

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0009142

Insp Area: 1

Site Address: 1015 K ST SAC

Parcel No: 006-0103-011

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR
DAVID BENSON
PO BOX 292452
SAC CA 95829

OWNER
MCCLATCHY FAMILY TRUST
SACRAMENTO CA
95812

ARCHITECT

Nature of Work: OFFICE REMODEL/EXPAND INTO SPACE NEXT 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.

License Class 31 License Number 494860 Date 8-15-00 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 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 _____

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 8/15/00 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 Exempt 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 will 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 laws of California, I shall forthwith comply with those provisions.

Date 8-15-00 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
DEVELOPMENT SERVICES DIVISION**

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1		2		3	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN NO. _____
 ADDRESS _____
 Commercial Residential



STAMPED _____

REVIEWER	IN REVIEW			DATE	STATUS	REMARKS	DATE	STATUS
	DATE	BY	REMARKS					
PROPERTY	13	JT	8/11/08					
	13	JT	"					
ENGINEERING/PLUMBING	13	KAW	OTC					
ELECTRICAL	13	TM	OTC					
MECHANICAL	13	BJR	OTC					
PLANNING								

STAFF COMMENTS: EXPRESS PER YJL

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 # 0009042	Insp. Area 10
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1015 ~~K~~ St Suite 200
 PARCEL # 006-0103-011

<p style="text-align: center;">CONTACT</p> Name <u>SAME AS</u> Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>494000</u></p> Name <u>DAVE KENSON</u> Address <u>9079 CYNTHIA</u> City/State/Zip <u>SACRO CA 95824</u> Phone <u>916-685-0385</u> FAX <u>916-686-3619</u> E-mail: <u>KENSON@TAMTOWNS.COM</u>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>DURRANT</u> Address <u>1710 3RD ST #210</u> City/State/Zip <u>SACRO CA 95812</u> Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>RATIGGS FAMILY TRUST</u> Address <u>910 4TH CAPITAL MALL #112</u> City/State/Zip <u>SACRO CA 95812</u> Phone _____ FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: ~~EXISTING IT EXPANSION~~ office remodel/expanding into space next door

OCCUPANT/TENANT: _____ VALUATION: \$70,000

FLOOD STATUS:				S.C.A.T.							
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM (X)	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		(BLDG)	(MECH)	(PLUMB)	(ELEC)	(SITE)	(FIRE)				
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. (Y) (N)	Fed Code	Vio. File			
		<u>2638</u>		<u>B</u>	<u>11 hr</u>	(SPR) (ALARM)	<u>(S)</u>	[H] [Quad]			
(B)	(L)	(P)	(M)	(E)	(F)	S	D	PW	UTIL		
		<u>13 KAW</u>	<u>13</u>	<u>13T.L.M.</u>	<u>13 5J</u>			<u>75</u>			

COMMENTS: writing for fire sp pages
RED CARD, NO PLANS TO FIRE DEPT. BY 8-9-00

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

Project Name Public Policy Advocate

Unit #

Job Number

Tech. N Steve M

#	Type	Size	Duct	Design CFM	%	x	Test 1 CFM	=	Actual CFM	Test 2 CFM	Test 3 CFM	Test 4 CFM	Final CFM
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AC #1													
1	Supply	8x8	8	205			200			210			210
2	Supply	8x8	8	110			100			100			100
3	Supply	8x8	8	130			100			120			120
4	Supply	8x8	6	65			50			50			50
5	Supply	8x8	7	140			165			150			150
6	Supply	12x12	10	335			300			330			330
7	Supply	12x12	10	290			200			300			300
8	Supply	12x12	10	290			300			275			275
9	Supply	12x12	10	290			250			300			300
10	Supply	8x8	7	110			100			140			140
			total	1985			1785			1975			1975
		osa	total	120			150			150			150
AC#3													
1	Supply	14x14	12	405			365			410			410
2	Supply	14x14	12	455			420			450			450
3	Supply	12x12	10	355			375			350			350
4	Supply	12x12	10	355			380			360			360
5	Supply	14x14	12	430			350			420			420
			total	2000			1890			1990			1990
		osa	total	400			450			405			405

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 6-6-01

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

1015 K ST #200

Has been conducted by Inspector

C. PACK

On

6-5-01

00-09142-189
Permit Number

2638
Square Footage

Remodel w/ sprinklers
Type of Inspection

They system is acceptable by this department.

R. Woodman
By: Ross L. Woodman,
Fire Prevention Officer II

TI-977
F.D. Reference Number

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