 _____ License Number _____ Date _____ Contractor 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 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 or 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 or 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 2/10/98 Owner Signature *[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.

Date _____ Applicant/Agent 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 _____

(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 2/10/98 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.

CITY OF SACRAMENTO
 APPLICATION FOR BUILDING PERMIT
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 BUILDING INSPECTION DIVISION

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

APPLIED
 77-15195C

ADDRESS 321 BERGUT DRIVE SACRAMENTO BUILDING *BUILDING E*
 PARCEL # _____ P.C. # 5492
 SUITE # _____
 AREA # 1C

CONTACT *Steve Newton*
 NAME REG HATFIELD, DEVELOPMENT CONSULTANT
 ADDRESS 4408 FAIR OAKS BLVD
 SACRAMENTO, CA ZIP 95864
 PHONE 487-7041 FAX: (916) 423-1955
 ARCH/ENG *441-4899*

LICENSED CONTRACTOR
 NAME OWNER/BUILDER
 ADDRESS _____
 PHONE _____ ZIP _____

OWNER/TENANT
 NAME THE VINCENT COMPANY
 ADDRESS 1500 WEST SHAW AVE. SUITE 200
 FRESNO, CA ZIP 93711
 PHONE 209-225-2602

OWNER/TENANT
 NAME SUNSTONE HOTEL INVESTORS, L.P.
 ADDRESS P.O. BOX 4240
 SAN CLEMENTE, CA ZIP 92674
 PHONE 503-245-7460 & 714-361-3900

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE? YES NO
 NATURE OF WORK IN DETAIL: REMODEL/UPGRADE EXISTING HOTEL SUITES TO
 UNITS WITH KITCHENS ETC. FOR EXTENDED STAYS. ENCLOSE OPEN COORIDOR
 LOCATIONS (END OF BUILDINGS) RENOVATE EXISTING LOBY, INSTALL NEW
 BREAKFAST "BUFFY" DINING AREA. UPGRADE EXISTING GROUNDS, RAMPS HC PARKING
 INSTALL HVAC IN ENCLOSED COORIDORS.

D.B.A. _____
 BELOW THIS LINE FOR BLDG. DEPT. USE ONLY VALUATION \$90,000.00
 FLOOD STATUS _____ S.C.A.T. _____
 JOB DESCR. BLDG SHEL APT II(-) REM(X) SW FIRE ADD OTH

INSP. DISCIPLINES BLDG MECH PLUMB ELEC SITE FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	USE ZONE	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FED. CODE	VIO. FILE
3		13,402		R-3	V-N	YES		
B	I	P	M	E	F	S	D	R
	JT				EG		BZ	

COMMENTS: REMODEL EXISTING HOTEL ROOMS INTO EXTENDED STAY
 UNITS - (KITCHENS ETC) ENCLOSE EXIT

Wicket's Comp Policy # COMPANY

EXP. DATE

Planning Division COMMERCIAL PRELIMINARY Information Request

PC#5492

BUILDING CHECK ONE:

- Over the counter review and issue permit _____
- Will be taken in and reviewed for site conditions _____
- Will be taken in but not reviewed for site conditions _____
- Information only, pre-submittal information _____

Customer Name: _____ Phone Number: _____

Project address: ~~321~~ 321 BARCUT _____

APN: _____ Current site use: _____

INITIAL

Need to verify APN: _____ Proposed Site use: _____

Describe what is being requested: APPROVAL & COMMENTS _____

Requested by: _____ Date: _____

Zone _____ Overlay / SPD / PUD / R-review _____

- Planning staff Review required _____
- Planning Hearing required _____
- Design Review required X
- No Planning Issues X
- Counter ok review by site cond. _____

Prior Applications on site P# _____ Z# _____

ER# 98-008

DR# _____ PB# _____ IR# _____

Comments: Design Review completed
1/16/98 as ER98-008

Planning review by: H. Perry

Date: 1.20.98

MUST BE REVIEWED BY PLANNING

- | | | |
|-----------------|----------------------|---------------|
| Care Facilities | Anything Residential | Restaurants |
| Churches | Day care | Sidewalk Cafe |
| Drive-through | Lot Line adjustments | |
| Medical Offices | Bars | |

Security cars
CELLULAR COMMUNICATION FACILITIES

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNER

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed improvement (yes or no) _____

2. I (have/have not) _____ signed an application for a building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name N/A Address _____

City _____ Telephone _____

Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise, and provide the major work.

Name N/A Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the work indicated:

Name	Address	Phone	Type of Work
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	<u>N/A</u>		
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Signed [Signature]

Job Address 321 Bercut Dr - Date 2/10/98

Permit No.: 97159125 C

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: Hawthorn Suites Hotel Phone: 441-4898
 Site Address: 321 Burrell Dr. Suite: —
(Street) (Zip)
 Business Owner/Representative: Steve Newton Phone: 441-4898
 Nature of Business: Room re-models Add Kitchens
 Property Owner: Sunstone Hotel Properties Phone: —
 Address: P.O. Box 4240 Suite: —
San Clemente (City) Ca. 92674 (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: Steve Newton
(Print)
[Signature] 2/10/98
(Signature) (Date)

BID Use Only: Plan Ck# <u>5492</u> Permit # <u>9715195</u> OK to issue perm? <u>Y</u> <u>2-10-98</u> F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <small>init date</small>	
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Fire Dept. Use Only: OK to issue permit? init <input type="checkbox"/> date <input type="checkbox"/> OK to issue Certificate of Occupancy? init <input type="checkbox"/> date <input type="checkbox"/>	

CITY OF SACRAMENTO CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address 321 BERCT DRIVE, Bldg. E Permit No. 97-15195C

Building Use Hotel/extended stay units DBA: Hawthorne Suites Occupancy R-3

Building Owner Sunstone Hotel Investors Construction Type VN

Owner Address P.O. Box 4240, San Clemente, CA 92674 Sprinkled Yes No

Portion of Building Occupied Bldg. E Area 13,402 Sq. Ft.

08/06/98 BRADFORD J. BOEHM, P.E. Bradford J. Boehm, P.E.
Date Issued By: Print Sign City Building Official

Hay/Krinka/Macdonald/Pack
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 9 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

