

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0102592

Insp Area: 3

Thos Bros:

Sub-Type: REM

Housing (Y/N): N

Site Address: 6600 BRUCEVILLE RD SAC

Parcel No: 117-0170-072

MOB2, 1ST FLR

CONTRACTOR

OWNER

ARCHITECT

KAISER FOUNDATION HOSPITALS
6600 BRUCEVILLE RD
SACRAMENTO CA 95823

Nature of Work: EXPAND DERMATOLOGY DEPT INTO PART OF PROVIDER SCHEDULER SPACE

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 570871 License Number 9-11-01 Contractor Signature DR Hildebrandt

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.)

DR Hildebrandt 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 9-11-01 Owner Signature DR Hildebrandt

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 9-11-01 Applicant/Agent Signature DR Hildebrandt

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.

DR Hildebrandt 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 _____ Exp Date _____

(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 9-11-01 Applicant Signature DR Hildebrandt

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 # 0102592C	Insp. Area 3
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Applicant MUST complete ALL Unshaded areas

ADDRESS 6600 Bruceville Road, Sacramento, CA 95823 Suite MOB2
 PARCEL # 117-0170-072

<p style="text-align: center;">CONTACT</p> Name <u>Steven P. Johnson, AIA</u> Street Address <u>3540 Folsom Blvd</u> City/State/Zip <u>Sacramento, CA 95816</u> Phone <u>916-453-1234</u> FAX <u>916-453-1236</u> E-mail: <u>sjohnson@db-arch.com</u>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>167350</u></p> Name <u>Kaiser Foundation Hospitals</u> Address <u>1780 2nd Street</u> City/State/Zip <u>Berkeley, CA 94710</u> Phone <u>510-559-5310</u> FAX <u>510-559-5087</u> E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>Dreyfuss & Blackford Architects</u> Address <u>3540 Folsom Blvd.</u> City/State/Zip <u>Sacramento, CA 95816</u> Phone <u>916-453-1234</u> FAX <u>916-453-1236</u> E-mail: <u>sjohnson@db-arch.com</u>	<p style="text-align: center;">OWNER</p> Name <u>Kaiser Foundation Hospitals</u> Address <u>1950 Franklin Street</u> City/State/Zip <u>Oakland, CA 94612</u> Phone _____ FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: Self-insured (see attached)
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: _____

Expansion of the existing Dermatology Department into a portion of the Provider Scheduler space.

OCCUPANT/TENANT: _____ VALUATION: \$ 50,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE	<u>FIRE</u>		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y/N</u>	Fed Code	Vio. File		
		<u>1500</u>		<u>B</u>	<u>11-1</u>	<u>SPR</u> <u>ALARM</u>	<u>B</u>	[H] [Quad]		
<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>PW</u>	<u>UTIL</u>	

COMMENTS: NO T-24's submitted.

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

DEPARTMENT OF INDUSTRIAL RELATIONS & INSTRUCTION
SELF-INSURANCE PLANS SERVICES

2265 Watt Avenue, Suite 1
Sacramento, CA 95825
Phone (916) 483-3392
FAX (916) 483-1535

MAY 3 2 26 PM '94



CERTIFICATION OF SELF-INSURANCE
OF WORKERS' COMPENSATION

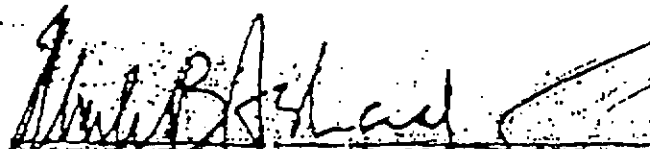
TO WHOM IT MAY CONCERN:

This certifies that Certificate of Consent to Self-Insure
No. 1054 was issued by the Director of Industrial Relations
to:

KAISER FOUNDATION HOSPITALS

under the provisions of Section 3700, Labor Code of
California, on January 1, 1965. The Certificate is now and
has been in full force and effective since that date.

Dated at Sacramento, California
This 3rd day of May, 1994


MARK E. SCHERAGA, Director
Self-Insurance Plans

cc: Joanna Davison
KAISER FOUNDATION HOSPITALS
1780 Second Street
Berkeley, CA 94710
(Self-Insurer)

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: KAISER Palmonente Phone: 688-6441
 Site Address: 6600 Bruceville Rd Suite: _____
 (Street) (Zip)
 Business Owner/Representative: Same Phone: _____
 Nature of Business: Health Foundation
 Property Owner: Kaiser Foundation Health Plan Inc Phone: 688-6441
 Address: _____ Suite: _____
 (Street)

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: Don Hildebrandt
 (Print) Don Hildebrandt 9-11-01
 (Signature) (Date)

BID Use Only: Plan Ck # <u> </u> Permit # <u>0162592</u> OK to issue prmt? <input checked="" type="checkbox"/> <u>DB</u> <u>9-11-01</u> F.D. Appr Req'd? Yes No init date	
Hold on Certificate of Occupancy? Yes <input checked="" type="checkbox"/> No	
Fire Dept. Use Only: OK to issue permit? init <u> </u> date <u> </u> OK to issue Certificate of Occupancy? init <u> </u> date <u> </u>	

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

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) ~~no~~ yes
2. I (have/have not) ~~have~~ not have 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 _____ 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 _____ 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

Signed DR Hildebrandt

Job Address 6600 BRUCEVILLE RD

Permit No: 0102592