## **CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Site Address: 1000 ARDEN WY SAC

Parcel No:

277-0144-007

OWNER

CONTRACTOR SACRAMENTO VALLEY ALARM SECURITY SYSTEMS, INC 5933 FOLSOM BLVD

650 HOWE AV

0009506 Permit No:

Insp Area: 4

Sub-Type:

**NOTHR** 

Housing (Y/N): N

ARCHITECT

STATE OF CALIFORNIA

SACRAMENTO, CA 95819	SACRAMENTO CA 95825
Nature of Work: FIRE SPRIN	LLER MONITOR SYSTEM
CONSTRUCTION LENDING AC of the work for which this permit is issue	<b>ENCY:</b> I hereby affirm under penalty of perjury that there is a construction lending agency for the performance d (Sec. 3097, Civ. C).
Lender's Name	Lender's Address
(commencing with section 7000) of Div	CCLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 sion 3 of the Business and Professions Code and my license is in full force and effect. Stan F. Spaeth
License Class <u>E7</u> License Number	Contractor Signature SECURITY CONSULTANT
OWNER-BUILDER DECLARA? following reason (Sec. 7031.5, Business any structure, prior to its issuance, also by the Contractor, License Law (Chan)	<b>ION:</b> I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair equires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions or 9 (commencing with Section 7000) of Division 8 of the Business and Professions Code) or that he or she is liteged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil
for sale (Sec. 7044, Business and Prof	ny employees with wages as their sole compensation, will do the work, and the structure is not intended or offered ssional Code: The Contractors License Law does not apply to an owner of property who builds or improves lf or herself or through his/her own employees, provided that such improvements are not intended or offered for vement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did ale.)
I. as owner of the property, am Code: The Contractors License Law decontractor(s) licensed pursuant to the Co	exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions es not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a ntractors License Law).
I am exempt under Sec	B & PC for this reason:
Date	Owner Signature
all measurements and locations shown or private agreement relating to permiss	<b>1IT.</b> the applicant represents, and the city relies on the representation of the applicant, that the applicant verified in the application or accompanying drawings and that the improvement to be constructed does not violate any law ble or prohibited locations for such improvements. This building permit does not authorize any illegal location of private agreement relating to location of improvements.
I certify that I have read this application relating to building construction and he	and state that all information is correct. I agree to comply with all city and county ordinances and state laws by authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.  Applicant/Agent Signature  Applicant/Agent Signature
Date C4 - 15 - W	Applicant/Agent Signature
WORKER'S COMPENSATION	DECLARATION: I hereby affirm under penalty of perjury one of the following declarations: ate of consent to self-insute for workers' compensation as provided for by Section 3700 of the Labor Code, for the it is issued to be SOCKAMENTO
make and will maintain worke which this permit is issued. My worker	compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for compensation insurance carrier and policy number are:
Carrier CALIFORNIA IND	MNITY CONTROL PS IN ANNING 5042144H Exp Date 05/26/2001  THEIGHEORIES EXPLOYMENT SERVICES  ted if the parint is lot \$100 or less) I certify that in the performance of the work for which this permit is issued,
shall not employ any person in any ma	ted if the permit is for \$100 or less). I certify that in the performance of the work for which this permit is issued, much so as to become subject to the workers' compensation laws of California and agree that if I should become existence of Section 3700 of the Labor Code, I shall forthwith companying for specifies.
Date C9-15-00	Applicant Signature SECURITY CONSULTANT

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.

## **APPLICATION FOR COMMERCIAL BUILDING PERMIT**

## CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION

PERMIT SERVICES SECTION

1231 I Street, Rm. 200

(016) 264-7619 FAY 264-7046 Applicant MUST complete ALL Unshaded areas

Name  Stan F. Spaeth  Street Address  City/State/Zip  Phone  ARCHITECT/ENGINEER  Name  Address  City/State/Zip  Phone  FAX  Phone  FAX  Phone  Be-mail:  Will permittee have any employees on the jobsite?  NATURE OF WORK IN DETAIL:  NATURE OF WORK IN DETAIL:  SCA.T.  SCA.T.  INSPECTION DISCIPLINES  BLDG  MECH  I NAME  Address  Add	URANCE CO: Calf. Indemnity 41+ EXPIRATION DATE: 5/26/8
Name  Stan F. Spaeth  Street Address  City/State/Zip  Phone  ARCHITECT/ENGINEER  Name  Address  City/State/Zip  Phone  FAX  Phone  FAX  Phone  Be-mail:  Will permittee have any employees on the jobsite?  NATURE OF WORK IN DETAIL:  NATURE OF WORK IN DETAIL:  SCA.T.  SCA.T.  JOB DESCRIPTION  BLDG  SHELL  APT  TI(  INSPECTION DISCIPLINES  BLDG  MECH	SAC VACLEY ALARM  SS SECURITY SECURITY SYSTEM  SAC CASSON FAX 452-4034  CHILLIAN FAX  WALLEY FAX  WALLEY FOR THE EXPIRATION DATE: 5/2-6/E
Phone #52 / 4 / 6 / FAX 4 5 2 / 6 / 6 / 6 / 6 / 6 / 5 3 9 E-mail:  ARCHITECT/ENGINEER  Name Address Address City/State/Zip Phone FAX Phone FAX Phone E-mail:  Will permittee have any employees on the jobsite? No FYes IN WORKER'S COMPENSATION POLICY # 15 0 4 2 1  NATURE OF WORK IN DETAIL: 10 0 1 7 0 2 5  OCCUPANT/TENANT:  FLOOD STATUS: S.C.A.T.  JOB DESCRIPTION BLDG SHELL APT TI( INSPECTION DISCIPLINES BLDG MECH I	SAC CASSON FAX 452-4034  : CHICKIB-6539 OFFICE 452-14  OWNER  SS  tate/Zip  FAX  :  URANCE CO: Calf. Two empity  Y 1+ EXPIRATION DATE: 5/2-6/E  SALVELLE SYSTER
Name	FAX  :  URANCE CO: Calf. Indemnity  Y 1+ EXPIRATION DATE: 5/26/E  SAMPLER SYSTER
Phone FAX Phone E-mail: E-mail: E-mail: E-mail: E-mail: E-mail: E-mail: E-mail: E-mail: Phone  Will permittee have any employees on the jobsite? □ No ☐ Yes → IN  WORKER'S COMPENSATION POLICY # △5 ○ 42 1  NATURE OF WORK IN DETAIL: △ ○ △ 1702 S  OCCUPANT/TENANT: S.C.A.T.  JOB DESCRIPTION BLDG SHELL APT TI( INSPECTION DISCIPLINES BLDG MECH	FAX  URANCE CO: Cald. Indensity  Y 1+ EXPIRATION DATE: 5/2-6/E  ORINGLER SYSTEN
Will permittee have any employees on the jobsite? □ No ☐ Yes → IN  WORKER'S COMPENSATION POLICY # △5 ○ 42 1  NATURE OF WORK IN DETAIL: △ ○ △ 1 TC ← S  OCCUPANT/TENANT:  FLOOD STATUS: S.C.A.T.  JOB DESCRIPTION BLDG SHELL APT TI( INSPECTION DISCIPLINES BLDG MECH	EXPIRATION DATE: 5/26/E
JOB DESCRIPTION     BLDG     SHELL     APT     TI(       INSPECTION DISCIPLINES     BLDG     MECH     I	
INSPECTION DISCIPLINES BLDG MECH 1	
	REM( ) SW FIRE NOO OTH
# Stories 1st flrArea. Total Area Use Zone Occp Group	LUMB ELEC SITE FIRE
	sst type Fire Req. D/N Fed Code Vio. File SPR ALARM / D [H] [Quad]
B L P M E 37.4.Ma /	s D PW UTIL
COMMENTS:	V
REGIONAL SANITATION FEES? Yes No	

F D. Reference Number

TO:	BUILDING DEPART	MENT	DATE:	9-22-00
FROM:	Troy Malaspino Fire Marshal			
SUBJECT:	FIRE SYSTEM INSPE	CTION		
A final inspec	tion of the newly installed			
		LEAUITT		
	ucted by Inspector	LEAUSTI	•	•
on 9-19-	<u>00                                   </u>			
<u>00-0950</u> Permit Nur		Square Footage		SPRINKLER MONITOR Type of Inspection
The system is	acceptable by this departm	nent.		
•	L. Woodman, Prevention Officer II			