

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0009238

Insp Area: 1

Site Address: 300 J ST SAC

Parcel No: 006-0081-037

16TH FLR

Sub-Type: REM

Housing (Y/N): N

**CONTRACTOR**

PRECISION BUILDER  
12010 THERESA LANE  
REDDING CA 96003

**OWNER**

HAMMONS JOHN Q  
300  
SPRINGFIELD MO 45242

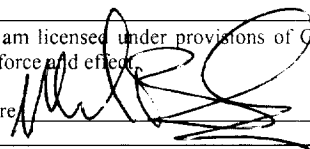
**ARCHITECT**

Nature of Work: 16TH FLR: REMODEL 3 CONF ROOMS AND MAKE R REOOMS ADA COMPLIANT

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 A License Number 559934 Date 8-14-00 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.)

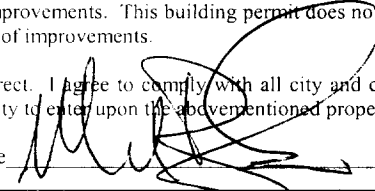
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s)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

I am exempt under Sec. \_\_\_\_\_ B & Pt' 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 8-14-00 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.

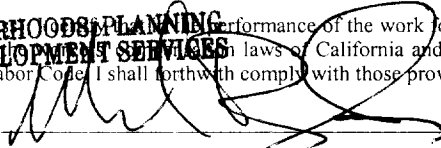
 I have and will maintain workers' compensation insurance as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier STATE FUND

City Number 96-98 UNIT 0000282

Exp Date 10/01/2000

This section need not be completed if the permit is for 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 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 8-14-00 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  
DEVELOPMENT SERVICES DIVISION**

# **EXPRESS PLAN REVIEW**

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

PLAN CHECK # 0009  
 ADDRESS: \_\_\_\_\_  
 Commercial     Residential



ACCEPTED by (Staff): \_\_\_\_\_

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	13	HT	8/11						
STRUCTURAL	13	HT	"						
MECHANICAL/PLUMBING		ASJH	8-11						
ELECTRICAL	13	DM	8/4/00						
FIRE									
PLANNING									

STAFF COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 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 # <span style="font-size: 1.5em; font-family: cursive;">000923R</span>	Insp. Area <span style="font-size: 1.5em; font-family: cursive;">IC</span>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 300 J St Suite \_\_\_\_\_  
 PARCEL # \_\_\_\_\_

<p style="text-align: center;"><b>CONTACT</b></p> Name _____ Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;"><b>OWNER</b></p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ 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: see attached

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ \_\_\_\_\_

FLOOD STATUS:				S.C.A.T.							
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( <input checked="" type="checkbox"/> )	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	SITE		<input checked="" type="checkbox"/> 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]	
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	S		D	PW	UTIL	
				B LAB				B/E			

COMMENTS: fire alarm deferred

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

CITY OF SACRAMENTO  
APPLICATION FOR XXXXXXXXXX BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION  
1231 I Street, Rm. 200  
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # 0009238 Insp. Area 1C

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

ADDRESS 300 J St. Suite 16<sup>th</sup> flr  
PARCEL # 006-0081-037

<p align="center"><b>CONTACT</b></p> <p>Name <u>Precision Builders</u> Address <u>12010 Theresa Ln</u> <u>Redding Ca.</u> Zip <u>96003</u> Phone <u>530-246-1288</u> FAX <u>246-1289</u> <i>mbil. 530-604-4967</i></p> <p align="center"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Ed Kado</u> Address <u>1661 GARDEN Hwy</u> <u>Sacramento CA.</u> Zip <u>95833</u> Phone <u>916-921-1661</u> FAX <u>916-921-1839</u></p>	<p align="center"><b>LICENSED CONTRACTOR</b> Lic No. # <u>559934</u></p> <p>Name <u>Precision Builders</u> Address <u>12010 Theresa Ln</u> <u>Redding Ca.</u> Zip <u>96003</u> Phone <u>530-246-1288</u> FAX <u>530-246-1289</u></p> <p align="center"><b>OWNER</b> <span style="background-color: black; color: black;">XXXXXXXXXX</span></p> <p>Name <u>J Q Hammons</u> Address <u>300 J Q Hammon Parkway</u> <u>Springfield Mo</u> Zip <u>65806</u> Phone <u>1-800-641-4026</u> FAX</p>
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→ Will the permittee have any employees on the jobsite?  Yes  No

→ If yes, WORKER'S COMPENSATION POLICY # N5060955A EXPIRATION DATE: 10-1-2000

NAME OF INSURANCE COMPANY: California - Casualty

NATURE OF WORK IN DETAIL:  
Remodel 3 meeting rooms and  
Public Restrooms / Fire Alarm deferred

DBA: Holiday Inn VALUATION: \$50,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI( )	REM <input checked="" type="checkbox"/>	SW	FIRE	ADD	OTH
INSP. DISCIPLINES			<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> H/E/C		<input type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE	
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fed Code	Vio. File		
				<u>RI</u>	<u>I</u>	<input checked="" type="checkbox"/> Spr <input type="checkbox"/> Alarm	<u>306</u>			
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	S	D	R		
				<u>13 LMB</u>				<u>Bh</u>		

COMMENTS: B/L NEED MORE INFO ON SLIPING POSITION  
ELECT - NO EXPRESS  
MECH NEED PLAN  
5 yr certification, pipe sizes, maybe calcs - FIRE  
Bypass Agency Take in fee only 900-8000

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS  YES  NO

**CITY OF SACRAMENTO**  
**BUILDING INSPECTION DIVISION**  
**APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY**

*As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form*

1. Business Name: Holiday Inn Phone: 446-0100  
 Site Address: 300 J St. Suite: \_\_\_\_\_  
(Street) (Zip)  
 Business Owner/Representative: J & Q Hammond Phone: 800-641-4026  
 Nature of Business: Hotel  
 Property Owner: J & Q Hammond Phone: 800-641-4026  
 Address: ~~300 J St.~~ 300 J & Q PARKWAY Suite: \_\_\_\_\_  
SPRINGFIELD MO. 65806  
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes \_\_\_ No  Is this permit for a shell building? Yes \_\_\_ No

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes \_\_\_ No   
 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No

**CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.**

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes \_\_\_ No \_\_\_  
 6. Do you handle, store or transport any amount of acutely hazardous materials? Yes \_\_\_ No \_\_\_  
 7. Is/Will your business be located within 1,000 feet of a school? Yes \_\_\_ No \_\_\_

If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes \_\_\_ No \_\_\_

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

**Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.**

**PENALTY:** Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: MIKE BELINSKI  
Precision Builders  
(Print)  
[Signature] 8-14-00  
(Signature) (Date)

BID Use Only: Plan Ck# _____	Permit # <u>0007238</u>
OK to issue prmt? <input checked="" type="checkbox"/> <u>8/14/00</u> F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	init date _____
Hold on Certificate of Occupancy? Yes ___ No <input checked="" type="checkbox"/>	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

**MEMORANDUM**

**SACRAMENTO FIRE DEPARTMENT**

**TO:** BUILDING DEPARTMENT

**DATE:** 11-7-00

**FROM:** Troy Malaspino  
Fire Marshal

**SUBJECT: FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

300 J St

Has been conducted by Inspector

Jack

On

11-7-00

10-09238-00  
Permit Number 192 Square Footage

Remodel  
overhead sprinklers  
Type of Inspection ✓

They system is acceptable by this department.

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

00-270  
F.D. Reference Number

**MEMORANDUM**

**SACRAMENTO FIRE DEPARTMENT**

**TO:** BUILDING DEPARTMENT

**DATE:** 11-13-00

**FROM:** Troy Malaspino  
Fire Marshal

**SUBJECT: FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

300 J ST - 10<sup>th</sup> Floor

Has been conducted by Inspector

C. Pick

On

11-7-00

00-09 238-194  
Permit Number

\_\_\_\_\_  
Square Footage

Remodel  
Type of Inspection

They system is acceptable by this department.

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

TI-771  
F.D. Reference Number

*[Handwritten mark]*