

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0112779

Insp Area: 4

Thos Bros: 277G3

Site Address: 310 HARRIS AV SAC

Parcel No: 250-0027-012

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

OWNER

SACRAMENTO PARTNERS
770 L ST #700
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: MOVE EXIST. WALL 3' TOWARD MEDICAL ROOM

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 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 10/03/01 Owner Signature *Deborah McCarty*

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 10/03/01 Applicant/Agent Signature *Deborah McCarty*

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 _____

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 10/03/01 Applicant Signature *Deborah McCarty*

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 # 011277B	Insp. Area 40
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS Bi-Valley Med Clinic / 310 Harris Ave HB Sec 95838 Suite B
 PARCEL # 250-0027-012

<p style="text-align: center;">CONTACT</p> Name <u>Bi-Valley Med Clinic / Birgitta McCarthy</u> Street Address <u>310 Harris Ave</u> City/State/Zip <u>Sacramento CA 95838</u> Phone <u>916 496 793</u> FAX _____ E-mail: <u>4854975@bi-valley.com</u>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> Name <u>Mike Boyd Const</u> Address <u>3700 Esperanza Ln</u> City/State/Zip <u>Sacramento CA 95864</u> Phone <u>916 450 0000</u> FAX _____ E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>Design Tech</u> Address <u>814 29th St</u> City/State/Zip <u>Sacramento CA 95816</u> Phone <u>916 444 7055</u> FAX <u>916 444 7762</u> E-mail: <u>smench@designtech-135.com</u>	<p style="text-align: center;">OWNER</p> Name <u>Bi-Valley Med Clinic Sacramento Partners</u> Address <u>7777 Greenback Ln #101</u> City/State/Zip <u>ColumbIA CA 95610</u> Phone <u>916 721 0323</u> FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # State Compensation Insurance Fund EXPIRATION DATE: 7/31/07

NATURE OF WORK IN DETAIL: move one wall inside building 3' max

OCCUPANT/TENANT: Bi-Valley Med Clinic VALUATION: \$ 4,500⁰⁰

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 firArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y <input checked="" type="checkbox"/> N		Fed Code	Vio. File	
						SPR	ALARM		[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>
<u>13⁰¹</u>	<u>13⁰¹</u>		<u>13 Int</u>							

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

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) _____
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 TBA 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
<u>N/A</u>			

Signed Michael McCarty
Job Address 310 Harris Ave Sae
Permit No: _____

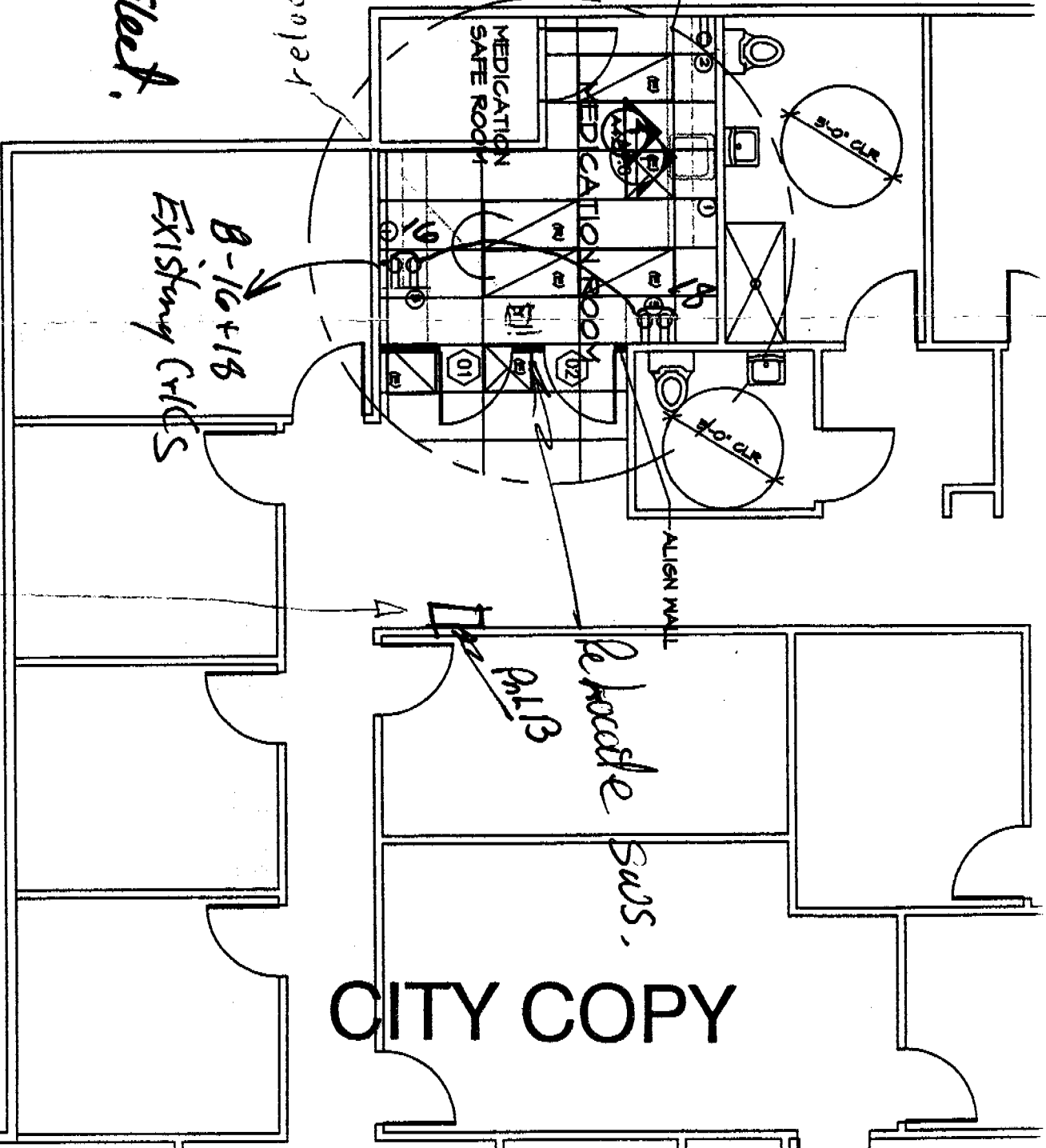
APPROVED per 1996
 NATIONAL ELECTRICAL CODE
 AND CITY OF SACRAMENTO
 MEASUREMENTS: 4-19-2002
 T.L.M.,
 ELECTRICAL DIVISION

310 Harris Ave
 0112779
 Elect. Rev. Add Elect.

Approval of all Electrical Work
 is subject to field inspections.

CONTRACTOR TO RELOCATE
 EXISTING CEILING REGISTERS,
 LIGHTING FIXTURES & FIRE
 SMOKE DETECTORS, AS REQUIRED.
 CABINET MAKER TO
 DESIGN & BUILD CABINETRY
 FOR CLIENTS REQUEST
 AND ADA REQUIREMENTS.

SCOPE OF WORK



ISSUED

APR 19 2002

Sacramento Building Division

Existing

PART 1 B

Challenge Pool
 20020117

No new for...

CITY COPY