

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0109672
Insp Area: 4
Thos Bros: 27707

Site Address: 1750 CREEKSIDE OAKS DR SAC
Parcel No. 274-0410-01 SITE 210

Sub-Type: REM
Housing (Y/N): N

CONTRACTOR
FBH BUILDERS INC
8580 THYS CT
SAC 95828

OWNER
PRENTIS PROPERTIES NATOMAS LP
890 W NORTHWEST HWY #400
DALLAS TX 75220

ARCHITECT

Nature of Work: INTERIOR REMODEL; REMOVE INT PARTITIONS, NEW PARTITIONS, PLUMBING, ELECTRICAL, RELOCATE MECH

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. 5097, 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 20 License Number 280992 Date 11/2/01 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 Professions 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 & P for this reason: _____
Date 8/1/01 Owner Signature [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 above-mentioned property for inspection purposes.

Date 8/1/01 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:

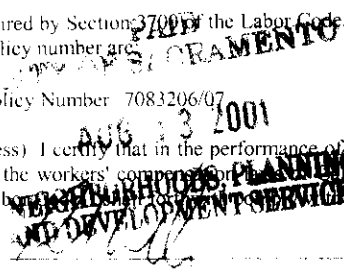
Carrier INS CO OF THE STATE OF CA Policy Number 7083206/07 Exp Date 08/01/2003

(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 provisions of the Labor Code, California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I will comply with those provisions.

Date 8/1/01 Applicant Signature [Signature]

WARNING: FAILURE TO SECURE WORKERS' 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 # 0109672 Insp. Area 4C

ADDRESS 1750 Creekside Oaks Dr. Suite 210
 PARCEL # 274-0410-013

Applicant **MUST** complete ALL Unshaded areas

<p style="text-align: center;">CONTACT</p> Name <u>Jill Condon, Stafford Space Planning</u> Street Address <u>7585 Gold Dr.</u> City/State/Zip <u>Loomis Ca 95650</u> Phone <u>952-3400</u> FAX <u>952-7805</u> E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>280934</u></p> Name <u>HMT</u> Address <u>20 Business Parkway</u> City/State/Zip <u>Sacramento Ca 95828</u> Phone <u>388-9177</u> FAX <u>383-9195</u> E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>Stafford Space Planning</u> Address <u>7585 Gold Drive</u> City/State/Zip <u>Loomis Ca 95650</u> Phone <u>952-3400</u> FAX <u>952-7805</u> E-mail: <u>ssp @ quinet.com</u>	<p style="text-align: center;">OWNER</p> Name <u>Prenhis Properties Ltd</u> Address <u>2485 Natomas Park Dr #350</u> City/State/Zip <u>Sacramento Ca 95833</u> Phone <u>646-0700</u> FAX <u>646-3245</u> E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____ EXPIRATION DATE: _____
 → WORKER'S COMPENSATION POLICY # _____

NATURE OF WORK IN DETAIL: demolition, new interior partitions, new power and telephony, new plumbing

OCCUPANT/TENANT: Organization of Area Bds. VALUATION: \$ 50,000.00

FLOOD STATUS:		S.C.A.T.									
		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]	
									PW	UTIL	
<u>13 ST</u>	<u>13 ST</u>	<u>13 JMT</u>	<u>13 JMT</u>	<u>13 JMT</u>	<u>3 LNB</u>			<u>15</u>			

COMMENTS: Provide Hydraulic calculations for the space due to the number of added pendant sprinklers. Provide information on the type of structure the hangers are attaching to.

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

PERMIT SUMMARY DOCUMENT

Bldg Commercial
APPLIED

Address: **1750 CREEKSIDE OAKS DR SAC** Date Issued: Area:

Permit #: **0109672** Thomas Bros: 277C7

Location: STE 210

APN: 274-0410-013

Owner: PRENTIS PROPERTIES NATOMAS LP
HARBISON-MAHONY-HIGGINS INC
3890 W NORTHWEST HWY #400
DALLAS TX
75220

Phone: 916-646-0760

Contractor:

8589 THYS CT
SAC CA
95828

Phone: 383-4825

JOB DESCRIPTION: INTERIOR REMODEL: REMOVE INT PARTITIONS, NEW PARTITIONS,
PLUMBING, ELECTRICAL, RELOCATE E MECH

DBA: ORG OF AREA BRDS

Occupancy:	Change of Use: N	Zoning: ??
Const Type:	Sub-Type: REM	DR: Expanded
Fire Spk/1hr sub?: /	Activity Code: I2	Fed Code: 15
Flood Zone: X	Cert Req'd: N	Balance: \$937.05

VALUATION: \$50,000.00 Sq. Ft: 0 Reg San: \$0.00 School Fees Req'd: Y or N

BLDG Y MECH Y PLBG Y ELEC Y SITE N FIRE Y

BLDG L/S MECH PLBG ELEC SITE FIRE UTIL PW

Cycle 1
Cycle 2
Cycle 3
Cycle 4

CONDITIONS: