

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0318183

Insp Area: 1

Thos Bros: 297 C4

Site Address: 400 CAPITOL AV SAC

Parcel No: 006-0144-029

18TH FLOOR

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

RUDOLPH AND SLETTEN INC
1504 EUREKA RD SUITE 200
ROSEVILLE CA 95661

OWNER

EOP-400 CAPITOL MALL LLC
PO BOX 3879
CHICAGO IL 60654

ARCHITECT

STAFFORD SPACE PLANNING
3565 TAYLOR RD # D
LOOMIS CA 95650

Nature of Work: INTERIOR REMODEL, NO MODIFICATION FOR ELE, FIRE, HVAC, SUITE # 1800

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 A License Number 198069 Date 12/3/03 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 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);

PAID
CITY OF SACRAMENTO
DEC 6 2003
NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICE

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 above mentioned property for inspection purposes.

Date 12/3/03 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 AMERICAN GUARANTEE & LIABILITY Policy Number WC 3495307-02 Exp Date 10/01/2004

(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 12/3/03 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.

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy
For Information Contact (916) 264-5716

Building Address: 400 CAPITOL MALL #1800 Permit No.: 0318183
Building Use: OFFICE Occupancy: B
Building Owner: EOP-400 CAPITOL MALL LLC Construction Type: 1FR
Owner Address: CHICAGO, ILL Sprinkled? [] Yes [] No
Portion of Building Occupied: SUITE 1800 Area: _____ Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

12/18/03 Date By: (Print) Jessie J. Richardson Sign DENNIS RICHARDSON CHIEF BUILDING OFFICIAL

[TCO approvals:DSP,RR]

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

APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO
BUILDING DIVISION
PERMIT SERVICES SECTION**

NORTH OFFICE: 2101 Arena Blvd., Ste. 200
Sacramento, CA 95834 (916) 808-2534 FAX 808-7046
CENTRAL CITY: 1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 808-2534 FAX 264-5987

ACTIVITY # _____ Insp. Area _____

0318183

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 400 Capital mall Suite 1800

PARCEL # 006-0144-029

CONTACT		LICENSED CONTRACTOR	
Name <u>Jill Condon</u>		Lic No.# <u>198009</u>	
Street Address <u>Stafford space planning</u>		Name <u>Rudolph and stetten</u>	
City/ State/ Zip <u>3565 Taylor Rd, ste. D / Loomis Ca 95650</u>		Address <u>1504 Eureka Rd ste. 200</u>	
Phone <u>916 652-3400</u> FAX <u>916 652-7805</u>		City/ State/ Zip <u>Roseville Ca 95661</u>	
E-mail: _____		Phone <u>916 781-8001</u> FAX <u>916 781-8004</u>	
ARCHITECT/ENGINEER		OWNER	
Name <u>Stafford space planning</u>		Name <u>Equity Office Properties</u>	
Address <u>same as above</u>		Address <u>1010 Arden Way ste. 250</u>	
City/ State/ Zip _____		City/ State/ Zip <u>Sacramento Ca 95815</u>	
Phone _____ FAX _____		Phone <u>916 614-8850</u> FAX <u>916 614-8840</u>	
E-mail: _____		E-mail: _____	

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

NATURE OF WORK IN DETAIL: demo, new prt, new location for lighting
no modifications for hvac, fire sprinklers or plumbing

OCCUPANT/TENANT: Deperbrock Corp VALUATION: \$ 10,000⁰⁰

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI(REM(SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
33		2949		B	I	SPR Y	ALARM Y		[H]	[Quad]
B	L	P	M	(E)	F	S	D	PW	UTIL	
				NO	136					

COMMENTS: _____

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