

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0007153
Insp Area: 3

Site Address: 5300 SOUTH WATT AV SAC
Parcel No: 063-0053-017

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

CONTRACTOR
JACKSON CONSTRUCTION
5665 POWER INN RD #140
SAC CA 95824

OWNER
LINDQUIST DAVID J/PAULA J
5300 SOUTH WATT AV
SACRAMENTO CA 95826

ARCHITECT

Nature of Work: INT REMODEL/ ADD MEZZANINE

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 365437 Date 8/9/00 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 8/9/00 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 LEGION INSURANCE COMPANY Policy Number WC1-1230141 Exp Date 12/20/2000

____ (This section need not be completed if the permit is for **NEIGHBORHOOD PLANNING** or **NEIGHBORHOOD DEVELOPMENT SERVICES** in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to be 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 8/9/00 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.

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 # <u>0007153</u>	Insp. Area <u>3</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 5300^S WATT Ave. Suite _____
 PARCEL # _____

<p align="center">CONTACT</p> Name <u>Judy Watson/Constance Johnson</u> Street Address <u>10304 Placer Ln. #A</u> City/State/Zip <u>SACRAMENTO 95827</u> Phone <u>362-6303</u> FAX <u>362-5844</u> E-mail: <u>dunne@CJA-ARCHITECTS.COM</u>		<p align="center">LICENSED CONTRACTOR Lic No. # _____</p> Name <u>JACKSON CONST.</u> Address <u>5665 Power Inn Rd.</u> City/State/Zip <u>SACRAMENTO, CA 95824</u> Phone <u>362-6303</u> FAX _____ E-mail: _____	
<p align="center">ARCHITECT/ENGINEER CONTACT</p> Name <u>Constance Johnson Arch, Inc.</u> Address <u>10304 Placer Ln. #A</u> City/State/Zip <u>Sacramento, Ca 95827</u> Phone <u>362-6303</u> FAX <u>362-5844</u> E-mail: <u>dunne@CJA-ARCHITECTS.COM</u>		<p align="center">OWNER</p> Name <u>DAVE'S DESIGN</u> Address <u>5200 SO. WATT</u> City/State/Zip <u>SACRAMENTO, CA 95826</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: INTERIOR Remodel / add mezzanine

OCCUPANT/TENANT: DAVE'S DESIGN VALUATION: \$ 139,000

FLOOD STATUS: <u>N.R.</u>		S.C.A.T. <u>200, XI.12</u>								
JOB DESCRIPTION	BLDG	SHELL	APT	TI()	REM(<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Fed Code	Vio. File	
		<u>2000</u>		<u>M, SI</u>	<u>3</u>	<input checked="" type="checkbox"/> SPR	<input type="checkbox"/> ALARM	<u>18</u>	[H] [Quad]	
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input type="checkbox"/> S		<input type="checkbox"/> D	<input type="checkbox"/> PW	<input type="checkbox"/> UTIL

COMMENTS: CURSORY: FIRE OK TO TAKE W. B J F 6-26-00, Mech OK, Elect OK, B/LS OK
NO CURSORY REQUIRED

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

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: DAVE'S DESIGN Phone: 916 383-1555
 Site Address: 5300 WAT AVE. 95826 Suite: _____
 (Street) (Zip)
 Business Owner/Representative: DAVID LINDQUIST Phone: 916 383-1555
 Nature of Business: FLOOR COVERING CONTRACTOR
 Property Owner: DAVID J. + TRILLAN LINDQUIST REVOCABLE TRUST Phone: 916-383-1555
 Address: SHILLE Suite: _____
 (Street)

 (City) (State) (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: DAVID LINDQUIST
 (Print)
[Signature] (Signature) 1-27-00 (Date)

BID Use Only: Plan Ck# <u>007153</u> Permit # <u>0007153</u> OK to issue prmt? <input checked="" type="checkbox"/> <u>8.9.00</u> C.F.D. Appr Req'd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No init date	
Hold on Certificate of Occupancy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Dept. Use Only: OK to issue permit? init ___ date ___ OK to issue Certificate of Occupancy? init ___ date ___	