

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 9901157

Insp Area: 1

Site Address: 545 DOWNTOWN PL SAC

Parcel No: 006-0087-053

SUITE 2001

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

OWNER

DPA LP
547 L ST
SACRAMENTO CA

ARCHITECT

TRICARIO GROUP
409 MINNISINK RD #200
TOTOWA, NJ

95814-3318

07512

Nature of Work: INTERIOR RETAIL 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 _____ Date _____ 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 3 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.

A Date 3-24-99 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:

A Carrier STATE FUND Policy Number 11520846-38 Exp. Date 10-01-99

____ (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.

A Date 3-24-99 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
APPLICATION FOR ~~RENOVATION~~ BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

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

PLAN CHECK # 99157 Insp. Area 1

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

ADDRESS 545 DOWNTOWN PLAZA Suite 201
PARCEL # 006-0087-053

CONTACT Name <u>MARC CONNERLY</u> Address <u>2914 26TH ST.</u> <u>SACRAMENTO, CA</u> Zip <u>95818</u> Phone <u>916-451-6999</u> FAX <u>916-451-6997</u>		LICENSED CONTRACTOR Lic No. # _____ Name <u>TO BE DETERMINED</u> Address _____ Zip _____ Phone _____ FAX _____	
ARCHITECT/ENGINEER Name <u>TRICARIO GROUP</u> Address <u>409 MINNISINK RD, #200</u> <u>TOWAN NJ</u> Zip <u>07512</u> Phone <u>973-256-3200</u> FAX <u>973-256-7667</u>		OWNER REDACTED Name <u>TSR WIRELESS</u> Address <u>400 KERBY ST, 8TH FLOOR</u> <u>FORT LEE, NJ</u> Zip <u>07024</u> Phone <u>201-947-5056</u> FAX <u>201-947-0994</u>	

→ 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: INTERIOR REMODEL (1374#), NEW FIXTURES, DOORS, ~~BASE, LIGHTS, SWITCHES~~

Interior retail remodel

DBA: TSR WIRELESS VALUATION: \$75,000

FLOOD		S.C.A.T.		JOB DESCRIPTION		BLDG		SHEL		APT		TI()		REM(X)		SW		FIRE		ADD		OTH	
INSP. D		INES		BLDG		MECH		PLUMB		ELEC		SITE		FIRE									
# Stor	Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File															
		<u>1374</u>		<u>M</u>	<u>I/I-SNR</u>	<u>Spr</u> <u>Alrm</u>	<u>18</u>	<u>N</u>															
<u>E</u>	<u>E</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>R</u>															

COMMENTS: RENOVATION PERMITS MUST BE STAMPS BY LICENSED

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No



CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
 1231 I STREET, ROOM 200, SACRAMENTO, CA 95814

SPECIAL INSPECTION AND TESTING AGREEMENT

When special inspection is required by Section 1701, the architect or engineer of record shall prepare an inspection program which shall be submitted to the Building Official for approval prior to issuance of the building permit. The special inspector shall be employed by the owner (other than owner-builder/developer), the engineer or architect of record, or an agent of the owner, BUT NOT the contractor, or any other person responsible for the work (such as an owner-builder/developer).

The special inspection firm(s) named in Part I have been authorized to perform the special inspection and testing services designated in this agreement, and in accordance with the Uniform Building Code (UBC) requirements, and to report all activities to the Building Official, and other parties as listed. It is understood that special inspections are required in addition to the normal inspections performed by the Building Inspector.

The undersigned hereby affirm, under penalty of law, that the special inspection program is in accordance with the requirements of the UBC and the City of Sacramento.

The undersigned has used all reasonable diligence in completing this form and to the best of his/her knowledge the information contained herein is true and complete. The undersigned hereby certifies under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURES		PHONE NUMBER	
OWNER	TSR Wireless	201	947 5300
ARCHITECT	The Truncated Group PC	973	256-3200
ENGINEER	HOROWITZ Taylor Engineering	619	560-4383
CONTRACTOR	Perco Const Inc	949	768-5277
DEVELOPER			
SPECIAL INSPECTOR	Wallace-Kuhl & Associates	916	372-2565

WARNING: Any person, who certifies under penalty of perjury in any case where certification is permitted by law and willfully states as true any material matter which he or she knows to be false, may be found guilty of perjury and subject to penalties which may include fines or imprisonment under the California Penal Code.

PART III • GEOTECHNICAL INSPECTION REQUIREMENTS

GEOTECHNICAL FIRM	
GEOTECHNICAL FIRM ADDRESS	PHONE NUMBER
GEOTECHNICAL ENGINEER	
REPORT NUMBER	
REPORT DATE	REVISION DATES
	RECEIPT NUMBER
	TYPE OF WORK
	REQUIRED

SITE PREPARATION/FILL COMPACTION	
FOUNDATION OBSERVATION	
DRILLED PIERS AND CAISSONS	

IF THE EARTHWORK INSPECTION IS NOT BEING DONE BY THE ABOVE GEOTECHNICAL ENGINEERING FIRM THEN A REVISED REPORT MUST BE SUBMITTED TO AND APPROVED BY THE CITY'S DEVELOPMENT SERVICES DIVISION.

ACCEPTED FOR THE BUILDING DEPARTMENT

PLAN CHECK ENGINEER (Please Print)

PLAN CHECK ENGINEER SIGNATURE	DATE
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- INSTRUCTIONS TO THE SPECIAL INSPECTOR**
- 1 • PROVIDE DAILY FIELD REPORTS TO THE BUILDING INSPECTOR ON SITE AS CONSTRUCTION PROGRESSES.
 - 2 • A COPY OF ALL SPECIAL INSPECTIONS LABORATORY REPORTS SHALL BE SENT TO THE PLAN CHECK ENGINEER IDENTIFIED ABOVE AND THE ARCHITECT OR ENGINEER OF RECORD.
 - 3 • UPON COMPLETION OF SPECIAL INSPECTIONS AND TESTING WORK, PROVIDE THE CITY'S PLAN CHECK ENGINEER WITH A FINAL SPECIAL INSPECTIONS TEST REPORT, WET STAMPED AND SIGNED BY THE RESPONSIBLE PROFESSIONAL ENGINEER

MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 4-14-99

From: Gordon Duncan,
Fire Marshal

Subject: **FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

545 DOWNTOWN PLAZA # 2001

has been conducted by Inspector C. Pack

on 4-14-99.

99-01157-C

Permit Number

1374

Square Footage

Remodel

Type Inspection

The system is acceptable by this department.



By: Ross L. Woodman,
Fire Prevention Officer II

99-87

F. D. Reference Number

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address 545 Downtown Pl #2001

Permit No. 99-01157

Building Use Retail

Occupancy M

Building Owner TSR Wireless

Construction Type I/1-3HR

Owner Address 400 Kirby St 8th Fl Fort Lee, New Jersey

Sprinkled () Yes () No

Portion of Building Occupied Retail space

Area 1374 Sq. Ft.

4/19/99 Ron Peckl

Date Issued By: Print

Sign

City Building Official

Chief Building Inspector

Dumford, Vankle, McDonald, Paek
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 9 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