

**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. 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.

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

<b>CONTACT</b> 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>		<b>LICENCED CONTRACTOR</b> Lic No. # <u>511900</u> 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>	
<b>ARCHITECT/ENGINEER</b> Name <u>Cowan Design Co.</u> Address <u>11 Sunrise Ave</u> <u>Mid Valley, CA</u> Zip <u>94941</u> Phone <u>(415) 381-2520</u> FAX <u>(415) 381-2955</u>		<b>OWNER/TENANT</b> 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>	

→ 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  
(Street) Sacramento CA 95816  
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes \_\_\_ No X Is this permit for a shell building? Yes \_\_\_ No X  
 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 X  
 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes X 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 X  
 6. Do you handle, store or transport any amount of acutely hazardous materials? Yes \_\_\_ No X  
 7. Is/Will your business be located within 1,000 feet of a school? Yes \_\_\_ No X

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 X

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 <u>No</u> <small>init date</small>	
Hold on Certificate of Occupancy? Yes <u>No</u>	
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
B19	FRAME
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 **COMMUNITY PLAN NO.** 95816 **PHONE NO.** 392-5076

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

**PROPERTY OWNER** DR. LELAND LEE **11 SUNRISE AVE.** **94941** **475-381-2526**

**ARCH. ENGR.** DR. LELAND LEE

**NO. OF STORIES** 0 **NO. OF ROOMS** 11 **ROOF COVERING AREA** 1111 **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: DBA: DR. LELAND LEE

**CITY OF SACRAMENTO INSPECTIONS** VALUATION \$ 123,822

**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 4601 of the Labor Code for the performance of work for which the permit is issued.

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**POINTS NUMBER** \_\_\_\_\_

**DATE ISSUED** 12/16/99

**ISSUED BY** [Signature]

**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

131 CAPITOL AVE. #201

RECEIVED

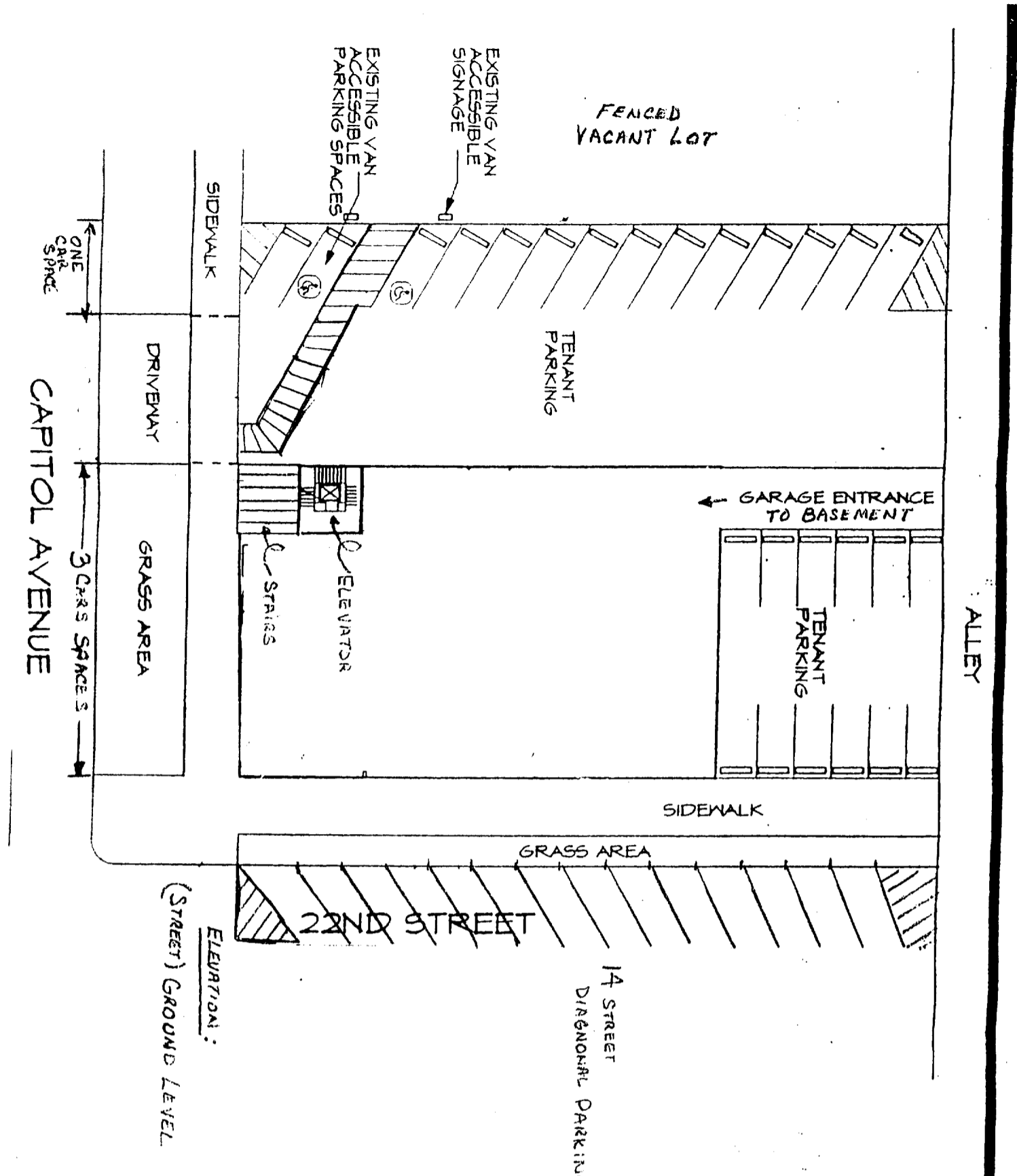
FEB 16 2000

Garry LAC

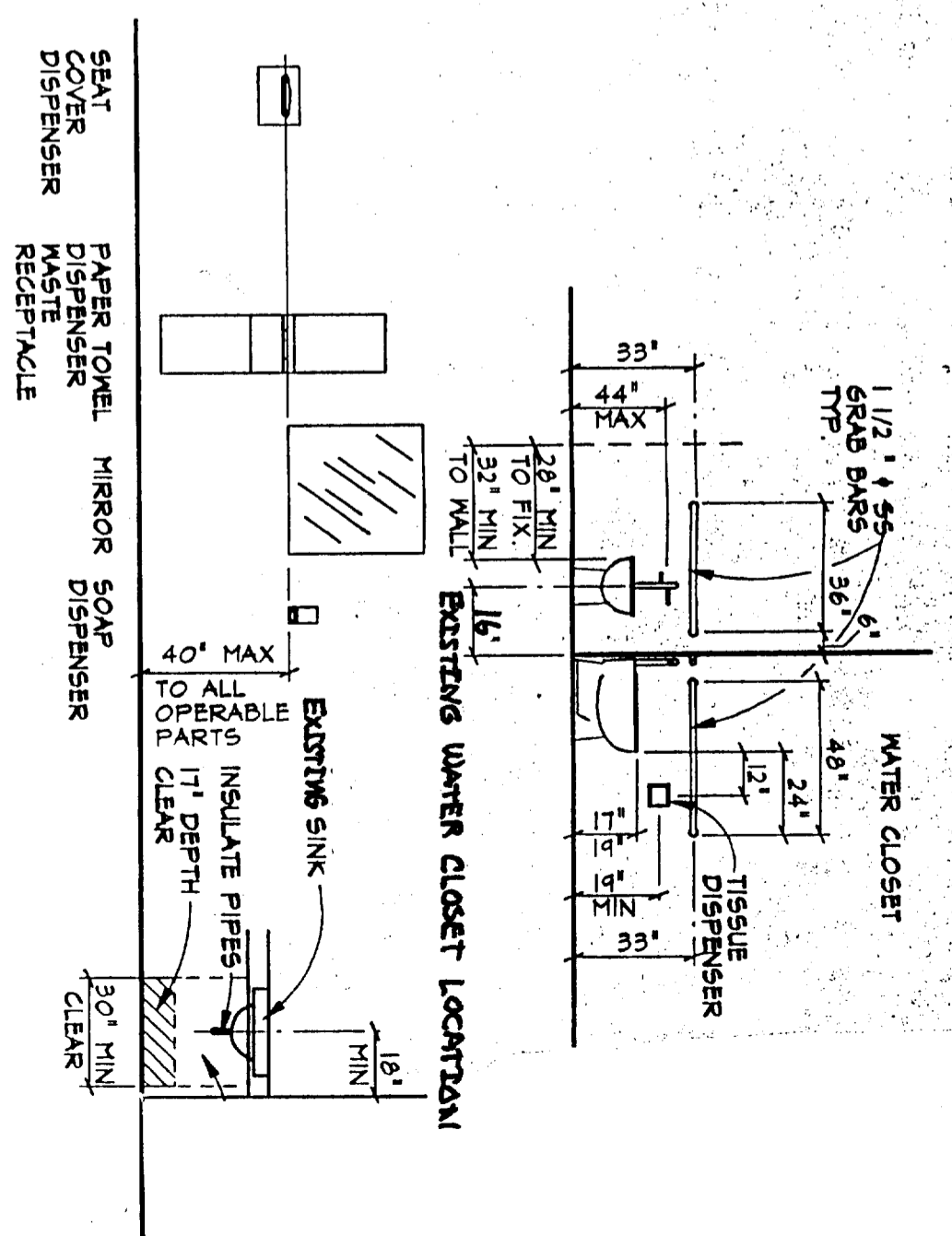
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS

THIS SET OF PLANS AND SPECIFICATIONS MUST BE KEPT ON THE JOB AT ALL TIMES AND IT IS UNLAWFUL TO MAKE ANY CHANGES OR ALTERATIONS FROM THE ORIGINAL AS SHOWN ON THESE PLANS WITHOUT THE WRITTEN PERMISSION FROM THE BUILDING DIVISION.

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



ELEVATION:  
 (Street) GROUND LEVEL

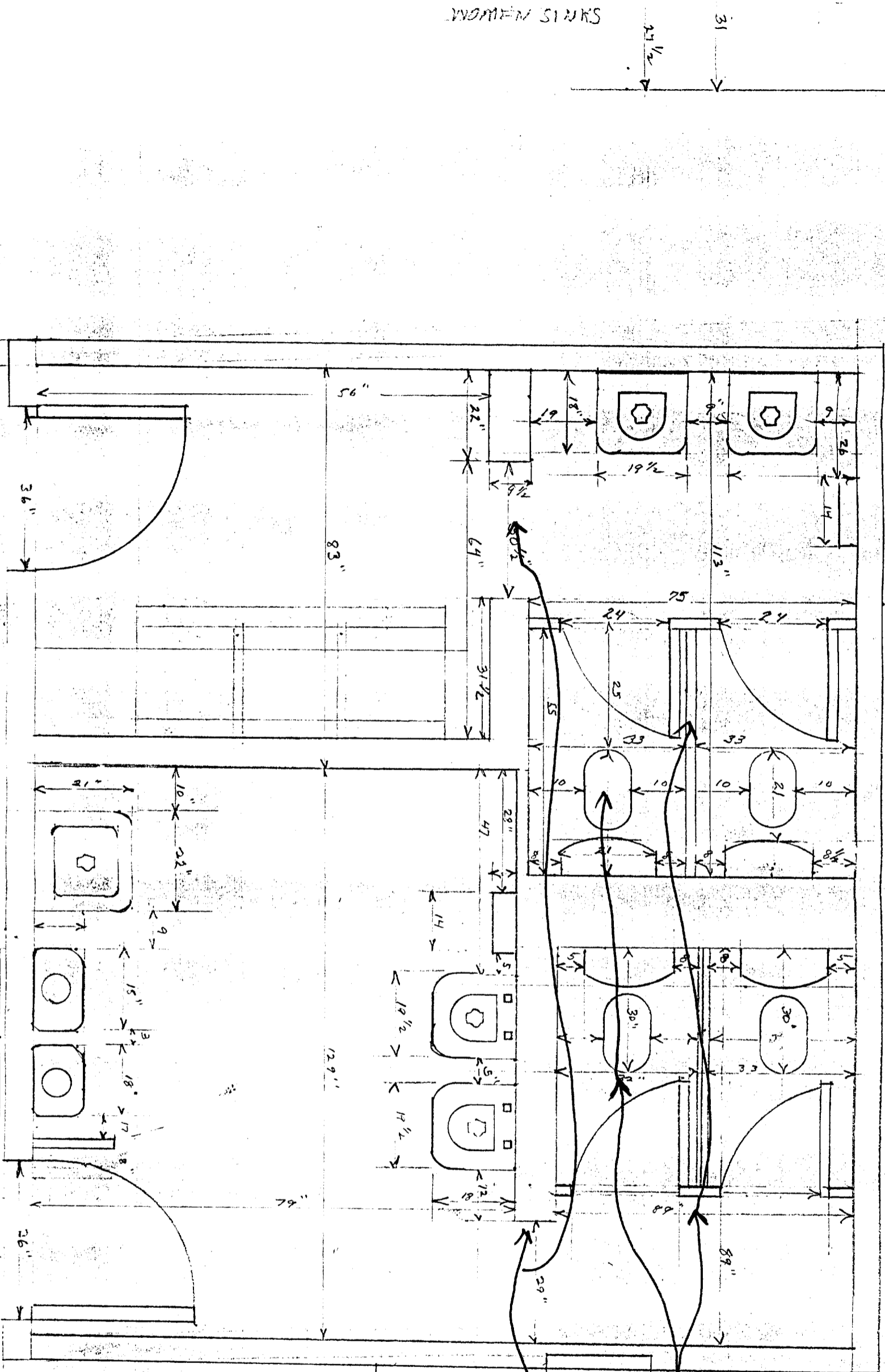


**TOILET RM ACCESS REQMTS**

CITY OF SACRAMENTO  
 PUBLIC ASSISTANCE  
 APR 15 2006  
**RECEIVED**

REVISION TO PERMIT #9910059C  
 2131 CAPITOL AVE. #201

EXISTING RESTROOM PLAN



REMOVE ONE EXISTING  
 TOILET AND PARTITIONS  
 IN MEN & WOMENS  
 RESTROOMS

MENS TOWEL

WIDEN OPENINGS TO 36"

MENS SINKS

URINALS

RECEIVED

FEB 16 2000

CITY OF SACRAMENTO  
 PERM ASSISTANCE

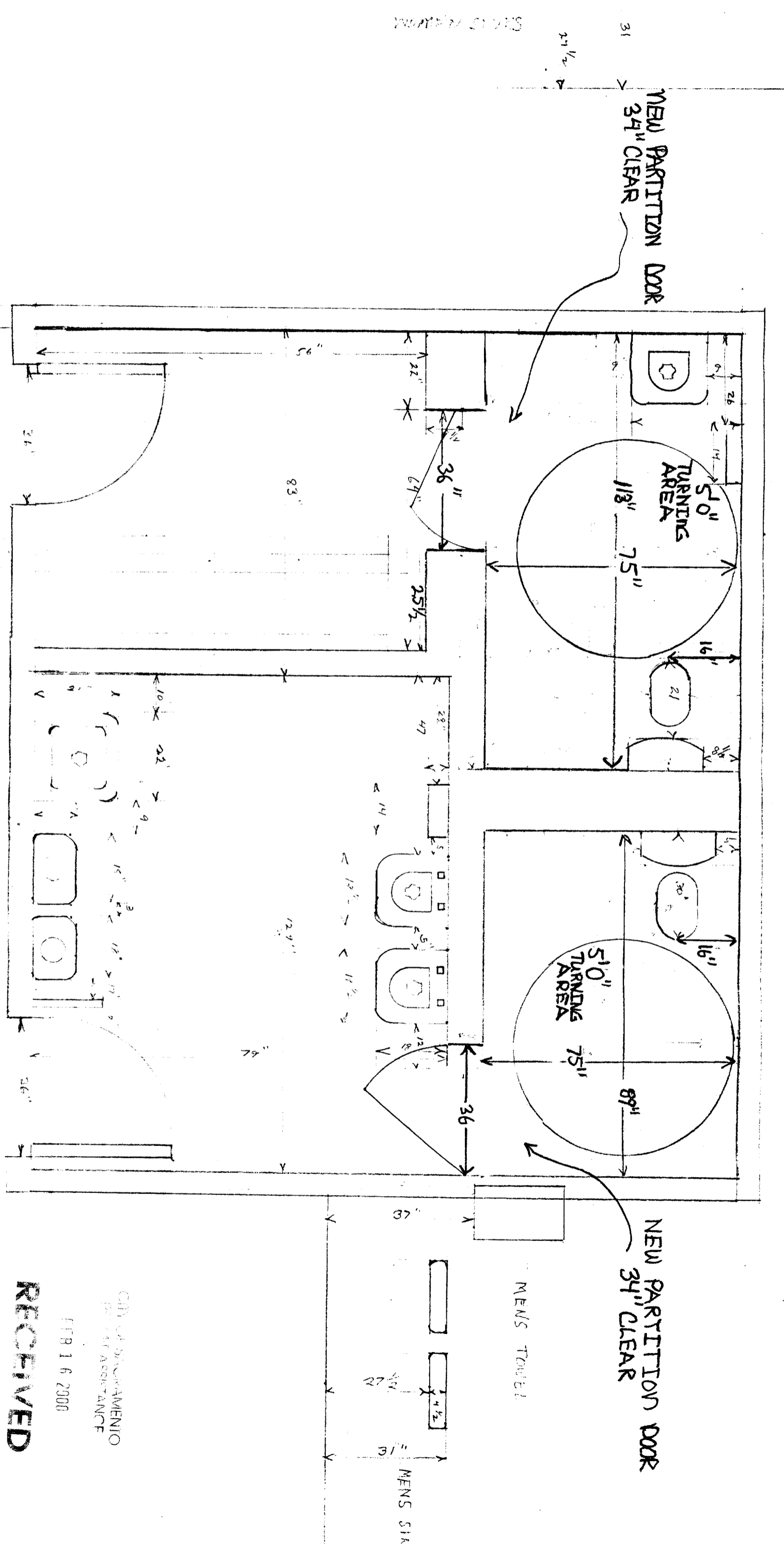
2131 CAPITOL  
 2ND FLOOR RESTROOMS

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

REVISED RESTROOM PLAN

2-25-00

For information only. Final approval is required for field inspections.  
 A. S. L. L. L.



SEE PLAN

NEW PARTITION DOOR  
 34" CLEAR

NEW PARTITION DOOR  
 34" CLEAR

MENS TOWEL

MENS SINK

URINALS

CID SANCAMENIO  
 PROFESSIONAL ARCHITECT

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 finished before C of O can be issued

03/03/00 Expires 05/03/00

Date



Sign

DENNIS RICHARDSON

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**