

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

Permit No: 0505892

Insp Area: 1  
Thos Bros: 297D3

Site Address: 1111 D ST SAC  
Parcel No: 002-0075-025

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

CONTRACTOR  
TIM LEAKE BUILDER  
1106 NORTH D ST #18  
SACRAMENTO CA 95814

OWNER  
12TH ST COLABERATIVE  
1123 D ST  
SACRAMENTO, CA 95814

ARCHITECT

Nature of Work: DEMO INTERIOR WALLS ONLY

**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 NONE 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 411038 Date 4-28-05 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 an 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 4-28-05 Applicant/Agent Signature [Signature]

PAID  
CITY OF SACRAMENTO  
APR 28 2005  
NORTH PERM.  
CENTER

**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 713-0008960 Exp Date 02/22/2006

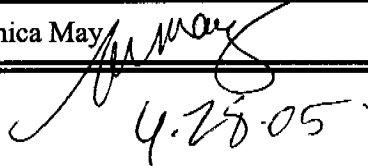
(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

Date 4-28-05 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  
Development Services Department  
**PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL**

ADDRESS: 1111 D Street	APN: 002-0075-025
DRPB AREA / PUD / SPD: North Alkalai Flat Preservation Area – LISTED STRUCTURE – “Maria Hastings Building”	ZONING: M1
EXISTING LAND USE: Child Care Center (Montessori)	
PROPOSED USE: Demolish some interior walls to open up interior area. No other work at this time. Not increasing enrollment, not expanding the building, and no changes to the exterior of building.	
<b>PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:</b>	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC      ZA      IR      ER      DR      PB Required Planning application must be approved <i>before</i> project can be submitted for plan check
<input type="checkbox"/>	Application(s) IN PROGRESS:    File Number: Application must be approved before project can be submitted for plan check.
<input type="checkbox"/>	Application(s) COMPLETED:    File Number & approval date: Building permit must conform to approved plans and comply with all conditions of approval. Do NOT accept applications for a building permit prior to the end of the 10-day appeal period.
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Route to SITE for inspection only, plan check not required.
<input type="checkbox"/>	Preliminary review <b>ONLY</b> ; the information on this form <b>must be reviewed again and confirmed</b> at the time of building permit submittal.
CONDITIONS AND COMMENTS:	Okay to demolish interior walls as shown on revised plans dated April 28, 2005. I spoke w Director of the center, Dr. Marilyn Prosser by phone, and she confirmed they are <u>not</u> increasing their enrollment. The wall demos are necessary to create more visibility of the children. The license for the center is changing only to reflect new ownership (the center now owns the property, rather than leasing), but due to the license change, the center is required to meet certain upgrade requirements.
DATE: 4/28/2005	BY: Monica May 

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DIVISION**  
**PERMIT SERVICES SECTION**  
 (916) 808-2534 FAX: (916) 808-7046

ACTIVITY # <span style="font-size: 1.5em; font-family: cursive;">0505892</span>	Insp. Area <span style="font-size: 1.5em; font-family: cursive;">1</span>
------------------------------------------------------------------------------------	------------------------------------------------------------------------------

*Applicant MUST complete ALL Unshaded Areas*

ADDRESS: 1123 D STREET Suite: \_\_\_\_\_

PARCEL #: 002-0075-025

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name: <u>TIM LEANE</u>                  Street Address: <u>1106 NORTH D STREET #18</u>                  City/State/Zip: <u>SACRAMENTO CA 95814</u>                  Phone: <u>916-557-1120</u>                  E-Mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>411038</u></p> <p>Name: <u>TIM LEANE BUILDOR</u>                  Street Address: <u>1106 NORTH D STREET #18</u>                  City/State/Zip: <u>SACRAMENTO CA 95814</u>                  Phone: <u>557-1120</u>                  E-Mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name: <u>ROLAND HESTELSON</u>                  Street Address: <u>2616 16th STREET</u>                  City/State/Zip: <u>SACRAMENTO CA 95818</u>                  Phone: <u>443-8665</u>                  E-Mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name: <u>HASTINGS DEVELOPMENT CENTER</u>                  Street Address: <u>1123 D STREET</u>                  City/State/Zip: <u>SACRAMENTO CA 95814</u>                  Phone: _____                  E-Mail: _____</p>

⇒ Will permittee have any employees on the jobsite?  No  Yes ⇒ Insurance Co.: STATE FUND

⇒ WORKER'S COMPANSATION POLICY # 8960-2004 EXPRATION DATE: 2-22-06

NATURE OF WORK IN DETAIL: DEMO OF INTERIOR WALLS

OCCUPANT/TENANT: Hastings Development Center VALUATION: 5000<sup>00</sup>

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

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT:  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed