

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0004157
Insp Area: 3

Site Address: 3900 FLORIN PERKINS RD SAC
Parcel No: 061-0140-009

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

CONTRACTOR
SENTINEL FIRE EQUIPMENT
5702 BROADWAY
SAC CA 95820

OWNER
CLARA K MASSIE FAM. TRUST
3900 FLORIN PERKINS RD
SACRAMENTO CA 95826

ARCHITECT

Nature of Work: INSTALLATION OF FIRE ALARM SYSTEM

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 C16 License Number 369127 Date 5/9/00 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 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 5/9/00 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 STATE FUND Policy Number 565-99-000096 Exp Date 10/01/2000

(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 5/9/00 Applicant Signature [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.

REVISION ON ACTIVE PERMIT

NEW PLAN CHECK NO#: 0007676
 OLD PLAN CHECK NO#: 0004157

DATE: 7/7/00

This sheet is to be used only when a permit has been issued, is still active, and the applicant wishes to make changes to the existing approved plans.

All revisions clouded? YES _____ NO X

JOB ADDRESS 3900 Florin Perkins SUITE _____ PERMIT NO 0004157

AREA: _____ DBA: _____

DESCRIPTION OF REVISIONS relocate Faap, relocate annunciator, relocate pull station, relocate Horn strobe

DISCIPLINE	B	L	P	M	E	<u>F</u>	S	R	D
CHECKED BY						<u>B. Foster</u>			
ROUTE TO									
CODE									
HOURS SPENT									

CONTACT: Doug Meyers

ADDRESS: 5702 Broadway E
Sacramento, Ca

PHONE#: 455-5630

OF PLANS SUBMITTED 3

SUBMITTED TO Binkh

I understand that I am responsible for all plan check fees that I incur during the course of this additional plan check and that any approved plans not claimed and paid for within 3 months of notification will be disposed of and an invoice procedure for the amount due will be initiated. I further understand that an unclaimed revision may result in delay of final approval for the subject project.

DATE NOTIFIED	PLAN BIN

APP FEE	PAID
<u>75</u>	

Applicant signature _____ Date _____

AGENCY	TOTAL HRS	TOTAL FEES
BLDG		<u>159.12</u>
PW		
PLEASE PAY THIS AMOUNT		<u>159.12</u>

CITY OF SACRAMENTO
APPLICATION FOR [REDACTED] BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION
1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # 00-04157 Insp. Area 3C

Applicant **MUST** complete ALL Unshaded areas this page only

ADDRESS 3900 Florin Perkins Rd. Suite _____
PARCEL # 061-0140-009

CONTACT Name <u>Doug Meyers</u> Address <u>5702 Broadway</u> <u>Sacto. Ca.</u> Zip <u>95820</u> Phone <u>(916) 455-5630</u> FAX <u>455-4104</u>		LICENSED CONTRACTOR Lic No. # <u>369137</u> Name <u>Sentinel Fire Equip. Co</u> Address <u>5702 Broadway</u> <u>Sacto, Ca.</u> Zip <u>95820</u> Phone <u>(916) 455-5630</u> FAX <u>(916) 455-4104</u>	
ARCHITECT/ENGINEER Name _____ Address _____ _____ Zip _____ Phone _____ FAX _____		OWNER [REDACTED] Name <u>Clara K. Massie Lam Trust</u> Address <u>3900 Florin Perkins Rd</u> <u>SAC CA</u> Zip <u>95820</u> Phone _____ FAX _____	

→ Will the permittee have any employees on the jobsite? Yes No
 → If yes, WORKER'S COMPENSATION POLICY # 154305598 EXPIRATION DATE: 11-2000
 NAME OF INSURANCE COMPANY: State Compensation Ins Fund

NATURE OF WORK IN DETAIL: Sprinkler Monitoring System Installation of
Maintenence system for existing sprinkler system

DBA: PRIDE INDUSTRIES VALUATION: 21,398⁰⁰

FLOOD STATUS: <u>NR</u>				S.C.A.T.:						
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM()	SW	<u>FIRE</u>	ADD	OTH
INSP. DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	<u>FIRE</u>			
# Stories	1st fir Area	Total Area	Use Zone	Occp Group	Const type	Fire Req <u>ON</u>	Fed Code	10	Vio. File	
		<u>37500</u>		<u>32</u>		Spr <u>ON</u>				
B	L	P	M	<u>E</u>	<u>F</u>	S	D	R		
<u>238</u>										

COMMENTS: FIRE Alarm System
Due 5/8/00

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

BLDGFRM. (REV 05/98) WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS Yes No