

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0609555
Insp Area: 3
Thos Bros: 318F4

Site Address: 5440 WAREHOUSE WY SAC
Parcel No: 061-0210-008

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

CONTRACTOR
NICK CONSTRUCTION
11358 AMALGAM WAY STE A-1
RANCHO CORDOVA, CA 95670

OWNER
ALPINE VENTURE INVESTMENTS LLC
700 LARKSPUR LANDING C
LARKSPUR, CA 94939

ARCHITECT

Nature of Work: INSPECT 5 EXISTING RECEPTACLE INSTALLED WITHOUT PERMIT

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 D License Number 818792 Date 6-26-06 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 project 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 6-26-06 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 STATE COMPENSATION Policy Number 1768311 Exp Date 12/01/2006

(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 6-26-06 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.

PAID
CITY OF SACRAMENTO
JUN 26 2006
NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
Development Services Department - Building Division

New City Hall
915 I St., 3rd Floor
Sacramento, CA 95814
Fax: 916-808-1901

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834
Fax: 916-808-8370

ACTIVITY # 060 9555	Isnp. Area
-------------------------------	-------------------

Applicant MUST complete ALL Unshaded areas

ADDRESS 5440 Warehouse way Suite D
PARCEL # _____

CONTACT		LICENSED CONTRACTOR Lic No. # <u>818792</u>	
Name <u>Nikolay Zubyan</u>	Street Address <u>9391 Mira Del Rio</u>	Name <u>Nikolay Zubyan</u>	Address <u>9391 Mira Del Rio</u>
City/State/Zip <u>SACRAMENTO CA 95828</u>	Phone <u>916 8697000</u> FAX _____	City/State/Zip <u>SAC 95828</u>	Phone _____ FAX _____
E-mail: _____		E-mail: _____	
ARCHITECT/ENGINEER		OWNER	
Name _____		Name _____	
Address _____		Address _____	
City/State/Zip _____		City/State/Zip _____	
Phone _____ FAX _____		Phone _____ FAX _____	
E-mail: _____		E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** _____
→ **WORKER'S COMPENSATION POLICY #** _____ **EXPIRATION DATE:** _____

NATURE OF WORK IN DETAIL: check existing electrical outlets
on 17 side of warehouse

OCCUPANT/TENANT: _____ **VALUATION: \$** _____

FLOOD STATUS						S.C.A.T.								
JOB DESCRIPTION						BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TI () <input type="checkbox"/>	REM () <input type="checkbox"/>	SW <input type="checkbox"/>	FIRE <input type="checkbox"/>	ADD <input type="checkbox"/>	OTHER <input type="checkbox"/>
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC		SITE		FIRE				
# Stories	1 st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code		Vio. File				
						SPR	ALARM							
B	L	P	M	E	F	S		D		PW		UTIL		

COMMENTS:

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