

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 9908593**  
**Insp Area: 1**

**Site Address: 5301 F ST SAC**  
Parcel No: 004-0010-023 #220

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

**CONTRACTOR**  
GORMAN CONSTRUCTION  
8440 BELVEDERE AV  
SACRAMENTO CA 95826

**OWNER**  
301 F STREET LTD  
705 UNIVERSITY AV #A  
SACRAMENTO CA 95825

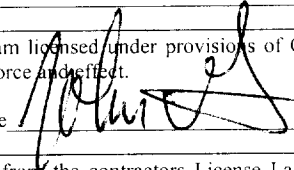
**ARCHITECT**

**Nature of Work: INTERIOR REMODEL**

**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 S License Number 549581 Date 10/28/99 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.)

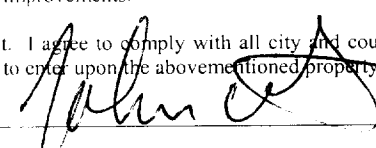
I, \_\_\_\_\_, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law)

I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_

Date \_\_\_\_\_ 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 10/28/99 Applicant/Agent 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 STATE FUND Policy Number 229-99 UNIT 0014066 Exp Date 01/01/2000

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 10/28/99 Applicant 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**  
**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: Sutter Fed. Phone: 6468500  
 Site Address: 5301 F St. Suite: 220  
(Street) (Zip)  
 Business Owner/Representative: John Gorman Phone: 38611270  
 Nature of Business: Food Service  
 Property Owner: 5301 F LTD Phone: 9206100  
 Address: 145 Sutter St 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: John Gorman  
(Print)  
[Signature] \_\_\_\_\_  
(Signature) (Date)

BID Use Only: Plan Ck# _____	Permit # _____
OK to issue prmt? Y _____	F.D. Appr Req'd? Yes No _____
init date _____	
Hold on Certificate of Occupancy? Yes No _____	
Fire Dept. Use Only:	
OK to issue permit? ini' _____	date _____
OK to issue Certificate of Occupancy? init _____	date _____

Date of Request: 8-4-99

By: \_\_\_\_\_

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 5301 FSt

Assessor's Parcel Number: 004-0010-023

Previous Use: Med Ofc.

Description of Request/Proposed Use: \_\_\_\_\_

Remodel (R) Med Ofc.

No Change

Is This a Change of Use? \_\_\_\_\_

Zoning Designation: R-0

Prior Applications for Project Site(P#, Z#, DRPB#): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are There Any Planning Issues?: (circle one) YES NO

\* Staff Site Plan Check Required? (Circle one) YES NO

\* Field Inspection Required? (Circle one) YES NO

\* Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: W. Wilson 8/3/99

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

# CITY OF SACRAMENTO

## APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION  
 1231 I Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 9908593 Insp. Area 1

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 5301 F ST Suite 220  
 PARCEL # 004-0010-023

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>John Gorman</u>                  Address <u>8440 Belvedere #5</u>                  Phone <u>3864270</u> FAX <u>3864273</u>                  E-mail _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>589881</u></p> <p>Name <u>Gorman Const</u>                  Address <u>8440 Belvedere Ave 5</u>                  Phone <u>3864270</u> FAX <u>3864273</u>                  E-mail _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Boulder Assoc</u>                  Address <u>3031 F ST</u>                  Phone <u>9520902</u> FAX <u>4928798</u>                  E-mail _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>5301 F Limited</u>                  Address <u>146 Cadillac Dr</u>                  Phone <u>9298100</u> FAX <u>9208006</u>                  E-mail _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: State Fund  
 → WORKER'S COMPENSATION POLICY # 229-97 EXPIRATION DATE: 01-01-00

NATURE OF WORK IN DETAIL: Remodel - MEDICAL OFFICE

OCCUPANT/TENANT: Sutter Peds VALUATION: \$ 95000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	SITE		<input checked="" type="checkbox"/> FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y (N)		Fed Code	Vio. File	
<u>3</u>		<u>8016</u>		<u>B-MED</u>		<u>(N)</u>		<u>14</u>	[H] [Quad]	
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	S		<input checked="" type="checkbox"/> D	PW	UTIL
								<u>SB</u>		

COMMENTS: APD GAS LETTER NEEDED

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

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 5301 F ST #220 Permit No. 9908593

Building Use: MEDICAL OFFICE Occupancy: B-MED

Building Owner: 5301 F LIMITED Construction Type: \_\_\_\_\_

Owner Address: 185 CADILLAC DR SACRAMENTO Sprinkled? [ ] Yes [ X ] No

Portion of Building Occupied: SUITE 220 Area: 8016 Sq. Ft.

5/5/00 *Dennis Richardson* DENNIS RICHARDSON  
Date By:Print Sign CITY BUILDING OFFICIAL

[ Finaled By: VF,RVL,WJR,DD]

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

**POST IN A CONSPICUOUS PLACE**