

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0404480

Insp Area: 1
Thos Bros: 297F6

Site Address: 2716 V ST SAC
Parcel No: 010-0187-006

SUITE E

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

CONTRACTOR
G T CONSTRUCTION COMPANY
6131 WATT AVE
NORTH HIGHLANDS, CA 95660

OWNER
BROWN RANDALL L
2716 V ST
SACRAMENTO CA 95818

ARCHITECT

Nature of Work: INTERIOR DEMO ONLY - NO FIRE SPRINKLERS IN BUILDING.
REMODEL PERMIT #0404477

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 B-C-10 HIC License Number 783403 Date 3-25-04 Contractor Signature J. Anderson

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.

Date 3-25-04 Applicant Signature J. Anderson

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 STATE COMPENSATION FUND Policy Number 1677631 Exp Date 01/01/2005

(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 those provisions.

Date 3-25-04 Applicant Signature J. Anderson

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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
 1231 I Street, Suite 200 or 2101 Arena Bl., 200
 Sacramento, CA 95814 Sacramento, CA 95834
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY # <u>0404477</u>	Insp. Area
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Applicant to complete all areas down to valuation

ADDRESS 2716 V⁵⁶ SAC, CA Suite E
PARCEL # _____

CONTACT

Name CHARLES Laudeman
 Street Address 6131 WALK AVE
 City/State/Zip N. Highlands, CA
 Phone 916 339 9709 FAX 916 339 0313
 E-mail: _____

ARCHITECT/ENGINEER

Name _____
 Address _____
 City/State/Zip _____
 Phone _____ FAX _____
 E-mail: _____

LICENSED CONTRACTOR Lic No. # 7834031

Name GT Const. Co. dba CHARLES Laudeman
 Address 6131 WALK AVE
 City/State/Zip N. Highlands
 Phone 916 339 9709 FAX 916 339 0313
 E-mail: _____

OWNER

Name DR. Randall Brown
 Address 6275 GRANGER DAIRY DR
 City/State/Zip Sac. Ca.
 Phone 916 541-2287 FAX _____
 E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** St. Fund
 → **WORKER'S COMPENSATION POLICY #** 16776310-3 **EXPIRATION DATE:** 1-1-05

NATURE OF WORK IN DETAIL: ALL PHASES OF Building A Dental OFFICE
(interior only)

OCCUPANT/TENANT: B **VALUATION:** \$ 82,500.00 72,500

FLOOD STATUS															
S.C.A.T.															
<input type="checkbox"/> BLDG <input type="checkbox"/> SHELL <input type="checkbox"/> APT <input type="checkbox"/> TI <input type="checkbox"/> REM <input type="checkbox"/> SW <input type="checkbox"/> FIRE <input type="checkbox"/> ADD <input type="checkbox"/> OTHER															
JOB DESCRIPTION		BLDG		SHELL		MECH		PLUMB		ELEC		SITE		FIRE	
INSPECTION DISCIPLINES		BLDG		MECH		PLUMB		ELEC		SITE		FIRE		OTHER	
# Stories	1 st flr Area.	Total Area		Use Zone		Occp Group		Const type		Fire Req. Y/N		Fed Code		Vio. File	
B	L	P M		E		E		S		D		PW		UTIL	
SPR		ALARM		S		D		PW		UTIL		FIRE		FIRE	

COMMENTS:

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