

CITY OF SACRAMENTO

Permit No: 9803270

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 3160 FOLSOM BL SAC 2nd Fl
Parcel No: 0070213030

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

CONTRACTOR
GORMAN CONSTRUCTION
8440 BELVEDERE AV
SACRAMENTO CA 95826
Phone: 916-386-4270

OWNER
ALHAMBRA BUILDING ASSOCIATES
185 CADILLAC DR
SACRAMENTO, CA 95825
Phone:

ARCHITECT

Phone:

Nature of Work: REMODEL DENTAL DEPT INTO UROLOGY DEPT

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 License Number 589881 Date 4/21/98 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 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 _____ 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.

Date 4/21/98 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 229-98 Unit 0014066

____ (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 4/21/98 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

ADDRESS X 3100 FOLSOM BLVD. P.C.# OTC
 PARCEL # RND FLOOR 007-0213-030 SUITE # _____
 AREA # _____

CONTACT
 NAME MIGUEL BURBANO
 ADDRESS 14440 BIG BASIN WAY
SARATOGA, CA ZIP 95070
 PHONE 408 872 0781 FAX: 408 872-0785

LICENSED CONTRACTOR Lic.# _____
 NAME GORMAN CONSTRUCTION
 ADDRESS _____
 ZIP _____
 PHONE () - _____ FAX () - _____

ARCH./ENG.
 NAME MIGUEL BURBANO
 ADDRESS 14440 BIG BASIN WAY
SARATOGA, CA ZIP 95070
 PHONE _____

OWNER
 NAME C.H.W. / GORMAN PROPERTIES
 ADDRESS _____
 ZIP _____
 PHONE () - _____ FAX () - _____

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE? YES NO

NATURE OF WORK IN DETAIL: REPAIR + CONVERT DENTAL
DEPARTMENT INTO UROLOGY DEPARTMENT:
RE HANG PICTURES, CABINETWORK ETC NEW CARPET
PAINT, WALL COVERINGS. NEW USB REQUIRES RELOCATION
OR REMOVAL OF DOORS

D.B.A. _____ VALUATION \$1850000

BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS _____ S.C.A.T. _____

JOB DESCR. BLDG SHEL APT TI() REM() SW FIRE ADD OTH

INSP. DISCIPLINES BLDG MECH PLUMB ELEC SITE FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FIRE ALARM	FED. CODE	VIO. FILE
3		2400	B	I-N	Y/N	Y/N	14	
B	L	P	M	E	F	S	D	R
None	13	13	13	T.M.	13		Bill	

COMMENTS: 4/20/98

- Provide a fire sprinkler plan or a letter by a C-16 licensed contractor concerning design.
- No medical gases.

Worker's Comp Policy # _____
 Company _____
 Exp. Date _____

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: Catholic Health Care West Phone: _____
 Site Address: 3160 Folsom Blvd Suite: Urology
(Street) (Zip)
 Business Owner/Representative: John Gorman Phone: 3864270
 Nature of Business: General Contractor
 Property Owner: 3160 LTD Phone: 9298100
 Address: 185 Cadillac Dr Suite: _____
Sacto (City) Ca (State) 95826 (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: MIGUEL DURAN
(Print)
[Signature] (Signature)
4/21/98 (Date)

BID Use Only: Plan Ck# _____	Permit # <u>18003270</u>
OK to issue permit? <input checked="" type="checkbox"/> <u>4-21-98</u> <small>init date</small>	F.D. Appr Req'd? Yes No
Hold on Certificate of Occupancy? Yes <input checked="" type="checkbox"/> No	
Fire Dept. Use Only:	
OK to issue permit? <input type="checkbox"/> <small>init date</small>	
OK to issue Certificate of Occupancy? <input type="checkbox"/> <small>init date</small>	