

CITY OF SACRAMENTO

Permit No: 9804441

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 2 SCRIPPS DR SAC

Sub-Type: REM

Parcel No: 2950384001

PHASE 1

Housing (Y/N): N

CONTRACTOR

ACF CONSTRUCTION
PO BOX 163622
SAC CA 95816

OWNER

CAMPUS COMMONS PROFESSIONAL PLAZA
1851 HERITAGE LN STE 12
SACRAMENTO CA 95815

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 B License Number 511900 Date 7/14/98 Contractor Signature Shannon J. Mc...

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 7/14/98 Applicant/Agent Signature Shannon J. Mc...

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 Fremont Indemnity Policy Number WN9761476704 Ex 10/1/98

_____, (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 7/14/98 Applicant Signature Shannon J. Mc...

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
APPLICATION FOR BUILDING PERMIT**

980 4441

**DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES DIVISION**

1231 I Street, Rm. 200
Sacramento, CA 95814

(916) 264-7619 FAX 264-7046

→ Applicant must complete ALL Unshaded areas ←

PC # 6095 AREA # 1c

ADDRESS 2 Scripps Dr - Phase I Suite _____
PARCEL # 895-0384-001

CONTACT Name <u>ERIC ANDERSON</u> Address <u>P.O. Box 163622</u> <u>SACTO</u> Zip <u>95816</u> Phone <u>(916) 392-5076</u> FAX <u>392-0734</u>		LICENCED CONTRACTOR Lic No. # <u>511900B</u> Name <u>ACF CONSTRUCTION, INC.</u> Address <u>P.O. Box 163622</u> <u>SACTO</u> Zip <u>95816</u> Phone <u>392-5076</u> FAX <u>392-0734</u>	
ARCHITECT/ENGINEER Name <u>BOULDER ASSOCIATES</u> Address <u>4747 Table Mesa DR. #202</u> <u>Boulder, CO</u> Zip <u>80303</u> Phone <u>(303) 449-7745</u> FAX <u>(303) 449-7767</u>		OWNER/TENANT Name <u>RAS Radiological Assoc.</u> Address <u>1800 I St.</u> <u>SACTO</u> Zip <u>95814</u> Phone _____ FAX _____	

→ Will the permittee have any employees on the jobsite? Yes No

→ If yes, WORKER'S COMPENSATION POLICY # WN 9761476704 EXPIRATION DATE: 10/1/98

NAME OF INSURANCE COMPANY: Fremont Indemnity

NATURE OF WORK IN DETAIL: office remodel - Phase 1

DBA: <u>Radiological Assoc.</u>		VALUATION: <u>\$ 84,887</u>	
FLOOD STATUS: <u>A99</u>		S.C.A.T.	
JOB DESCRIPTION	BLDG	SHEL	APT TI ()
INSP. DISCIPLINES	<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u> <u>ELEC</u>
# Stories	1st flr Area	Total Area	Use Zone
1			<u>B</u>
			Occp Group
			<u>B</u>
			Const type <u>V-1A</u>
			Fire Req. Y/N
			Spr <u>N</u> Alarm <u>X</u>
			Fed Code
			<u>15</u>
			Vio. File
			<u>OK</u>
			S
			<u>D</u>
			<u>Bill</u>
			R

COMMENTS: Applicant is respectfully requesting expedited plan review

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

Val

ADDRESS 2 scripps Dr # _____

P.C.# 6096 PREPARED BY Bill DATE _____

	REQUIRED				NOT REQUIRED	UNKNOWN AT THIS TIME
	APPROVED/RECEIVED	ATTACHED	PREVIOUSLY ATTACHED	NO ATTACHMENT REQUIRED		
Owner/builder forms are required to be signed by the owner or tenant if the permit will be pulled by the owner or tenant.					✓	
Current Certificate of Worker's Compensation must be on file with Building Dept. (Certificate holder's name and address must read City of Sacramento, Dept. of Planning & Development, Building Inspection Division, 1231 I St. Room 200, Sacto. CA 95814) This form is required for contractors who are not exempt from workers' compensation requirements and for owners who will be using their own employees to perform work.	✓					
Letter of authorization from contractor on company letterhead for employees of contractor to sign for permit. Exhibit 1 must be signed by owner if employees or agents will be signing for permit.					✓	
School Impact Fee form must be taken to applicable School District and fees paid. Receipt must be returned to Building Department.					✓	
A Driveway permit must be obtained from Department of Public Works. Contact Danny Lee at 264-7915.					✓	
A Regional Sanitation Permit must be obtained from the County. The receipt must be returned to the Building Department. Contact Howard Richmond at 855-8079.					✓	
Special Inspection forms must be completed and signed by owner.						
Hazardous Materials form must be completed and signed by owner.						
This project is in an A-99 flood zone. A flood waiver form for ___ substantial improvements ___ new construction is required to be signed and returned to the Building Department prior to permit issuance.	✓					
This project is in an AO, AE, or AH flood zone. An elevation certificate signed by a California licensed Civil Engineer is required prior to permit issuance. The engineer will also be required to certify the building pad elevation.	✓					
This project is in the Natomas flood moratorium area. Commercial projects will be required to meet the requirements of City Ordinance. Residential projects may not be built without a waiver.					✓	
Sewer connection waiver form req'd. to be signed by owner.					✓	
Other _____						

100K/ton

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: RADIOLOGICAL ASSOCIATES Phone: _____
 Site Address: Z SCRIPPS DR. - PHASE I Suite: _____
(Street) (Zip)
 Business Owner/Representative: RADIOLOGICAL ASSOC. Phone: _____
 Nature of Business: OFFICES
 Property Owner: RADIOLOGICAL ASSOC. Phone: _____
 Address: 1800 I STREET Suite: _____
SACTO 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: Shannon McLombs
Shannon McLombs 5/22/98
(Print) (Date)
(Signature)

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 _____	