

1231 I Street, Sacramento, CA 95814

Site Address: 831 K ST SAC Parcel No: 006-0097-012
CONTRACTOR RCO CONSTRUCTION OWNER PETROVICH DEVELOPMENT
5046 SUNRISE BL FAIR OAKS 95628
ARCHITECT CARISSIMI-ROHRER-MCMULLEN
707 COMMONS DR SAC CA 95825

Nature of Work: INT REMODEL TO 1ST FLOOR LOBBY,

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 License Number 438588 Date 15 OCT 02 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/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 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 & 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 above-mentioned property for inspection purposes.

Date 15 OCT 02 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 Lyemp Policy Number _____ Exp Date _____

(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 15 OCT 02 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 ATTORNEYS 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 #

0200780

Insp. Area

1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 831 K Street Suite _____
 PARCEL # 006-0097-0012

| | |
|--|---|
| <p style="text-align: center;">CONTACT</p> <p>Name <u>Bruce LaRose</u></p> <p>Street Address <u>See below</u></p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p> | <p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>724016</u></p> <p>Name <u>West Fork Construction</u></p> <p>Address <u>4701 24th Street</u></p> <p>City/State/Zip <u>Sacramento CA 95822</u></p> <p>Phone <u>452-8197</u> FAX <u>452-8190</u></p> <p>E-mail: _____</p> |
| <p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Carissimi Rohrer McMullen Shively</u></p> <p>Address <u>707 Commons Dr. Suite 250</u></p> <p>City/State/Zip <u>Sacramento CA 95825</u></p> <p>Phone <u>916.925.6009</u> FAX <u>916.925.6340</u></p> <p>E-mail: <u>blarose@crmsarchitects.com</u></p> | <p style="text-align: center;">OWNER</p> <p>Name <u>Petrovich Development Co.</u></p> <p>Address <u>6238 Birdcage Street</u></p> <p>City/State/Zip <u>Citrus Heights, CA 95610</u></p> <p>Phone <u>916.722.4600</u> FAX <u>722.4607</u></p> <p>E-mail: _____</p> |

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

NATURE OF WORK IN DETAIL: Interior renovations to portion of existing building to include: new floor, wall and ceiling finishes; new architectural design elements; extension of existing mechanical, electrical and fire sprinkler systems.

OCCUPANT/TENANT: _____ VALUATION: \$ 30,000

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|---|---------------------------------------|----------------------------|--|--|---------------------------------------|---|--|--|-------------------------------|--|------------------------------|
| FLOOD STATUS: <input checked="" type="checkbox"/> | | | S.C.A.T. | | | | | | | | |
| JOB DESCRIPTION | | | <input checked="" type="checkbox"/> BLDG | <input type="checkbox"/> SHELL | <input type="checkbox"/> APT | <input type="checkbox"/> TI() | <input checked="" type="checkbox"/> REM() | <input type="checkbox"/> SW | <input type="checkbox"/> FIRE | <input type="checkbox"/> ADD | <input type="checkbox"/> OTH |
| INSPECTION DISCIPLINES | | | <input checked="" type="checkbox"/> BLDG | <input checked="" type="checkbox"/> MECH | <input type="checkbox"/> PLUMB | <input checked="" type="checkbox"/> ELEC | <input type="checkbox"/> SITE | <input checked="" type="checkbox"/> FIRE | | | |
| # Stories | 1st flr Area. | Total Area | Use Zone | Occp Group | Const type | Fire Req <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N | | Fed Code | Vio. File | | |
| <u>3</u> | | | | <u>M</u> | <u>■</u> | SPR ALARM | | <u>18</u> | [H] [Quad] | | |
| <input checked="" type="checkbox"/> B | <input checked="" type="checkbox"/> L | <input type="checkbox"/> P | <input checked="" type="checkbox"/> M | <input checked="" type="checkbox"/> E | <input checked="" type="checkbox"/> F | S | | <input checked="" type="checkbox"/> D | <input type="checkbox"/> PW | <input checked="" type="checkbox"/> UTIL | |
| <u>LV</u> | | | | | | | | | | | |

COMMENTS: _____

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