

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0100553

Insp Area: 1

Site Address: 2831 G ST SAC
Parcel No: 003-0203-025

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

CONTRACTOR
FMT CONSTRUCTION
2443 FAIR OAKS BL
SAC CA

OWNER
29TH STREET PROFESSIONAL BUILDING
2831 G ST STE 200
SACRAMENTO CA 95816

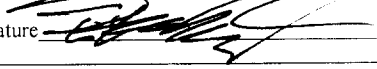
ARCHITECT

Nature of Work: 1ST & 2ND FLOOR INTERIOR REMODEL OF OCCUPIED OFFICE SPACES

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.

X License Class B License Number 438992 Date 2-20-01 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.)

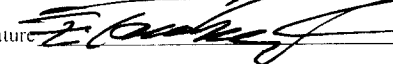
_____, I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code). The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s)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

X Date 2-20-01 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 1342387-00 Exp Date 10/01/2001 

_____, (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 2-20-01 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
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

ADDRESS 2831 G STREET Sacto P.C. # 0100553
 PARCEL # 003 0203 025 SUITE # 100-200
 AREA # _____

CONTACT

LICENSED CONTRACTOR

NAME EMT CONST. ED TEVEBRAUGH
 ADDRESS 2443 Fair Oaks Blvd #239 Sacto ZIP 95825
 PHONE 916-641-5540

NAME EMT CONST. CO
 ADDRESS 2443 Fair Oaks Blvd #239 Sacto ZIP 95825
 PHONE 916-641-5540

ARCH./ENG.

OWNER/TENANT

NAME DESIGN TECH
 ADDRESS 814 29th St Sacto ZIP 95816
 PHONE 444-3055

NAME 29th St. Prof. Bldg J.V.
 ADDRESS 2831 G St. Sacto ZIP 95816
 PHONE 443-0200

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

NATURE OF WORK IN DETAIL: 1st + 2nd floor remodel of occupied spaces

D.B.A. Owens & Dunn VALUATION 62790
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

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

JOB DESCR. BLDG SWEL APT TI() REM SW FIRE ADD OTH
 INSP DISCIPLINES BLDG MECH PLUMB ELEC SITE FIRE

| # OF STORIES | AREA 1ST FL | TOTAL AREA | USE ZONE | OCCUP. GROUP | CONST. TYPE | FIRE SPRINK. | FED CODE | VIO. FILE |
|--------------|-------------|------------|----------|--------------|-------------|--------------|----------|-----------|
| | | 6279 | | B | | Y | 15 | |
| (B) | (L) | (P) | (M) | (E) | (F) | S | D | R |
| | | | | | | | KE | |

COMMENTS: X PRESS OK Per Y Lim, TLM, LOD

RECEIVED

531 20

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

| SUBMITTAL DATES | | | | | |
|-----------------|-----|------------|-----|------------|-----|
| 1st Review | | 2nd Review | | 3rd Review | |
| IN | OUT | IN | OUT | IN | OUT |
| / / | / / | / / | / / | / / | / / |

PLAN CHECK # D100337
 ADDRESS: _____
 Commercial Residential



ACCEPTED by (Staff): _____

| DISCIPLINE | 1ST REVIEW | | | 2ND REVIEW | | | 3RD REVIEW | | |
|---------------------|------------|-------|---------|------------|-------|---------|------------|-------|--------|
| | Status | Staff | Date | Status | Staff | Date | Status | Staff | Date |
| LIFE SAFETY | 3 | JT | 1/17/01 | 3 | JT | 1/31/01 | 3 | JT | 2/4/01 |
| STRUCTURAL | 13 | JT | 1/17/01 | | | | | | |
| MECHANICAL/PLUMBING | 13 | JMT | 1/17/01 | | | | | | |
| ELECTRICAL | 3 | JM | 1/17/01 | | | | 13 | JM | 2/4/01 |
| FIRE | 3 | BJ | 1/17/01 | 13 | BJ | 1/30/01 | | | |
| LANDING | | | | | | | | | |

STAFF COMMENTS:

APPLICANT INTENDS BUILDING TO BE
 ADA COMPLIANT WITH THESE UPGRADES
 ARE MADE



City of Sacramento
Building Inspection Division
 cityofsacramento.org

PERMIT OFFICES

Downtown (916) 284-5716
 827 1st., Rm.200, Sacramento 95814
 Natomas Center (916) 264-0000
 2351 Arena Blvd., Sacramento 95814
 South Center (916) 000-0000
 0000 Pocket Rd. Sacramento 95624

Access Compliance for Existing Buildings
Declaration of Past Alterations, Remodels, or Additions

Date of Application: 2-7-01

Address 2831 G Street

Permit No. 01-00553 Cost of Alteration _____

This form is to be used when:

- A. The cost of alteration, remodel, or addition without the cost of access features does not exceed the current valuation threshold.
- B. Alteration, remodel, or addition is made to the areas above or below the ground floor of a previously exempted non-elevator building of the following types:
 1. Office buildings and passenger vehicle service stations of three stories or more and 3,000 or more square feet per floor.
 2. Office of physicians and surgeons.
 3. Shopping centers [having one or more sales establishments or stories. T-24, Section 420(g)].
 4. Other buildings and facilities three stories or more and more than 3,000 square feet per floor if a reasonable portion of services sought and used by the public is available on the accessible level.

I, EMT Corp. / E. Korbach, owner or lessee of the project space at the above-mentioned address have / have not performed alteration(s), remodel(s), or addition(s) to the above space within the past three years of the date of this permit application (but not earlier than January 26, 1992).

If "have" is checked, state below the date(s) and the cost(s) of the previous alteration(s):

Date: _____ Cost: _____

E. Korbach
 (Signature of owner or lessee)

2-7-01
 (Date)

2443 Fair Oaks Blvd #239
 (Mailing address)

916-641-5540
 (Telephone)



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Building Inspection Division
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 0000 Pocket Rd. Sacramento 95624

Worksheet for Accessibility Upgrade Requirements for Existing Nonresidential Buildings

Job Address 2831 G STREET Date 2-7-01

Project Name 29th ST. PROFESSIONAL BLDG. Permit Valuation: \$ 55,000.00

Permit No. 01-00553 APN _____ UBC Occupancy Group No. _____

Owner 29th St. Prof. Bldg Applicant EMT CONSTRUCTION

1. Total Cost of Construction: \$ 16,000.00
 a. Ground floor \$ 4,000.00 b. Basement \$ 0.00 c. Other floors (2) \$ 12,000.00

The Total Cost of Construction is the permit valuation minus the cost of access features, demolition, unattached fixtures and cases, cosmetic and finish work that normally would not require a building permit. Also, subtract the cost of heating, ventilation, air conditioning, re-roofing, and electrical work not involving placement of switches and convenience receptacles per CBC Section 1134B.2.1, Exception 4.

2. Total cost of construction within the previous three years (see attached Declaration of Past Alterations, Remodels or Additions form): \$ 0.00
3. Total Cost (add costs in 1 and 2 above): \$ 16,000.00
4. Current Valuation Threshold: \$ 99,901 (to be filled by BID staff).
5. When the Total Cost (item 3 above) exceeds the Current Valuation Threshold (item 4 above) and the alteration occurs on an accessible floor (ground floor or any floor that is accessible by a complying elevator), go the item No. 8 below.
6. When the Total Cost exceeds the Current Valuation Threshold (item 4 above) and the alteration occurs on the floor above or below the ground floor of a non-elevator building, skip to item No. 9 below.
7. When the Total Cost (item 3 above) does not exceed the Current Valuation Threshold (item 4 above) for the ground floor and/or non-accessible floor alterations, go to item No. 9 below.

8. I understand that the existing primary entrance, path-of-travel, at least of one set of complying restrooms, public phones, or drinking fountains (if any) must be brought up to full compliance.
9. I understand that only 20 percent of the Total Cost of Construction (i.e., \$ 3,200.00) be spent on upgrading the primary entrance, path-of travel, restrooms, public phones (if any), and drinking fountains (if any); and, when possible, parking, storage, and alarms. (Go to the Cost Table.)

I agree to comply. Signature [Signature] Date 2-7-01

BID Approval: Signature _____ Date _____

Cost Table

Fill in COSTS column of the table with dollar amounts for those features that require upgrades. Follow the order shown and continue until the total equals or exceeds the amount from line 9 above. If an item causes the total amount to exceed the amount from line 9 of the worksheet, you may eliminate that item. If you eliminate an item, consider other items in its place. Your final total should be approximately equal to or greater than the amount from line 9 above. The cost table shall be reviewed and approved by BID staff

Amount from line 9 of the worksheet \$ _____

| 1 | PRIMARY ENTRANCE TO REMODELED AREA | COSTS |
|----------|--|---------------|
| F/P | DOOR | |
| | A. Change of door _____ | _____ |
| | B. Threshold _____ | _____ |
| | C. Hardware _____ | _____ |
| | D. Kick plate _____ | _____ |
| | E. Strike-side clearance _____ | _____ |
| | F. Other _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | SIGNS AND IDENTIFICATION | |
| | G. Sign at building entrance _____ | _____ |
| | H. Sign in building lobby _____ | _____ |
| | I. Other <u>Van Accessible Parking Stall</u> _____ | <u>800.00</u> |
| | _____ | _____ |
| | Subtotal | <u>800.00</u> |
| 2 | PATH OF TRAVEL | |
| F/P | | |
| | CHANGE OF ELEVATION(S) | |
| | A. Ramps _____ | _____ |
| | B. Lifts _____ | _____ |
| | C. Elevators _____ | _____ |
| | D. Others _____ | _____ |
| | _____ | _____ |
| | DOORS | |
| | E. Change of door _____ | _____ |
| | F. Threshold _____ | _____ |
| | G. Hardware _____ | _____ |
| | H. Kick plate _____ | _____ |
| | I. Strike-side clearance _____ | _____ |
| <u>2</u> | J. Signs and Identification (Braille) _____ | <u>300.00</u> |
| | K. Other _____ | _____ |
| | _____ | _____ |
| | Subtotal | _____ |
| | CHANGE OF ELEVATION(S) | |
| | A. Ramps _____ | _____ |
| | B. Lifts _____ | _____ |
| | C. Elevators _____ | _____ |
| | D. Others _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 5-29-01

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

2831 G STREET

Has been conducted by Inspector

S. Bodice

On

5-29-01

01-00553
Permit Number

6,279
Square Footage

Revised w/ OHS pr.
Type of Inspection

They system is acceptable by this department.

R. Woodman
By: Ross L. Woodman,
Fire Prevention Officer II

TI-A6
F.D. Reference Number