

CITY OF SACRAMENTO

Permit No: 9803451

1231 I Street, Sacramento, CA 95814

Insp Area: 2

Site Address: 6600 BRUCEVILLE RD SAC

Sub-Type: ACOM

Parcel No: 1170170072

MOB 3

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

KAISER FOUNDATION HOSPITALS
6600 BRUCEVILLE RD
SACRAMENTO CA 95823

LIONAKIS BEAUMONT DESIGN
1919 19TH ST
SACRAMENTO CA 95814

Nature of Work: TENANT IMPROVEMENT (IST TIME) 3RD FLOOR MED CLINIC & OFFICE

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-CIA License Number 187350 Date 6-26-98 Contractor Signature Joh W Lee

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 6-26-98 Applicant/Agent Signature Joh W Lee

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 SCFA Policy Number 1054

____ (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 6-26-98 Applicant Signature Joh W Lee

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
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 BUILDING INSPECTION DIVISION
 1231 I Street, Room 200
 Sacramento, CA 95814
 (916) 264-7619 FAX 264-7046

98-03451
 P.C. # 6020
 SUITE # _____
 AREA # 2C

ADDRESS 11000 FAULCONVILLE RD SACRTO CA 95823
 PARCEL # 117-0170-072

CONTACT
 NAME Giles Kaiser
 ADDRESS 11000 FAULCONVILLE RD SACRTO CA 95823
 PHONE (916) 644-1111 FAX: ()

LICENSED CONTRACTOR Lic# _____
 NAME Kaiser Const. Services
 ADDRESS _____
 PHONE () - FAX () -

ARCH./ENG.
 NAME LARRY YEE / HOWARD PERMUTT
 ADDRESS 1919 19TH ST SACRTO CA 95814
 PHONE 558-1900

OWNER
 NAME _____
 ADDRESS _____
 PHONE () - FAX () -

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE? YES NO

NATURE OF WORK IN DETAIL: MEDICAL OFFICE BLDG #3, TENANT IMPROVEMENT TO 3RD FLOOR

1st

D.B.A. Kaiser VALUATION \$2.2 MILLION
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS ZONE X S.C.A.T. X-1

JOB DESCR. BLDG SHEL APT TIL REM() SW FIRE ADD OTH

INSP. DISCIPLINES BLDG MECH PLUMB ELEC SITE FIRE

| # OF STORIES | AREA 1ST FL. | TOTAL AREA | OCCUP. GROUP | CONST. TYPE | FIRE SPRINK. | FIRE ALARM | FED CODE | VIO. FILE |
|--------------|--------------|------------|--------------|-------------|--------------|------------|----------|-----------|
| 3 | | 20,464 | B | II-1HR | Y/1 | Y/1 | 15 | OK |
| B | L | P | M | E | F | S | D | R |
| | JT | BD | BD | GM | FHC | None | | |

COMMENTS: _____

(REGIONAL SAN FEES? Y/N) (HEALTH DEPT? Y/N)

Worker's Comp Policy #
Company

Exp. Date

So
Co



**City of Sacramento Development Services Division
Planning and Zoning Information Request**

Project Address: 6600 BRUCEVILLE RD (MOB #3)

Assessor's Parcel Number: 117-0170-072

Current Land Use: Med. Office Bldg.

Description of Request/Proposed Use:

Tenant Improvement
med. office

Zoning Designation: H-R

Prior Applications for Project Site(P#,Z#,DRPB#): DR 98-030

Comments: T.I. OK (exterior work
see (DR 98-030)
Approved by H

Are There Any Planning Issues?: (Circle One) YES NO

Site Plan Check Required? (Circle One) YES NO

Not Req'd w/

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

Planning Review by/Date: WT Bourr 4/27/98

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

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: KAISER FOUNDATION HOSPITAL Phone: 688-6441
 Site Address: 6600 BRUCEVILLE HOSP. Suite: _____
 (Street) (Zip)
 Business Owner/Representative: GILES POPISH Phone: 688-6441
 Nature of Business: MEDICAL OFFICE BUILDING
 Property Owner: KAISER FOUNDATION HOSPITAL Phone: 688-2415
 Address: _____ Suite: _____
 (Street)

(City) (State) (Zip)
 2. Are you developing an undetermined tenant space? Yes ~~X~~ 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 X No ___
Same Site - Different Bldg

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: JOHN W WALKER
 (Print)
John Walker (Signature) _____ (Date)

| |
|---|
| BID Use Only: Plan Ck# <u>6020</u> Permit # <u>9803451</u> |
| OK to issue prmt? <u>YES</u> <u>6-26-98</u> F.D. Appr Req'd? Yes <u>(No)</u> init date |
| Hold on Certificate of Occupancy? Yes <u>(No)</u> |
| Fire Dept. Use Only: |
| OK to issue permit? ini _____ date _____ |
| OK to issue Certificate of Occupancy? ini _____ date _____ |

Attachment to RC 306

PRIOR TO OBTAINING BUILDING INSPECTIO

PROJECT NAME: KA
PROJECT ADDRESS: 3rd of look

TESTING/INSPECTION

OWNER'S NAME: KA

hereby certifies that the T during construction, as ne

In accordance with Section following items (circled):

Item

- 1. CONCRETE
- 2. REINFORCING/PRE
- 3. WELDING FR
- 4. HIGH STRENGTH DC
- 5. STRUCTURAL MASO
- 6. PILING, DRILLED PIE
- 7. SPRAY APPLIED PROC
- 8. OTHER:

INSPECTION REQUEST

ADDRESS: 6600 Bruceville Rd

INSPECTION DATE: 7-28-98 REQUEST DATE: 7-27 REQUEST TIME: 11:30 AM

MON. TUES. WED. THURS. FRI.

OWNER OR CONTRACTOR: Kaiser 688-2203 PERMIT NO.: 2451

AREA: 2C

MECHANICAL PLUMBING ELECTRICAL

| | | | | | | |
|-----|--------------------|-----|------------------|-----|------------------------|------------------|
| B10 | FORM | M30 | UNDR FLR/SLAB | E60 | UFER (COMM.) | |
| B11 | UFER (RES) | M31 | TOP/ROUGH | E61 | CONDUIT/UNDERGRD. | |
| B12 | SLAB | M32 | WATER SERVICE | E62 | CONDUIT/SLAB | |
| B13 | JOIST/GIRDER | M33 | SEWER SERVICE | E63 | ROUGH ELECT. | |
| B14 | INS. WALL | M34 | STORM DRAIN | E64 | ROUGH (WALLS ONLY) | |
| B15 | INS. FLOOR | M35 | IRR. SVC. PIPING | E65 | ROUGH (CEIL. ONLY) | |
| B16 | ROOF | | FIRE SPR. SYS. | E66 | SERVICE UNDGR. CONDUIT | |
| B17 | ROOF PLYNAIL | | GAS TEST | E67 | TEMP POWER | |
| B18 | EXT. LATH/SIDE | | TEMP GAS | E68 | | |
| B19 | FRAME | | | E69 | | |
| B20 | FRAME (WALLS ONLY) | | | | POOLS ONLY | |
| B21 | FRAME CEIL (T-BAR) | | | | E70 | PREGUNITE |
| B22 | SHTRCK NAIL | | | | E71 | PREDECK |
| B23 | B.B. | | | | E72 | CONDUIT/UNDERGR. |
| B24 | TILTUP | | | | | |
| B25 | FIRE SPR. LOC | | | | | |
| B26 | SHEAR NAIL | | | | | |
| B29 | FINAL | | | | | |

M39 FINAL P59 FINAL E79 FINAL

P40 UNDR FLR/SLAB P50 POOLS ONLY
 P41 TOP/ROUGH P51 PREGUNITE
 P42 WATER SERVICE P52 PREDECK
 P43 SEWER SERVICE
 P44 STORM DRAIN
 P45 IRR. SVC. PIPING
 P46 FIRE SPR. SYS.
 P47 GAS TEST
 P48 TEMP GAS
 P49
 P50

MBR

CLERK: [Signature]

FOR THE: [Signature]

451C

95830

[Signature]

actions

in the

Referenced drawings li... document all drawings or specifications containing information pertaining to that item.

BID APPROVAL: [Signature]

Date: 6-26-98

BID #302(02/95)

Eckert and Associates
14923 Oxnard Street
Van Nuys, CA 91411
(818) 779-0672
OSHPO NO. TC10016

DA 160-917
Permit No:
Date: 7-15-98
Page: 1 of 1

Facility: Kaiser South SAC
Address: 6600 Blueville Road
SACRAMENTO, CA 95823

PROJECT NAME: MOR #3 150 LB PRESSURE TEST

THE FOLLOWING INSPECTION WAS MADE
TO AID NEPA 99, 1993 EDITION, CHAPTER 4
GAS AND VACUUM SYSTEMS, SECTION 4-5-1.2.1
PRESSURE TEST (INITIAL 150 LB TEST).

THE MOR #3 3RD FLOOR TENANT IMPROVEMENTS
IS ON 150 LB PRESSURE TEST AT BOTH
ZONES ON OXYGEN AND VACUUM PIPING
AS OF JULY 15, 1998 AT 10:00 AM.

SIGNED BY:

Ronald J. Gelle TC 10001-41

IF ANY QUESTION PAGE 818-513-2465

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

98-03451

Building Address 6600 BRUCEVILLE RD Bldg. 3 3rd floor

Permit No. _____

Building Use Medical office Bldg. (Dba: Kaiser Permanente)

Occupancy M

Construction Type II-1hr

Building Owner Kaiser Foundation

Construction Type Sprinkled Yes () No

Owner Address 6600 BRUCEVILLE RD, Sacramento, CA

Area 20,464 Sq. Ft.

Portion of Building Occupied

CHIEF BUILDING INSPECTOR

1/11/99

RON PECCI

Sign

City Building Official

Date Issued

By: Print

Re: Jg/Rodger Burk/Batalka
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 9 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 shall 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