

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0114483

Site Address: 6251 SKY CREEK DR SAC

Insp Area: 3

Parcel No: 062-0150-043

Thos Bros:

STE D

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

BUZZ OATES AIR CONDITIONING
6251 SKY CREEK DR
SACRAMENTO CA 95828

OWNER

COOPER & OATES
6251 SKY CREEK DR STE A
SACRAMENTO CA 95828

ARCHITECT

Nature of Work: INTERIOR 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.

License Class

License Number 611351

X Date 11-7-01

Contractor Signature

Mark Schuch

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.

X Date 11-7-01

X Applicant/Agent Signature

Mark Schuch

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 ARM OF CALIFORNIA

CITY OF SACRAMENTO

Policy Number NWC010953-00

Exp Date 12/31/2001

(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 comply with those provisions.

X Date 11-7-01

X Applicant Signature

NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES

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

CERTIFICATE OF OCCUPANCY


For Information Contact (916) 264-5716

Building Address: 6251 SKY CREEK DR Permit No. 0114483
Building Use: OFFICE/WAREHOUSE Occupancy: B/S
Building Owner: COOPER AND OATES Construction Type: III-N
Owner Address: 6251 SKY CREEK DR Sprinkled? [X] Yes [] No
Portion of Building Occupied: ENTIRE Area: 184 Sq. Ft.

12/17/01

Date

By:Print



Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[Finaled By: VF,MB,JZB,AW]

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 15 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



BUZZ OATES
CONSTRUCTION

11/7/01

City of Sacramento Building Dept.
1231 Street I Street, Rm. 200
Sacramento, CA 95814

To Whom It May Concern:

This is to introduce and inform you that Mike Schaecher is an authorized representative of Buzz Oates Air Conditioning and as such has the ability to sign for this company when permits are issued.

Thank you,

Farrokh Cooper
Owner

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 # 0114483 Insp. Area 9C

Applicant MUST complete ALL Unshaded areas

ADDRESS 6251 Sky Creek Dr. Suite 0
 PARCEL # 062-0150-008

<p style="text-align: center;">CONTACT</p> <p>Name <u>Mike Schaefer</u> Street Address <u>8615 Elder Creek Rd.</u> City/State/Zip <u>Sac. CA 95828</u> Phone <u>381-3600</u> FAX <u>381-4707</u> E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>611351</u></p> <p>Name <u>Dizz Peters Air Conditioning</u> Address <u>6251 Sky Creek Dr.</u> City/State/Zip <u>Sac CA 95828</u> Phone <u>381-4611</u> FAX <u>381-3307</u> E-mail: _____</p>
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<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Carol Vack</u> Address <u>8615 Elder Creek Rd</u> City/State/Zip <u>Sac. CA 95828</u> Phone <u>381-3600</u> FAX <u>381-4707</u> E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>Cooper & Peters</u> Address <u>6251 Sky Creek Dr.</u> City/State/Zip <u>Sac. CA 95828</u> Phone <u>381-4611</u> FAX <u>381-3307</u> E-mail: _____</p>
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→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: ARM of California
 → WORKER'S COMPENSATION POLICY # NW0010953-00 EXPIRATION DATE: 12-31-2001

NATURE OF WORK IN DETAIL: Convert 184 sq ft. of existing warehouse to a conditioned office space. Construct a unisex restroom.

OCCUPANT/TENANT: Pacific Asian Dist. VALUATION: \$ 5,500

FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM (X)	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	10	[H]	[Quad]		
<u>B</u>	<u>E</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	S	<u>D</u>	PW	UTIL		
<u>LAD</u>	<u>LAD</u>	<u>13 JMT</u>	<u>13 JMT</u>	<u>13 T.L.M.</u>	<u>15 ONE</u>		<u>11-7-01</u>				

COMMENTS: _____

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

PLANNING AND ZONING REVIEW

..... to be filled out by Planning staff

ADDRESS: 6251 Sky Creek Dr. Suite D

APN: 062-0150-008 ZONING: M2S

DESIGN REVIEW AREA: No

PREVIOUS FILES RELATED TO SITE: None

EXISTING LAND USE: Commercial

PROPOSED USE: Convert 184 sq ft to office
and rest room

COMMENTS: Office space is less than
25% of building

DATE: _____ BY: _____

DOES IT APPEAR THAT THE PROJECT WILL REQUIRE A PLANNING APPLICATION?

YES NO (If yes, circle applications needed below)

.....Staff.....ZA.....Planning Commission.....Design Review.....Preservation Review.....

CONCLUSION: _____

DATE: 11-7-01 BY: L. Hay