

CITY OF SACRAMENTO

Permit No: 9806635

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 1601 RESPONSE RD SAC

Sub-Type: ACOM

Parcel No: 2770272014

Housing (Y/N): N

CONTRACTOR

THOMAS A P
10670 WHITE ROCK RD
RANCHO CORDOVA

OWNER

EXPOSITION CENTRE ASSOCIATES
2929
SAN MATEO CA 95815

ARCHITECT

Nature of Work: REMODEL OFFICE INT

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 By: Jerry Cant 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 ARC License Number Q31676137 Date 8-27-98 Contractor Signature By: Jerry Cant

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 8-27-98 Owner Signature By: Jerry Cant

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 8-27-98 Applicant/Agent Signature By: Jerry Cant

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 Reliance Insurance Company Policy Number Q31676137

(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, 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 8-27-98 Applicant Signature By: Jerry Cant

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.

11/1/98
BT

CITY OF SACRAMENTO
 APPLICATION FOR BUILDING PERMIT
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 BUILDING INSPECTION DIVISION

1231 I Street, Room 200
 Sacramento, CA 95814
 (916) 264-7619 FAX 264-7046

9806635

ADDRESS 1601 Response Rd.

P.C. # 6261 X

PARCEL # 277-0272-014

SUITE # 250

AREA # ~~4539~~ 4

CONTACT

LICENSED CONTRACTOR Lic # 721339

NAME Stafford Space Planning / Jill Gordon
 ADDRESS 7585 Cold Drive
Loomis Ca ZIP 95650
 PHONE 652-3400 FAX: (916) 652-7805

NAME AP Thomas Construction
 ADDRESS 10293 Rockingham Dr. Ste. 101
Sacramento Ca ZIP 95827
 PHONE (916) 34-0333 FAX (916) 34-0300

ARCH./ENG. # 1219

OWNER

NAME Stafford Space Planning
 ADDRESS 7585 Cold Drive
Loomis Ca ZIP 95650
 PHONE 652-3400

NAME William Wilson & Assoc.
 ADDRESS 400 Capitol Mall, Ste. 670
Sacramento Ca ZIP 95814
 PHONE (916) 448-0400 FAX (916) 448-4440

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE? YES NO

NATURE OF WORK IN DETAIL: remodel, new int. partitions, new plumbing,
new lights, new hvac, new pvt. & some demolition.

D.B.A. _____ VALUATION \$104,000
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS _____ S.C.A.T. _____

JOB DESCR. BLDG SHEL APT TI(✓) REM() SW FIRE ADD OTH

ENSP. DISCIPLINES BLDG MECH PLUMB ELEC SITE FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	OCCUP. GROUP	CONST. TYPE	FIRE 1ST SPRINK ^{code}	FIRE ALARM	FED CODE	VIO. FILE
3			B	I	(Y)/N	Y/N		
(B)	(L)	(P)	(M)	(E)	F	S	(D)	R

COMMENTS: _____

(REGIONAL SAN FEES? Y/N) (HEALTH DEPT? Y/N)

Worker's Comp Policy #
Company
Exp. Date

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: Acubanc Wholesale Phone: (800) 880-0002
 Site Address: 1601 Response Rd. Suite: 250
(Street)
 Business Owner/Representative: Jim Tammlund - Nancy Smith Phone: (800) 880-0002
(Zip)
 Nature of Business: Mortgage Company (Lender)
 Property Owner: William Wilson & Assoc. Phone: 448-0400
 Address: 400 Capitol Mall Suite: 670
Sacramento (Street) Ca 95814
(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: Jill M. Condon
for Nancy Smith per phone conversation 11:40 am 7/15/98
Jill M Condon (Signature) 7-15-98 (Date)
 (Print)

BID Use Only: Plan Ck# <u>6214X</u> Permit # _____ OK to issue permit? <u>08-21-98</u> D. Appr Req'd? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <small>init date</small>	
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Fire Dept. Use Only: OK to issue permit? init _____ date _____ OK to issue Certificate of Occupancy? init _____ date _____	