

CITY OF SACRAMENTO

Permit No: 9716334

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 3201 DEL PASO BL SAC

Sub-Type: REM

Parcel No: 2520302005

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

CALVARY CHRISTIAN CHURCH

Phone:

Phone:

Phone:

Nature of Work: CONVERT HOSPITAL TO SCHOOL CLASSROOMS -- INTERIOR DEMO ONLY--NON STRUTURA

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 _____ 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 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 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 or 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 or 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 12-17-97 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.

Date 12-17-97 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 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 _____ Policy Number _____

(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 these provisions.

Date 12-17-97 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
 APPLICATION FOR BUILDING PERMIT
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 BUILDING INSPECTION DIVISION
 1231 I Street, Room 200
 Sacramento, CA 95814
 (916) 264-7619 FAX 264-7046

ADDRESS 3201 Del Paso Blvd P.C. # OTC
 PARCEL # 252-0302-005 SUITE # _____
 AREA # _____

CONTACT LICENSED CONTRACTOR

NAME _____
 ADDRESS _____
 ZIP _____
 PHONE _____ FAX: () _____

NAME _____
 ADDRESS _____
 ZIP _____
 PHONE _____

ARCH./ENG. OWNER

NAME _____
 ADDRESS _____
 ZIP _____
 PHONE _____

NAME Cavalry Christian Center
 ADDRESS _____
 ZIP _____
 PHONE _____

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE? YES NO

NATURE OF WORK IN DETAIL: Convert med. offices hospital
to school classrooms (part)
interior demolition only
NON STRUCTURAL

D.B.A. Cavalry VALUATION 5000⁰⁰
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS _____ S.C.A.T. _____

JOB DESCR. BLDG SHEL APT TI() REM() SW FIRE ADD OTH

INSP. DISCIPLINES BLDG MECH PLUMB ELEC SITE FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	USE ZONE	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FED CODE	VIO. FILE
				E-1	V			OK
B	L 13 JT	P 13 30	M 13 30	E 13 JM	F 13 JF	S OK None	D	R

COMMENTS: 12/17
Show walls to be demoged
(13) 12/17/97 For Demos
OK.

B4012

Planning Division COMMERCIAL PRELIMINARY Information Request

BUILDING CHECK ONE:

Over the counter review and issue permit _____
Will be taken in and reviewed for site conditions _____
Will be taken in but not reviewed for site conditions _____
Information only, pre-submittal information _____

Customer Name: Eddy Pickett Phone Number: _____

Project address: 3201 Del Paso Blvd

APN: 252-0302-005 Current site use: _____

INITIAL

Need to verify AN Proposed Site use: _____

Describe what is being requested: APPROVAL & COMMENTS

convert hospital/med office use
to classrooms (interior demo only)

Requested by: WJD Date: 12/15/97

Zone H Overlay / SPD / PUD / R-review _____

- Planning staff Review required _____
- Planning Hearing required _____
- Design Review required _____
- No Planning Issues _____
- Counter ok review by site cond. _____

Prior Applications on site PH# P97-087 Z# _____

DR# _____ PB# _____ IR# _____

Comments: Special Permit in
process for prt. school.
OK for interior demo
only, spec. permit must
be approved prior to any
tenant improvement

Planning review by: WJGore Date: 12/197

- MUST BE REVIEWED BY PLANNING
- | | | |
|-----------------|----------------------|---------------|
| Care Facilities | Anything Residential | Restaurants |
| Churches | Day care | Sidewalk Cafe |
| Drive-through | Lot Line adjustments | |
| Medical Offices | Bars | |

Security gates
CELLULAR COMMUNICATION FACILITIES

WOODSIDE MEDICAL ASSOCIATES

444 SPEAR STREET, SUITE 200
SAN FRANCISCO, CALIFORNIA 94105

(415) 332-0737

GENERAL PARTNERS:
EDWARD FOTSCH, M.D.
JACK WARD

27 August, 1997

916/264-8370

City of Sacramento Development Department
Via fax: 916/264-8370

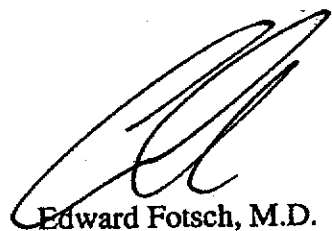
Dear City Official,

The Calvary Christian Center is the tenant at the Woodside Building at 3201 Del Paso Boulevard in Sacramento.

Woodside Medical Associates Limited Partnership is the owner of this property.

Woodside Medical Associates Limited Partnership hereby grants the authority to Calvary Christian Center to apply for internal demolition, internal wall movement and modification, general repair, re-roof and renovation permits, as well as use permits as required.

Please contact me with any questions.



Edward Fotsch, M.D.
General Partner, Woodside Medical Associates Limited Partnership

State of California)
County of San Francisco)

On September 3, 1997 before me, Miranda Drew, Notary Public, personally appeared Edward Fotsch, M.D., personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

Witness my hand and official seal.

Miranda Drew



OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNER

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed improvement (yes or no) _____
2. I (have/have not) _____ signed an application for a building permit for the proposed work.
3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____ Address _____
City _____ Telephone _____
Contractors License No. _____

NO EMPLOYERS
VOLUNTEERS

I plan to provide portions of the work, but I have hired the following person to coordinate, supervise, and provide the major work.

Name CHRISTIAN CERVINO Address 3201 DEL PASO
City SACTO. CA Telephone 916-929-1303/105
Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the work indicated:

Name	Address	Phone	Type of Work

X Signed [Signature]
X Job Address 3201 DEL PASO Blvd Date 12-15-97
Permit No.: _____

12/15/97 11:11

DEVELOPMENT SERVICES → 916 921 1303

NO.292 P001/001

C.L.C.

921-1303
CALVARY

MRS DIXON



EXHIBIT 1

I have read and am familiar with the contents of City's standard Owner-Builder Notification and Owner-Builder Verification, as required by California Health and Safety Code Section 19830 and 19831.

I authorize my agent(s) Eddie Pickett to sign the Owner-Builder Verification on my behalf.

Signature Brenda L Dixon
 Print Name Brenda L Dixon, Administrator
 Address PO BOX 15010
Sacramento, Ca 95851-0010
 Telephone (916) 929-1383 X105

I AUTHORIZE Eddie Pickett to

SIGN FOR PERMIT FOR INTERIOR DEMO.

Signature of Brenda L Dixon

DATE 12-15-97