

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0008476

Insp Area: 1

Site Address: 801 K ST SAC

Parcel No: 006-0097-013

Sub-Type: ACOM

Housing (Y/N): N

CONTRACTOR

OSBORNE BUILDERS

OWNER

THE SACRAMENTO RENAISSANCE
2101 EVERGREEN ST.
SACRAMENTO CA 95815

ARCHITECT

Nature of Work: DEMO / FLORING INTERIOR WALLS T-BAR CEILING WALK IN FREEZERS AND PLANTER BOXES

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 601333 Date JULY 25, 2000 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 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 JULY 25, 2000 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 FUND INS. Policy Number 1342886 Exp Date MAY 2001

_____, (This section need not be completed if the permit is for \$100 or less.) I affirm that in the performance of the work for which this permit is issued, I will not employ any person in any manner so as to be exempt from 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 JULY 25, 2001 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.

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 0008476 Insp. Area 11

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 801 KST Suite 1st floor
 PARCEL # 006-0097-013-0000

<p style="text-align: center;">CONTACT</p> Name <u>TAYLOR OSBORNE</u> Street Address <u>P.O. BOX 244</u> City/State/Zip <u>FAIR OAKS CA 95628</u> Phone <u>916 944 7206</u> FAX <u>916 944 8811</u> E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>601333</u></p> Name <u>OSBORNE BUILDERS</u> Address <u>P.O. BOX 244</u> City/State/Zip <u>FAIR OAKS CA 95628</u> Phone <u>916 944-7206</u> FAX <u>916 944-8811</u> E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>SACRAMENTO RENAISSANCE TOUR LLC</u> Address <u>801 KST</u> City/State/Zip <u>SACRAMENTO CA 95814</u> Phone <u>551-1331</u> FAX <u>551-1332</u> E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: STATE FUND
 → WORKER'S COMPENSATION POLICY # 1342886 EXPIRATION DATE: MAY 01

NATURE OF WORK IN DETAIL: REMOVE EXISTING FLOORING, INTERIOR WALLS, OLD PAINTED T-BAR CEILING (SAVE GOOD T-BAR). TWO OLD WALK IN FREEZERS. INTERIOR PLANTER BOXES.

OCCUPANT/TENANT: VACANT SPACE VALUATION: \$ 12,000.

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(✓)	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	
						SPR	ALARM		[H]	[Quad]
(B)	(L)	(P)	M	(E)	F	S		D	PW	UTIL
13	13	13	KW	13	ML					

COMMENTS: Will apply for Demo Permit

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