

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

**Permit No: 0013723**  
**Insp Area: 1**

**Site Address: 1100 J ST SAC**  
Parcel No: 006-0105-013 STE 520 & 540

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

**CONTRACTOR**  
PARTITION SPECIALTIES INC  
860 SOUTH RIVER ROAD  
WEST SACRAMENTO CA 95691

**OWNER**  
THE LYCETTE COMPANY  
1100 J ST  
SACRAMENTO CA 95814

**ARCHITECT**

**Nature of Work: INTERIOR OFFICE 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.

X License Class \_\_\_\_\_ License Number 70021 Date 1-10-01 Contractor Signature [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 has made all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any public 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 \_\_\_\_\_ Applicant/Agent Signature [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 LEGION INSURANCE CO Policy Number WC40074969 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.

X Date \_\_\_\_\_ Applicant Signature [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

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 1100 J ST #520 & 540 Permit No. 0013723

Building Use: OFFICE Occupancy: B

Building Owner: THE LYCETTE CO. Construction Type: II-1HR

Owner Address: 1100 J ST SAC Sprinkled? [ ] Yes [ X ] No

Portion of Building Occupied: SUITES 520 & 540 Area: 6117 Sq. Ft.

3/16/01 Willie Harris DENNIS RICHARDSON  
Date By:Print Sign CITY BUILDING OFFICIAL

[ Finaled By: GTD,MJS,AAC,RR]

*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 15 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**

**APPLICATION FOR COMMERCIAL BUILDING PERMIT**

**CITY OF SACRAMENTO**  
 DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION

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

ACTIVITY # <u>0013723</u>	Insp. Area <u>1C</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1100 J Street, 5th Suite 500 <sup>520 & 54</sup>  
 PARCEL # 000.0105.013

<p align="center"><b>CONTACT</b></p> Name <u>PARTITION SPECIALTIES, INC.</u> Street Address <u>860 SOUTH RIVER ROAD</u> City/State/Zip <u>WEST SAC</u> Phone <u>(916) 373-0700</u> FAX <u>(916) 373-7525</u> E-mail:		<p align="center"><b>LICENSED CONTRACTOR</b> Lic No. #<u>763121</u></p> Name <u>PARTITION SPECIALTIES, INC</u> Address <u>860 SOUTH RIVER ROAD</u> City/State/Zip <u>WEST SACRAMENTO</u> Phone <u>(916) 373-0700</u> FAX <u>(916) 373-7525</u> E-mail: <u>S STILL @ PARTITION SPECIALTIES .COM</u>	
<p align="center"><b>ARCHITECT/ENGINEER</b></p> Name <u>LIONOKIS BEAUMONT</u> Address <u>1919 19TH STREET</u> City/State/Zip <u>SACRAMENTO CA 95814</u> Phone <u>(916) 373-0700</u> FAX <u>(916) 373-7525</u> E-mail: <u>558-1900 (916) 558-1919</u>		<p align="center"><b>OWNER</b></p> Name <u>THE LYCETTE COMPANY</u> Address <u>1100 J STREET</u> City/State/Zip <u>SACRAMENTO</u> Phone <u>(916) 448-1234</u> FAX E-mail:	

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: ~~CP40074967~~  
 → WORKER'S COMPENSATION POLICY # ~~WC 40974967~~ EXPIRATION DATE: 10/1/01

NATURE OF WORK IN DETAIL: REMODEL - DR/WALL, ELECTRICAL, MECHANICAL, CEILING  
DOORS, FRAMES, HARDWARE

OCCUPANT/TENANT: LEGISLATIVE DATA CENTER VALUATION: \$ 85,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM(X)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE	FIRE		
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
<u>7</u>		<u>6117</u>		<u>B</u>	<u>11-1HR</u>	SPR	ALARM	<u>15</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	PW	UTIL

COMMENTS:

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

# MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

**TO:** BUILDING DEPARTMENT

**DATE:** March 13, 2001

**FROM:** Troy Malaspino  
Fire Marshal

**SUBJECT: FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

1100 J Street Ste 520 & 540

Has been conducted by Inspector

Rosemary Robles

On 03/07/01

00-13723 - 194  
Permit Number

6,117  
Square Footage

TI  
Type of Inspection

The system is acceptable by this department

By:   
Sacramento City Fire Prevention Division

TI-918  
F.D. Reference Number

BALANCE REPORT  
# 520 & 540  
1100 J St



**Cal-State  
Mechanical**

Consultants, Inc.

Air Conditioning Heating  
Refrigeration

- ◆ Design
- ◆ Installation
- ◆ Service

Commercial & Residential

08 March 2001

Area Served	No.	Opening Type	Size	AK	Design CFM	Final CFM	Comments
AH #1	1	Tbar	8X8		200f	205f	
	2	"	"		"	210f	
	3	"	"		"	195f	
	4	"	"		"	205f	
	5	"	"		"	210f	
	6	"	"		160f	175f	
AH #2	1	"	10X10		300f	315f	
	2	"	12X12		"	310f	
	3	"	"		350f	355f	
	4	"	"		"	360f	
	5	"	"		"	365f	
	6	"	"		"	360f	
AH #3	1	"	"		"	365f	
	2	"	"		"	355f	
	3	"	"		"	345f	
	4	"	"		"	355f	
AH #4	1	"	8X8		200f	210f	
	2	"	"		"	205f	
	3	"	"		"	195f	
	4	"	"		"	200f	
	5	"	"		"	210f	
	6	"	"		"	195f	
	7	"	"		"	210f	
	8	"	"		220f	230f	
AH #5	1	"	"		200f	205f	
	2	"	"		"	200f	
	3	"	"		"	210f	
	4	"	"		"	215f	
	5	"	6X6		90f	100f	
AH #6	1	"	10X10		220f	230f	
	2	"	"		"	225f	
	3	"	"		"	225f	
	4	"	"		"	230f	
	5	"	"		"	200f	
	6	"	"		"	210f	
Return air registers	Set to dwg						

Bob Holcomb