

**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 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 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

CS 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.

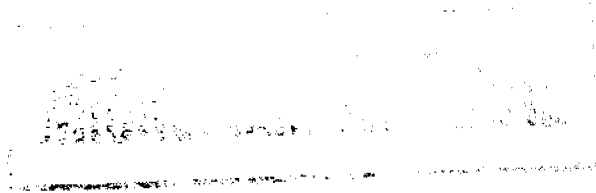
Date 3/5/01 Applicant Signature Charles W Schaller

**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 95814Re: 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 # <span style="font-size: 1.5em; font-family: cursive;">0107798</span>	Insp. Area <span style="font-size: 1.5em; font-family: cursive;">4C</span>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1485 ROSPOND RD Suite 200 Suite \_\_\_\_\_  
 PARCEL # \_\_\_\_\_

<p style="text-align: center;"><b>CONTACT</b></p> Name <u>Chuck Schaller</u> Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> 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;"><b>ARCHITECT/ENGINEER</b></p> Name <u>Nielsen &amp; 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;"><b>OWNER</b></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	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