

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9910059
Insp Area: 1

Site Address: 2131 CAPITOL AV SAC
Parcel No: 007-0151-022 SUITE 201

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

CONTRACTOR
ACE CONSTRUCTION
PO BOX 163622
SAC, CA 95816

OWNER
HOOPER HERBERT H/DARLENE
1628
CARMICHAEL CA 95608

ARCHITECT

Nature of Work: INTERIOR DENTAL OFFICE 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.

X License Class B License Number 511903 Date 10/19/99 Contractor Signature Shannon J McCombs

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 3 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. (b, 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 10/19/99 Applicant/Agent Signature Shannon J McCombs

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 FREMONT INDEMNITY Policy Number WN9961476706 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.

X Date 10/19/99 Applicant Signature Shannon J McCombs

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**

**DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES DIVISION**

1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

→ Applicant must complete ALL Unshaded areas ←

PC# 9900059 AREA # 1C

ADDRESS 2131 Capitol Avenue Suite 201
PARCEL # 007-0151-022

<p align="center">CONTACT</p> <p>Name <u>ACF CONSTRUCTION</u> Address <u>P.O. Box 163622</u> <u>Sacramento</u> Zip <u>95816</u> Phone <u>392-5076</u> FAX <u>392-0734</u></p>		<p align="center">LICENCED CONTRACTOR Lic No. # <u>511900</u></p> <p>Name <u>ACF Construction</u> Address <u>P.O. Box 163622</u> <u>Sacramento</u> Zip <u>95816</u> Phone <u>392-5076</u> FAX <u>392-0734</u></p>	
<p align="center">ARCHITECT/ENGINEER</p> <p>Name <u>Cowan Design Co.</u> Address <u>11 Sunrise Ave</u> <u>Mill Valley, CA</u> Zip <u>94941</u> Phone <u>(415) 381-2520</u> FAX <u>(415) 381-2955</u></p>		<p align="center">OWNER/TENANT</p> <p>Name <u>Dr. Leland Lee</u> Address <u>1111 24th Street, #201</u> <u>Sacramento, CA</u> Zip <u>95816</u> Phone <u>(916) 442-1900</u> FAX <u>442-2123</u></p>	

→ Will the permittee have any employees on the jobsite? Yes No

→ If yes, WORKER'S COMPENSATION POLICY # WN9861476705 EXPIRATION DATE: 10/1/99

NAME OF INSURANCE COMPANY: Fremont Indemnity

NATURE OF WORK IN DETAIL: interior office remodel (tenant improvement)
for dentist office
EXPEDITE

DBA: Dr. Leland Lee VALUATION: \$153822

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI ()	REM (X)	SW	FIRE	ADD	OTH
INSP. DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE		FIRE	
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req.	Fed Code	Vio. File		
		<u>1585</u>		<u>B</u>	<u>3-N</u>	<u>(N)</u>	<u>15</u>			
						Spr	Alarm			
<u>(B)</u>	<u>(L)</u>	<u>(P)</u>	<u>(M)</u>	<u>(E)</u>	<u>(F)</u>			<u>(D)</u>		<u>R</u>
<u>J. YANG</u>	<u>J. YANG</u>	<u>J. T</u>	<u>J. T</u>	<u>GM</u>	<u>9-7-99</u>			<u>SB</u>		

COMMENTS: (15) B1
WAITING ON INFO TO SATISFY PLANNING REQUIREMENTS FOR PARKING

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

Date of Request: _____

By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 2131 Capitol Ave.

Assessor's Parcel Number: 007-0151-022

Previous Use: Office

Description of Request/Proposed Use: _____

Add medical office

Is This a Change of Use? _____

Zoning Designation: R-0

Prior Applications for Project Site(P#, Z#, DRPB#): P52.74

Comments: (E) Office GSF = 18000

Genl Office GSF = 12,500/450 = 27 sp. reqd.

Med. Office GSF = 5800/200 = 56 sp reqd.

Provided - 67 } 53 on-site + 14 adjacent }

Parking OK to add medical office

Are There Any Planning Issues?: (circle one) YES NO

* Staff Site Plan Check Required? (Circle one) YES NO

* Field Inspection Required? (Circle one) YES NO

* Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: M. J. Coar 10/5/99

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

CITY OF SACRAMENTO
 BUILDING INSPECTION DIVISION
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1 Business Name: Leland H Lee, D.D.S., Inc. Phone: (916) 442-1900
 Site Address: 2131 Capital Ave Suite: 201
(Street) (Zip)
 Business Owner/Representative: Dr. Leland Lee Phone: (916) 444-8808
 Nature of Business: Dentist office
 Property Owner: Dr. Herbert Hooper Phone: 4412-1625
 Address: 2131 Capital Ave Suite: 300
Sacramento CA 95816
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes ___ No Is this permit for a shell building? Yes ___ No

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes ___ No
 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes No ___

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes ___ No
 6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No
 7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No

If you answered "yes" to questions #6 and/or #7, complete the RMPP Informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes ___ No

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: S. M. COMBS
(Print)
S. M. Combs 5/31/99
(Signature) (Date)

BID Use Only: Plan Ck# _____	Permit # <u>9910059</u>
OK to issue prmt? Y <u>10-5-99</u> F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No ___ <small>init date</small>	
Hold on Certificate of Occupancy? Yes ___ No <input checked="" type="checkbox"/>	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

ACF CONSULTING INC.

CALL 264-5.91 FOR INSPECTIONS

PERMIT SERVICES 264-7619 FIELD OFFICE 264-5716
HOUSING DANGEROUS BLDG. 264-5404

ONCE THE PERMIT IS ISSUED YOU MUST CALL FOR AT LEAST ON EVERY SIX MONTHS TO KEEP YOUR PERMIT ACTIVE.

NOTE	DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL, PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.
B10	FOUNDATION FORMS
E60B11	CONCRETE SLAB FORMS
B12	CONCRETE UNDERFLOOR/SLAB
P40	MECH/UNDERFLOOR/SLAB
M30	ELECT. UNDERGROUND
E61	ELECT. CONDUIT SLAB
E62	ELECT. CONDUIT SLAB
B13	FLOOR JOISTS OR GIRDERS
B14	INSULATION/WALL/FLOOR
P41	TOP MECHANICAL WALL/CELL
E63	ROUGH ELECTRICAL WALL/CELL
B19	FRAME
B17	EXTERIOR LATH/SIDING
B18	EXTERIOR LATH/SIDING
E66	SEWER SERVICE
P43	WATER SERVICE
P46	SPRINKLER SYSTEM
P47	GAS TEST
P51	PLUMBING PRE-GUNITE
E70	ELECTRICAL PRE-GUNITE
E71	ELECTRICAL PRE-DECK
E72	ELECTRICAL UNDERGRD
B29	ELECTRICAL
P59	PLUMBING
M39	MECHANICAL

BUILDING SITE ADDRESS: 2131 CAPITOL AVE. SUITE 201

ASSESSOR PARCEL NO: 007-0151-022 **ADDRESS:** P.O. BOX 163622 **ZIP CODE:** 95816 **PHONE NO:** 392-5076

LICENSED CONTRACTOR: AGF CONSTRUCTION **1111 24TH ST., #201** **95816** **442-1900**

PROPERTY OWNER: DR. LELAND LEE **11 SUNRISE AVE.** **95941** **475-381-2526**

ARCH. ENGR: GUYAN DESIGN CO. **1111 VALLEY**

NO. OF STORIES: 00 **ROOF COVERING AREA (1ST FLOOR TOTAL AREA):** 1,585 **GARAGE AREA:** **PATIO AREA:** **USE ZONE:** **STREET WIDTH:**

THIS PERMIT IS FOR: BUILDING MECHANICAL PLUMBING ELECTRICAL SITE FIRE

NATURE OF WORK IN DETAIL: INTERIOR OFFICE REMODEL/TENANT IMPROVEMENT FOR DENTIST OFFICE

FLOOD STATUS: SPECIAL CONDITIONS ATTACHMENTS: DBA: DR. LELAND LEE

CITY OF SACRAMENTO INSPECTIONS DIVISION **264-5191**

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury that the following declaration:

I have and will maintain a certificate of workers' compensation for workers' compensation as provided for by Section 4600 of the Labor Code for the performance of work for which the permit is issued.

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POINTS NUMBER: 1

DATE ISSUED: 01/17/00

VALUATION: \$ 123,822

BUILDING PERMIT FEE: \$

PLAN CHECK FEE: \$

PROC FEE: \$

S.W. FEE: \$

CONST EXCISE TAX: \$

CITY BUE LICENSE: \$

TECH FEE: \$

WATER DEV FEE: \$

CITY SEWER DEV FEE: \$

REG SEWER FEE: \$

RESIDENTIAL CONST TAX: \$

TOTAL FEES: \$

- Strip one 8'-0" wide van accessible loading and unloading space.
- Change the primary entry door kit or provide a sign stating that "This door must remain unlocked during business hours." (Door is free to swing without operation of latching device.) No manual flush bolts - 3 pt. lock acceptable
- Strip the upper and the lower tread of each stair with contrasting color at least 2" wide at front and rear exit stairways.
- Provide 3 lit exit signs (one at the front corridor door; one at the end of rear corridor, and one at the corner of the corridor with directional exit sign).
- Change the lever type doorknob at the front corridor door and at the rear corridor door.
- Change the lever type doorknob at the men's and women's bathroom doors.
- Wrap sink trap (drain pipe) in both men's and women's bathrooms.
- Provide H/C restroom signage at men's and women's bathrooms. Paddle handles at laves OK.
- Lower the dispenser to 40" maximum in height from finished floor.
- Make one of men's and women's toilet stalls in full H/C compliance (use front transfer style toilet is acceptable).
- Provide H/C faucet for both men's and women's bathrooms.

ISSUED

FEB 25 2000

Sacramento Building Division

Project: Dr. Lee's Office
Date: 12/16/99

1111 24TH ST., #201
95816

2131 CAPITOL AVE.
SUITE 201

AGF CONSTRUCTION
1111 24TH ST., #201
95816

DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL, PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.

RECEIVED

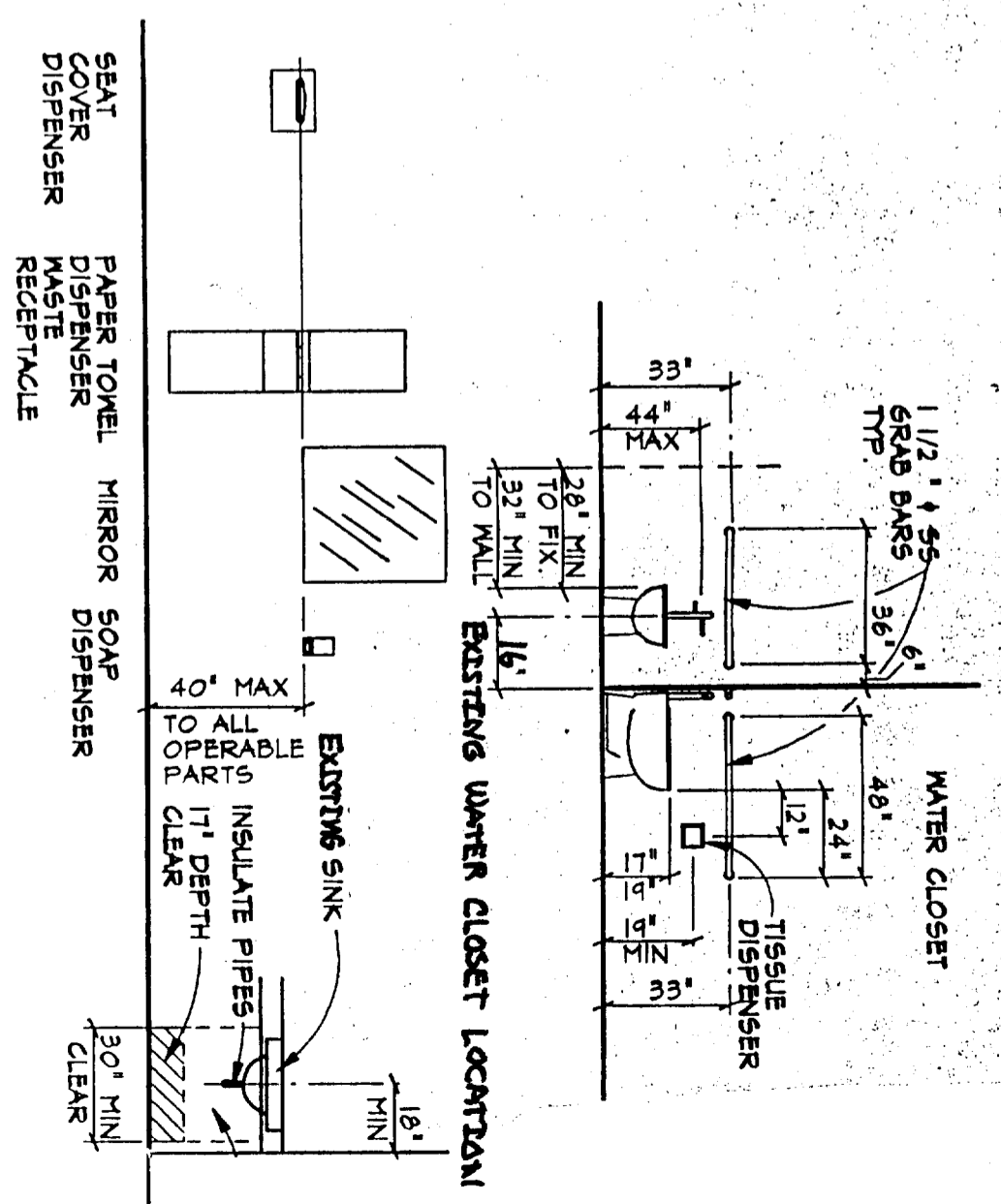
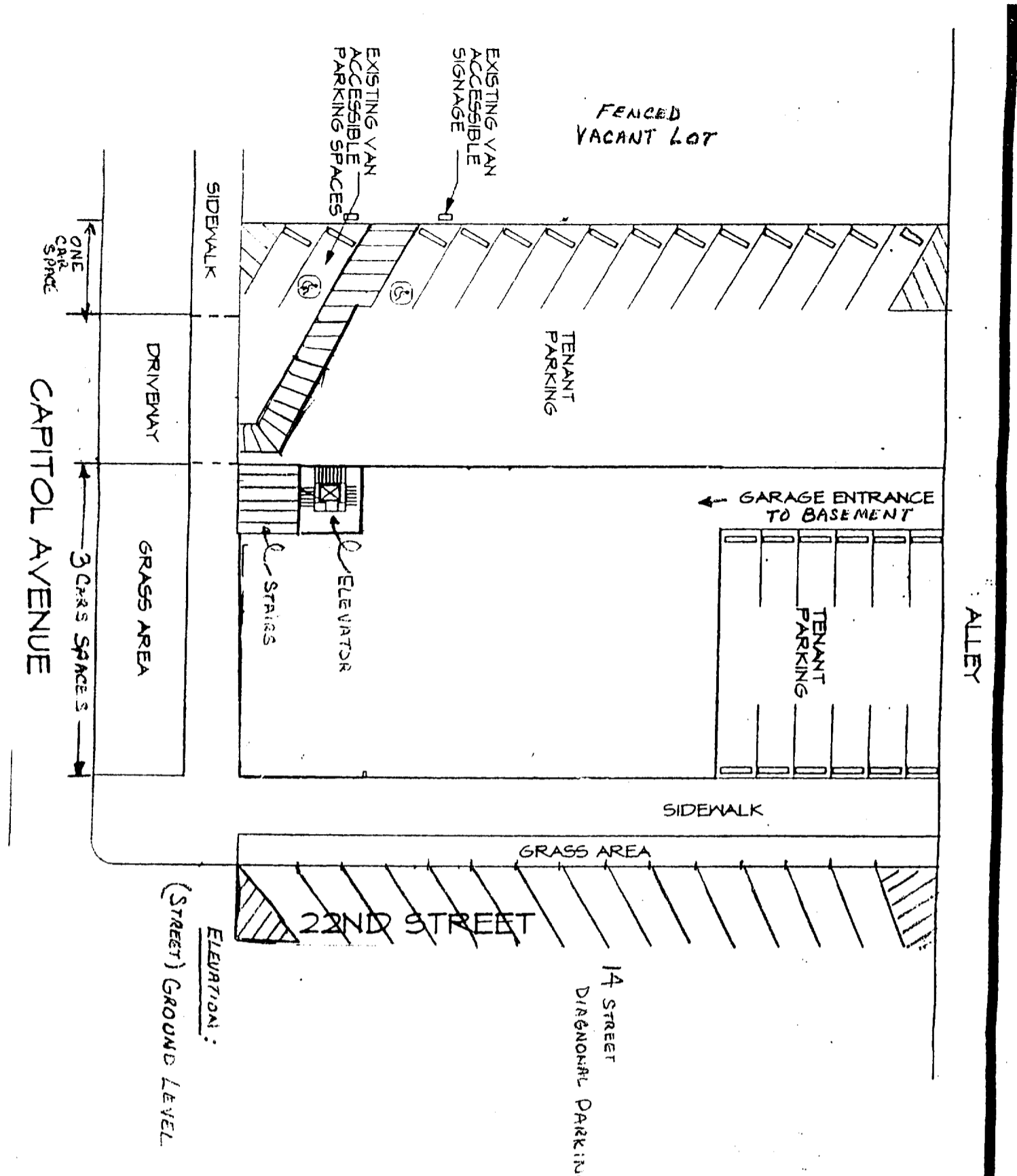
FEB 16 2000

Garry LAU

~~REQUESTED TO PERMIT #99 100599C L.V.~~

2131 CAPITOL AVE. #201

REVISION TO PERMIT # 99 10059 C
 2131 CAPITOL AVE #201



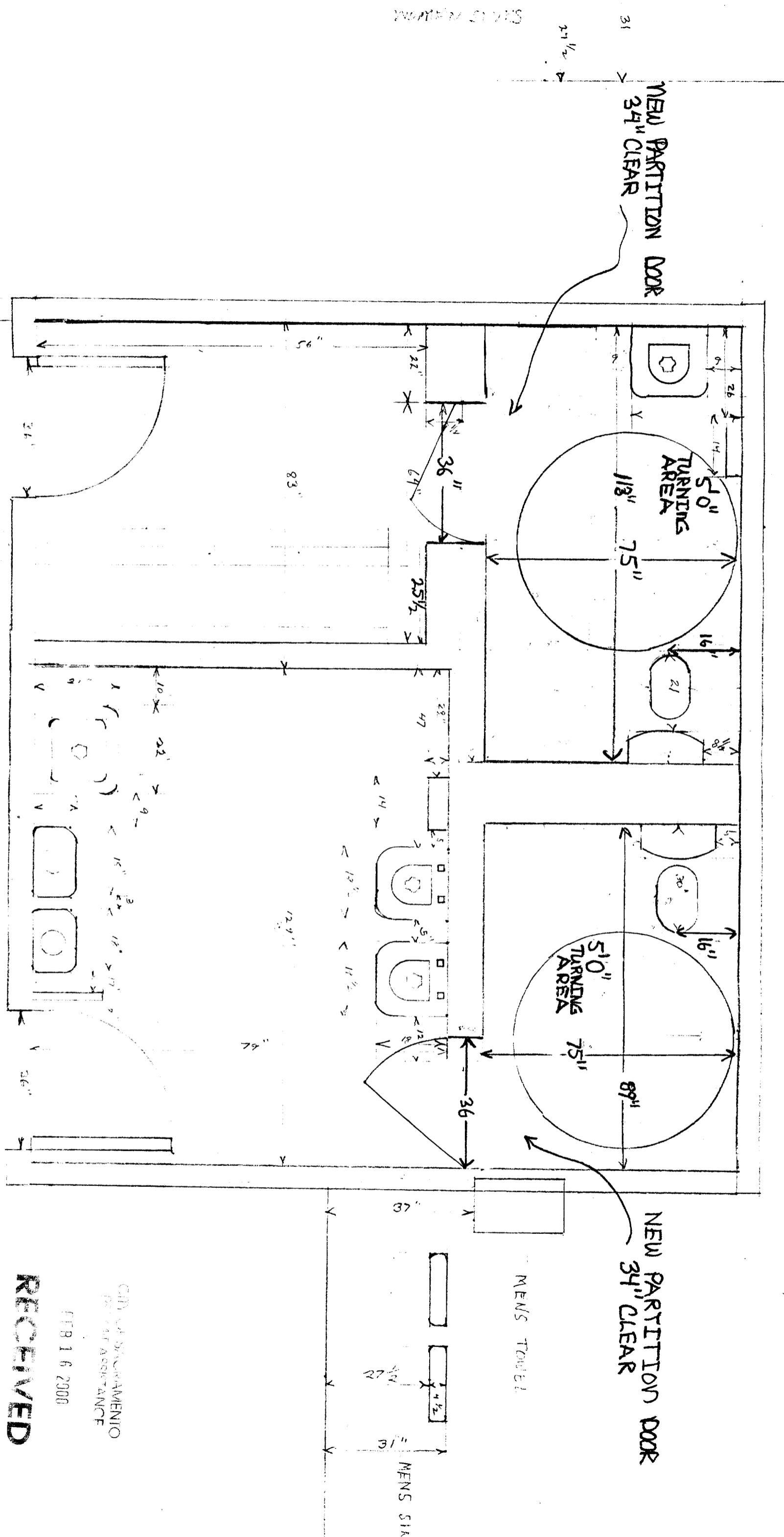
TOILET RM ACCESS ROOMS

CITY OF SACRAMENTO
 PUBLIC ASSISTANCE
 APR 15 2006
RECEIVED

REVISION TO PERMIT # 99 10059 C
2131 CAPITOL AVE #201

REVISED RESTROOM PLAN

2-25-00
For information only
Not to be used for field inspections
A. S. L. L. L.



CDM OF DEVELOPMENT
FOR THE ARCHITECT
A. S. L. L. L.
FEB 16 2000
RECEIVED

CITY OF SACRAMENTO

60 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 2131 CAPITOL AVE Ste. 201 Permit No. 99-10059


Building Use: Office remodel DBA: Dr Leland Lee DDS Occupancy: B

Building Owner: Dr Leland Lee Construction Type: III-N

Owner Address: _____ Sprinkled? [Y] Yes [] No

Portion of Building Occupied: 100% Ste 201 Area: 1585 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy: Separate permit 00-01497 for ADA improvements must be finaled before C of O can be issued

03/03/00 Expires 05/03/00  DENNIS RICHARDSON
Date Sign CITY BUILDING OFFICIAL

[TCO approvals: Frietas/McDonald/Leiker/Johnson]

CBC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE