

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0001303
Insp Area: 1

Site Address: 1510 J ST SAC
Parcel No: 006-0121-020

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

CONTRACTOR
SCHMITT CONSTRUCTION
2900 HEINZ ST
SACRAMENTO CA 95826

OWNER
GOVERNOR'S COURT
11367 TRADE CENTER DR
RANCHO CORDOVA CA 95670

ARCHITECT

Nature of Work: INSTALL NEW WINDOWS AND STUCCO IN EXISTING BLDG.

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 AB License Number 458817 Date 12-20-00 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.

Date 12-13-00 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.

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 STATE FUND CITY OF SACRAMENTO Policy Number 1497901-98 Exp Date 10/01/2000

_____, (This section need not be completed if the permit is for ~~10000~~ 10000 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 12-17-00 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.

0001303

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
2/16/00	1/1	1/1	1/1	1/1	1/1

PLAN CHECK # 0001303
 ADDRESS: 1510 J St
 Commercial Residential

ACCEPTED by (Staff): _____

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
<u>LIFE SAFETY</u>	13	JT	2/16/00						
<u>STRUCTURAL</u>	3	JT	1/1						
MECHANICAL/PLUMBING									
ELECTRICAL									
<u>FIRE</u>									
<u>PLANNING</u>	13	WT	2/16/00						

STAFF COMMENTS:

**CITY OF SACRAMENTO
APPLICATION FOR COMMERCIAL BUILDING PERMIT**

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

ACTIVITY # 0001303

Insp. Area 1C

1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1510 J. Sacramento CA Suite _____
PARCEL # 006-0121-020

CONTACT Name <u>Jim Schmitt</u> Address <u>2900 Heintz St.</u> Phone <u>457 6855</u> FAX <u>457 6510</u> E-mail _____		LICENSED CONTRACTOR Lic No. # <u>45887</u> Name <u>Schmitt Construction</u> Address <u>2900 Heintz St</u> Phone <u>457 6855</u> FAX <u>457 6510</u> E-mail _____	
ARCHITECT/ENGINEER Name <u>Jerry Beck</u> Address <u>Dry Creek Rd - Auburn</u> Phone _____ FAX _____ E-mail _____		OWNER Name <u>Jollman Co</u> <u>Sec. Computer</u> Address <u>1510 J.</u> Phone _____ FAX _____ E-mail _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Farm
 → WORKER'S COMPENSATION POLICY # 1457501-98 EXPIRATION DATE: 10-1-00

NATURE OF WORK IN DETAIL: Install new windows + stucco in existing General Bldg

OCCUPANT/TENANT: GOVERNORS Court VALUATION: \$ 20,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM <input checked="" type="checkbox"/>	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<u>BLDG</u>	MECH	PLUMB	ELEC	SITE	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y</u> <input checked="" type="checkbox"/> <u>N</u>	Fed Code	Vio. File		
				<u>B</u>	<u>VH</u>	SPR	ALARM	<u>15</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	P	M	E	F	S	D	PW	UTIL	
<u>13</u>	<u>13</u>							<u>111</u>		

COMMENTS: _____

 _____ 13 Bt.

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? N/A Provided Fax

Date of Request: 2-11-00
By: SCMITT CONST.

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 1510 J STREET

Assessor's Parcel Number: 006-0121-020

Previous Use: COMM

Description of Request/Proposed Use: WINDOWS STUCK & REPAIR

Is This a Change of Use? NO

Prior Applications for Project Site(P#, Z#, DRPB#): FB98-061 Zoning Designation: ~~FC-3~~

Comments: APP. AS PER PRES. BOARD COMMENTS.

Are There Any Planning Issues?: (circle one) YES NO

- * Staff Site Plan Check Required? (Circle one) YES NO
- * Field Inspection Required? (Circle one) YES NO
- * Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: D Smith 2-16-00

Ready to check conditions

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

MICROFILM AFTER FINAL

Daily Field Report (DFR)

Project Name _____ Project No. _____ Date 4-24-01
Project Location _____ Time Arrived _____
Contractor _____ Technician _____ Time Departed _____
Weather _____ Travel Time _____
Earthwork Equipment Observed _____ Mileage _____
DFR Given to (or left at) _____ DFR No. _____
Reviewed by _____ Date Reviewed _____

Observations/Remarks:

torque testing

No defects

NOTE: Observations, pass/fail evaluations, and/or recommendations (if applicable) provided herein have not been reviewed by an engineer and, therefore, should be considered preliminary and subject to change.

Kleinfelder Representative Signature

Kleinfelder Representative Print Name

Daily Field Report (DFR)

Project Name Govt. Court Project No. 23-184664 Date 05-17-01
 Project Location 1510 J St. Time Arrived 11:30
 Contractor Schmitt Const. Technician M. HANCE Time Departed 1:00
 Weather Sunny/Cloudy Travel Time 1 hr
 Earthwork Equipment Observed NONE Mileage 32
 DFR Given to (or left at) HENRY with Schmitt Const. DFR No. _____
 Reviewed by _____ Date Reviewed _____

Observations/Remarks: on site as requested for anchor bolt epoxy. 5/8"
anchor bolts epoxyed in 3/4" holes. 7/8" holes placed out with a/c
and crushed to remove debris from holes & cleaned bond. Holes 5"
deep epoxy holes checked for air pockets. Direction of holes and
removed slowly to avoid air pockets. Anchors bolt using 3" x 3"
Earthquake retrofit column w/ OMS walls with 5/8" bolt epoxyed
in 3/4" holes. 48 bolts epoxyed.

NOTE: Observations, pass/fail evaluations, and/or recommendations (if applicable) provided herein have not been reviewed by an engineer and, therefore, should be considered preliminary and subject to change.

Page _____ of _____

[Signature]
 Kleinfelder Representative Signature
Mark J. Hance
 Kleinfelder Representative Print Name