

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0012205**  
**Insp Area: 4**

**Site Address: 198 OPPORTUNITY ST SAC**  
Parcel No: 250-0028-016 SUITES 2 & 3

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

CONTRACTOR  
DIODATI DEV. INC  
11423 SUNRISE GOLD CR #16  
RANCHO CORDOVA 95742

OWNER  
KIRK S DIODATI REVOCABLE LIVING TRUST  
11423 SUNRISE GOLD CR #1  
RANCHO CORDOVA A. 95745

ARCHITECT

**Nature of Work: 1963 SQFT OFFICE ADDITION TO EXISTING WAREHOUSE**

**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 Nico 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 E 48 License Number 624370 Date 1/31/2002 Contractor Signature Rick Diodati

**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 above-mentioned property for inspection purposes.

Date 11/16/00 Applicant/Agent Signature Rick Diodati

**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 Policy Number 1596470 Exp Date 09/01/2001

(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 11/16/00 Applicant Signature Rick Diodati

**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.**

# 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 # <u>00 12205</u>	Insp. Area <u>4L</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 198 Opportunity Street ~~#243~~ Suite 243  
 PARCEL # 250-0028-013

<p style="text-align: center;"><b>CONTACT</b></p> Name <u>Kirk Diodati</u> Street Address <u>11423 Sunrise Gold Circle #16</u> City/State/Zip <u>Rancho Cordova, CA 95742</u> Phone <u>(916) 852-4200</u> FAX <u>(916) 631-8324</u> E-mail: <u>kdio@msn.com</u>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>636370</u></p> Name <u>Diodati Development, Inc.</u> Address <u>11423 Sunrise Gold Circle #16</u> City/State/Zip <u>Rancho Cordova, CA 95742</u> Phone <u>(916) 852-4200</u> FAX <u>(916) 631-8324</u> E-mail: _____
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name <u>Carlton Engineering</u> Address <u>3932 Ponderosa Road, Suite 200</u> City/State/Zip <u>Shingle Springs, CA 95682</u> Phone <u>(530) 677-5515</u> FAX <u>(530) 677-6645</u> E-mail: <u>inform@cecarlton.com</u>	<p style="text-align: center;"><b>OWNER</b></p> Name <u>Richard + Mariha Diodati</u> Address <u>Same as above</u> City/State/Zip _____ Phone _____ FAX _____ 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: 1963 sq. ft. additional office in Existing Warehouse

OCCUPANT/TENANT: North Star Network Solutions VALUATION: \$ 52,500

FLOOD STATUS: <u>NR</u>		S.C.A.T. <u>200</u>							
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 <u>Y</u> <u>DN</u>		Fed Code	Vio. File
<u>1</u>	<u>14792</u>	<u>1963</u>		<u>B / SI</u>	<u>V-N</u>	<u>SPR</u>	<u>ALARM</u>	<u>15</u>	[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>PW</u> <u>UTIL</u>
		<u>✓ JMT</u>	<u>✓ JMT</u>					<u>200</u>	

COMMENTS: CUSTOMER OWES INFORMATION TO PLANNING SEE PINK SHEET

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

Date of Request: 10-11-00  
By: \_\_\_\_\_

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 198 Opportunity Street

Assessor's Parcel Number: 250-0028-~~016~~-016

Previous Use: \_\_\_\_\_

Description of Request/Proposed Use: Convert some existing  
warehouse space to office

Is This a Change of Use? No

Prior Applications for Project Site(P#, Z#, DRPB#): P94-050 & 298-064  
Zoning Designation: MIS-PUD

Comments: Need to see ~~calc~~ calc's  
re. percentage of office existing  
& proposed & compare that  
to prior approvals.

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: [Signature] 10-11-00

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

MICROFILM AFTER FINAL

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID JL  
DIODA-1

DATE (MM/DD/YY)  
09/07/00

**PRODUCER**  
**Wasserman & Associates**  
**Insurance Brokers, Inc.**  
 1029 56th Street  
 Sacramento CA 95819-3915  
 Phone: 916-739-0254 Fax: 916-733-0622

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

**INSURED**  
  
**Diodati Development Co. Inc.**  
 11423 Sunrise Gold Circle #16  
 Rancho Cordova CA 95742

INSURER A: **State Compensation Fund**  
 INSURER B:  
 INSURER C:  
 INSURER D:  
 INSURER E:

**COVERAGES**

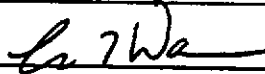
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<b>1596470</b>	<b>09/01/00</b>	<b>09/01/01</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
	<b>OTHER</b>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
**\*30 Days Notice to Certificate Holder applies except for Non Payment of Premium, which is 10 days. All California Operations**

CERTIFICATE HOLDER **N** ADDITIONAL INSURED; INSURER LETTER:

**CITYOFS**  
  
**City of Sacramento**  
 1395 35th Avenue  
 Sacramento CA 95822

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL **30\*** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  


**CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION**

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
Review		Final Review		Final Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PROJECT TYPE:  Commercial  Residential



APPROVED BY: \_\_\_\_\_

DISCIPLINE	1st REVIEW			2nd REVIEW			3rd REVIEW		
	Status	Staff	DATE	Status	Staff	DATE	Status	Staff	DATE
GENERAL			13 JT 11/8/00						
STRUCTURAL			13 JT "						
MECHANICAL/PLUMBING									
ELECTRICAL									
FIRE									
LANDSCAPE									

**STAFF COMMENTS:**

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**MEMORANDUM**

**SACRAMENTO FIRE DEPARTMENT**

**TO:** BUILDING DEPARTMENT

**DATE:** 12-11-00

**FROM:** Troy Malaspino  
Fire Marshal

**SUBJECT:** FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

198 Opportunity St

Has been conducted by Inspector

S Bodick

On

12-6-00

00-12205-200

Permit Number

Square Footage

0/17 SP

Type of Inspection

They system is acceptable by this department.

R Woodman

By: Ross L. Woodman,  
Fire Prevention Officer II

00-431

F.D. Reference Number

✓

**MEMORANDUM**

**SACRAMENTO FIRE DEPARTMENT**

**TO:** BUILDING DEPARTMENT

**DATE:** 12-11-00

**FROM:** Troy Malaspino  
Fire Marshal

**SUBJECT:** FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

198 opportunity st

Has been conducted by Inspector

S. Bodick

On

12-7-00

00-13205-194  
**Permit Number**                      **Square Footage**

Final TI - office  
**Type of Inspection**              Remodel

The system is acceptable by this department.

Ross L. Woodman  
**By:** Ross L. Woodman,  
Fire Prevention Officer II

TI-807  
**F.D. Reference Number**