

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0102798
Insp Area: 4

Site Address: 1485 RESPONSE RD SAC
Parcel No: 277-0287-002

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

CONTRACTOR
FORSBERG SCHALLER INC
2010 ARROYO VISTA WY
E1 DORADO HILLS CA 95762

OWNER
SCHOOLS FEDERAL CREDIT UNION
2485 NATOMAS PARK DR #2
SACRAMENTO CA 95833

ARCHITECT

Nature of Work: 442 SQ FT REMODEL.

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 License Number 775765 Date 3/5/01 Contractor Signature Charles W Schaller

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 Professions 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 improvements 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 3/5/01 Applicant-Agent Signature Charles W Schaller

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 STAFF FUND Policy Number 403000256 Exp Date 10/01/2001

____ (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.

Date 3/5/01 Applicant Signature Charles W Schaller

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.

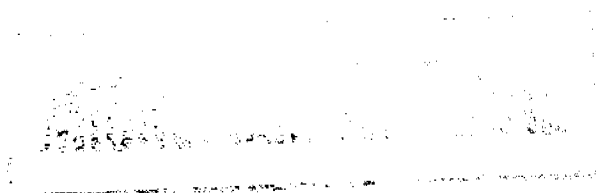
THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

FSI**Forsberg Schaller Inc.****General Contractors**

License # 775765

April 20, 2001

City of Sacramento
Building Inspection Division
1231 I Street
Sacramento, CA 95814



Re: Schools Credit Union
1485 Response Rd., Suite 200
PERMIT NO. 0102798

Gentlemen:

In response to the question on the Correction Notice dated 4/9/01 about the note regarding installation of a VAV box annotated on the Permit Drawings I offer the following answer:

At the time I pulled the permit we believed that the existing Suite 200 was heated and cooled by a single unit so I told the plan checker at the counter that we would install a VAV box to allow the new split suites to have individual thermostatic control. He annotated that on the drawings at that time. After opening up the ceiling we found two units conditioned the existing suite. All that was required to isolate the two suites was to reconfigure one duct run, which we have done.

Please call me if you have any questions or if you want us to take any further action.

Sincerely yours,

FORSBERG SCHALLER, INC.

Chuck Schaller

2010 Arroyo Vista Way

El Dorado Hills, CA 95762

OFFICE 916.941.8890

FAX 916.941.8892

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 # 0107798	Insp. Area 4C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1485 ROSPOND RD Suite 200 Suite _____
 PARCEL # _____

<p style="text-align: center;">CONTACT</p> Name <u>Chuck Schaller</u> Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>775765</u></p> Name <u>Forsberg Schaller Inc</u> Address <u>2010 Arroyo Vista Way</u> City/State/Zip <u>Sacramento, CA 95762</u> Phone <u>(916) 941-8890</u> FAX <u>(916) 941-8891</u> E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>Nielsen & Assoc.</u> Address <u>550 Howe Ave, Suite 150</u> City/State/Zip <u>Sacramento,</u> Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>Schools Credit Union</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____

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

NATURE OF WORK IN DETAIL: INTERIOR REMODEL 442 SQ FT

OCCUPANT/TENANT: _____ VALUATION: \$ 16,000

FLOOD STATUS:			S.C.A.T.								
			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		
						SPR	ALARM		[H]	[Quad]	
<u>(B)</u>	<u>(L)</u>	<u>P</u>	<u>(M)</u>	<u>(E)</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>AL</u>	<u>PW</u>	<u>UTIL</u>	
<u>13 ST</u>	<u>13 ST</u>		<u>13 RM</u>	<u>13 TLM</u>							

COMMENTS: _____

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