

CITY OF SACRAMENTO

Permit No: 0401003

1231 I Street, Sacramento, CA 95814

Insp Area: 4
Thos Bros: 277 A5

Site Address: 2880 GATEWAY OAKS DR SAC
Parcel No: 225-1420-004

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

CONTRACTOR
ROBERT RUFFNER
4708 ISABLIA AV
FAIR OAKS CA. 95628

OWNER
BTV CROWN EQUITIES
2870 GATEWAY OAKS DR #110
SACRAMENTO CA 95833

ARCHITECT

Nature of Work: TENANT IMPROVEMENT. ADD OFFICE PARTION WALLS AND DOOR.

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.

X License Class B License Number 384871 Date 1/21/04 Contractor Signature Robert J. Ruffner

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 _____

PAID
CITY OF SACRAMENTO
RECEIVED
JAN 22 2004
ENTER

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 1/21/04 Applicant/Agent Signature Robert J. Ruffner

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.

X RR 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 1353413-00 Exp Date 06/01/2004

(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 1/21/04 Applicant Signature Robert J. Ruffner

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

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 2880 GATEWAY OAKS DR Permit No.: 0401003
Building Use: OFFICE Occupancy: B
Building Owner: BTV CROWN EQUITIES Construction Type: _____
Owner Address: SACRAMENTO, CA Sprinkled? Yes No
Portion of Building Occupied: T.I. REMODEL Area: _____ Sq. Ft.
Date 7/19/04 By: (Print) LESLIE LUNDBLOM Sign [Signature] DENNIS RICHARDSON
CHIEF BUILDING OFFICIAL

[Finaled By: DSP,CDY,JW]

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 Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
 1231 I Street, Suite 200 or 2101 Arena Bl., 200
 Sacramento, CA 95814 Sacramento, CA 95834
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY # 0401003	Insp. Area 4
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Applicant to complete all areas down to valuation

ADDRESS 2880 GATEWAY OAKS DRIVE Suite 158
PARCEL # _____

CONTACT Name <u>ROBERT RUFFNER</u> Street Address <u>4708 ISABELLA AVE</u> City/State/Zip <u>F.O. CA 95628</u> Phone <u>916-967-2704</u> FAX <u>863-5469</u> E-mail: _____		LICENSED CONTRACTOR Lic No. # <u>384871</u> Name <u>ROBERT RUFFNER</u> Address <u>4708 ISABELLA AVE</u> City/State/Zip <u>FAIR OAKS, CA 95628</u> Phone <u>916 967-2704</u> FAX <u>863-5469</u> E-mail: _____	
ARCHITECT/ENGINEER Name <u>KUCHMAN ARCHITECTS</u> Address <u>3001 J STREET</u> City/State/Zip <u>SACRAMENTO, CA 95816</u> Phone <u>916 447-3436</u> FAX <u>447-3466</u> E-mail: _____		OWNER Name <u>SWANSON & ANTOGNINI</u> Address <u>2880 GATEWAY OAKS DRIVE</u> City/State/Zip <u>SACRAMENTO, CA 95833</u> Phone <u>916 924-0100</u> FAX <u>924-0110</u> E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** STATE FUND
 → **WORKER'S COMPENSATION POLICY #** 1353413-03 **EXPIRATION DATE:** 6/04

NATURE OF WORK IN DETAIL: TENET IMPROVEMENT - ADD OFFICE PARTITION WALLS

OCCUPANT/TENANT: SWANSON & ANTOGNINI ATT. **VALUATION:** \$ 18,000

FLOOD STATUS						S.C.A.T.					
JOB DESCRIPTION BLDG <input type="checkbox"/> SHELL <input type="checkbox"/> APT <input type="checkbox"/> TI () <input type="checkbox"/> REM () <input type="checkbox"/> SW <input type="checkbox"/> FIRE <input type="checkbox"/> ADD <input type="checkbox"/> OTHER <input type="checkbox"/>											
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE				
# Stories	1 st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File		
						SPR	ALARM				
<u>(B)</u> 13 th	<u>(L)</u> 13 th	<u>P</u>	<u>M</u>	<u>(E)</u> 13T.L.M.	<u>(F)</u> 13800	<u>S</u>		<u>D</u>	<u>PW</u>	<u>UTIL</u>	

COMMENTS:

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