

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0013891
Insp Area: 1

Site Address: 2014 T ST SAC
Parcel No: 010-0093-004

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

CONTRACTOR
RW OSEN CONST
4191 POWER INN RD #C
SACRAMENTO 95826

OWNER
TSAKOPOULOS ANGELO K
3600 AMERICAN RIVER DR
SACRAMENTO CA 95825

ARCHITECT

Nature of Work: STRUCT UPGRADE OF MECH PLATFORM (PLBG MECH ELEC WORK ON SEP PERMIT)

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 676690 Date 12/8/00 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 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 12/8/00 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.

2B X 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 MID CENTURY INSURANCE Policy Number N0509-59-25 Exp Date 07/01/2001

_____, (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 12/8/00 Applicant Signature [Signature]

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.



CONSTRUCTION TESTING & ENGINEERING, INC.

SAN DIEGO, CA
2414 Vineyard Ave.
Suite G
Escondido, CA 92029
(760) 746-4955
(760) 746-9806 FAX

RIVERSIDE, CA
490 E. Princland Ct.
Suite 7
Corona, CA 91719
(909) 371-1890
(909) 371-2168 FAX

VENTURA, CA
1645 Pacific Ave.
Suite 105
Oxnard, CA 93033
(805) 486-6475
(805) 486-9016 FAX

TRACY, CA
242 W. Larch
Suite F
Tracy, CA 95304
(209) 839-2890
(209) 839-2895 FAX

LANCASTER, CA
42156 10th St. W.
Unit K
Lancaster, CA 93534
(661) 726-9676
(661) 726-0246 FAX

SACRAMENTO, CA
3628 Madison Ave.
Suite 22
N. Highlands CA 95660
(916) 331-6030
(916) 331-6037 FAX

December 14, 2000

CTE Job No.90-0048

City of Sacramento
Building Department
Attention: Ms. Carolyn Cooper &/or Mr. Dennis Richardson
1231 "I" Street, Room 200
Sacramento, CA 95814

Via Facsimile: 916.264.8370

SUBJECT:

SATISFACTORY COMPLETION OF STRUCTURAL WELDING
REQUIRING SPECIAL INSPECTION

PERMIT NO. 0013891

ADDRESS: 2014 "T" Street
21st Street & "T" Street
Sacramento, California

Director of Building Inspection:

To the best of my knowledge all of the work requiring special inspections of structural steel field welding has been completed. All work inspected for the structure constructed under the subject permit conforms to the approved plans and specifications and the applicable workmanship provisions of the Uniform Building Code.

Dan T. Math

Civil Engineer Registration No.: 61013

Expiration Date: 12/31/04

Stamp/Signature:



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 # 0013891	Insp. Area
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2014 T ST Suite _____
 PARCEL # 010 0093 004

CONTACT Name <u>R.W OSEN</u> Street Address <u>9191 POWER INN RD STE C</u> City/State/Zip <u>SAC 95826</u> Phone <u>739-8669</u> FAX <u>957-5097</u> E-mail: <u>RECK@RW OSEN.COM</u>		LICENSED CONTRACTOR Lic No. # <u>676690</u> Name <u>R.W OSEN CONST.</u> Address <u>9191 POWER INN RD STE C</u> City/State/Zip <u>SAC 95826</u> Phone <u>739-8669</u> FAX <u>957 5097</u> E-mail: <u>RECK@RW OSEN.COM</u>	
ARCHITECT/ENGINEER Name <u>COLE VER SCHUBERT</u> Address <u>2500 VENTURE OAKS WAY 100</u> City/State/Zip <u>SAC 95833</u> Phone <u>920-2020</u> FAX <u>920-1556</u> E-mail: _____		OWNER Name <u>AKT DEVELOPMENT</u> Address <u>1 CAPITAL MALL</u> City/State/Zip <u>SAC</u> Phone <u>946-3008</u> FAX <u>946-2991</u> E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: MRO-CENTURY
 → WORKER'S COMPENSATION POLICY # N0509-59-25 EXPIRATION DATE: 2/6/01

NATURE OF WORK IN DETAIL:
MECH PLATFORM MODIFICATION / Elec,
Plbg & Mech work on sep permit

OCCUPANT/TENANT: N/A VALUATION: \$ 1,000

FLOOD STATUS:			S.C.A.T.							
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	<input checked="" type="checkbox"/> OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC			SITE		FIRE
# Stories	1st flrArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / <input checked="" type="checkbox"/> N		Fed Code	Vio. File	
				<u>B</u>		SPR	ALARM	<u>15</u>	[H]	[Quad]
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> E	F	S		D	PW	UTIL

COMMENTS: requires D Review / related

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



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(209) 839-2895 FAX

LANCASTER, CA
42156 10th St. W.
Unit K
Lancaster, CA 93534
(661) 726-9676
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