

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0011098
Insp Area: 1

Site Address: 1300 S ST SAC
Parcel No: 009-0084-003

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

CONTRACTOR
WALSH AND FORSTER
1300 S ST
SACRAMENTO CA 95614

OWNER
THE HELLER CO.
11211 GOLD COUNTRY BL #106
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: INTERIOR REMODEL SUITE B, PLB FOR FUTURE RROOM

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 501720 Date 9/12/00 Contractor Signature Kelley Robinson

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.

X Date 9/13/00 Applicant/Agent Signature Kelley Robinson

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 IND. IND. Policy Number JY 517734-3 Exp Date 06/23/2001

____ (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 9/12/00 Applicant Signature Kelley Robinson

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

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 1300 S ST Permit No. 0011098

Building Use: OFFICE Occupancy: B

Building Owner: THE HELLER CO Construction Type: _____

Owner Address: 11211 GOLD COUNTRY #100 GOLD RIVER, CA Sprinkled?Yes

Portion of Building Occupied: SUITE B Area: 1092 Sq. Ft.

2/28/01 Willie Harris DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By:DP,WJR,JZB,CP]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street,
 Sacramento, CA (916) 264-7619 FAX 264-7046

ACTIVITY #

0011098

Insp. Area

IC

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1800 S. St.

Suite _____

PARCEL # _____

CONTACT

Name Kellie Robison
 Street Address 1800 S. St
 City/State/Zip Sacramento, CA 95814
 Phone 447-2434 FAX 447-2434
 E-mail: krobison@walshforster.com

LICENSED CONTRACTOR

Lic No. # _____

Name Walsh Forster
 Address 1800 S. St
 City/State/Zip Sacramento, CA 95814
 Phone _____ FAX _____
 E-mail: krobison@walshforster.com

ARCHITECT/ENGINEER

Name Loraine Beaumont Design Group
 Address 1911
 City/State/Zip _____
 Phone _____ FAX _____
 E-mail: _____

OWNER

Name The Home Depot
 Address 1800 S. St
 City/State/Zip Sacramento, CA 95814
 Phone 916-243-4400 FAX _____
 E-mail: _____

→ Will permit any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKERS COMPENSATION POLICY # 54517734-5 EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: interior remodel

OCCUPANCY: Walsh & Forster, Inc.

VALUATION: \$ 1,500,000

| | | | | | | | | | |
|-----------------|---------------|---------------|---------------|------------|---|-----------|------------|------|-----|
| FLOOR | S.C.A.T. | | | | | | | | |
| JOB DESCRIPTION | BLDG | SHELL | APT | TI() | REM <input checked="" type="checkbox"/> | SW | FIRE | ADD | OTH |
| INSPECTION | YES | <u>BLDG</u> | <u>MECH</u> | PLUMB | <u>ELEC</u> | SITE | FIRE | | |
| # Stories | Total Area | Use Zone | Occp Group | Const type | Fire Req. Y <input checked="" type="checkbox"/> N | Fed Code | Vio. File | | |
| <u>13</u> | <u>1092</u> | | <u>B</u> | | SPR <input type="checkbox"/> ALARM <input type="checkbox"/> | <u>15</u> | [H] [Quad] | | |
| <u>B</u> | <u>R</u> | <u>M</u> | <u>E</u> | F | S | D | PW | UTIL | |
| | <u>13 Jun</u> | <u>13 Jun</u> | <u>13 Jun</u> | | | <u>BE</u> | | | |

COMMENTS: _____

REGIONAL REGISTRATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER SUPPLY FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed