

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 9902982

Insp Area: 1

Site Address: 930 G ST SAC

Parcel No: 002-0152-019

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

CAL RAM
1891 ENTERPRISE
W SARAMENTO CA 95691

OWNER

THOMPSON JOHN & BARBARA
105 GARYDALE CT
ALAMO, CA 94507

ARCHITECT

OSHIMA & YEE ARCHITECTS
1731 J ST #200
SACRAMENTO CA 95818

Nature of Work: INTERIOR REMODEL(2ND FLOOR) :PATIO ENCLOSURE, NEW HVAC'S

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 466622 Date 6-1-99 Contractor Signature Shelley Qualley

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 6-1-99 Applicant/Agent Signature Shelley Qualley

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 REMONT COMPENSATION Policy Number WN99-79529301 Exp Date 4-1-00

____ (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 6-1-99 Applicant Signature Shelley Qualley

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 **[REDACTED]** BUILDING PERMIT

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

PLAN CHECK # 9902982 Insp. Area 1C

Applicant **MUST** complete ALL Unshaded areas this page only

ADDRESS 930 G ST / 908-10th ST Suite 2ND FLOOR
 PARCEL # 002-0152-019

CONTACT Name <u>ALAN OSHIMA</u> Address _____ Phone <u>443-5911</u> FAX _____		LICENSED CONTRACTOR Lic No. # _____ Name <u>CALRAM</u> Address <u>1891 Enterprise</u> <u>WEST SACTO</u> Zip _____ Phone <u>372 1610</u> FAX _____	
ARCHITECT/ENGINEER Name <u>ALAN OSHIMA, ARCHT</u> Address <u>1731 J ST</u> <u>SACTO</u> Zip <u>95814</u> Phone <u>443-5911</u> FAX <u>443 2965</u>		OWNER Name <u>CNPA Services Inc</u> Address <u>1225 8th ST</u> <u>ST 262</u> Zip <u>95814</u> Phone _____ FAX _____	

→ Will the permittee have any employees on the jobsite? Yes No
 → If yes, WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____
 NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: REMODEL OFFICE / 2ND FLOOR SPACE
BLDG, HVAC, PLUMB & ELECT. (± 12,000 SF)
DEMO PERMIT ISSUED 3/11/99 # 02333C

DBA: _____ VALUATION: \$150,000

FLOOD STATUS:		S.C.A.T. <u>X16, X17</u>						
JOB DESCRIPTION	BLDG	SHEL	APT TI()	REM(<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>	
# Stories	1st fl Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed. Code	Vio. File
		<u>12,480</u>		<u>B</u>	<u>I N0HR</u>	Spr Alarm	<u>15</u>	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>R</u>
						<u>SB 10</u>		

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

DATE OF REQUEST _____
BY _____

9902982

City of Sacramento Development Services Division Planning and Zoning Information Request

Project Address: 400 S ST

Assessor's Parcel Number: 002 - 0152 - 019

PREVIOUS USE _____

Current Land Use: _____

Description of Request/Proposed Use: _____

IS THIS A CHANGE OF USE? _____

Zoning Designation: _____

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

May not need to know details if windows will be just like old ones

Planning Review by/Date: [Signature] 9-1-99

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

MICK C FROM AFTER FINAL