

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0014556
Insp Area: 3

Site Address: 3225 FREEPORT BL SAC
Parcel No: 013-0181-073

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

CONTRACTOR
OTTO JOHN F
1717 2ND ST
SACRAMENTO CA 95814

OWNER
ESKATON
5105 MANZANITA AV
CARM CA 95818

ARCHITECT

Nature of Work: RPLC COOLING TOWER

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.

X License Class 4400 License Number 178809 Date JULY 1 2001 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.

X Date 12/8/2000 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.

X 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 MAJESTIC INSURANCE Policy Number C200002519-01 Exp Date 07/01/2001

____ (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.

X Date 12/8/2000 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.

Date of Request: _____
By: _____

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

Project Address: 3225 Freepat Blvd

Assessor's Parcel Number: 013-0181-073

Previous Use: Apts

Description of Request/Proposed Use: Replacing cooling system
on roof - not visible

Is This a Change of Use? _____

Zoning Designation: R4AR

Prior Applications for Project Site(P#, Z#, DRPB#): _____

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: [Signature] 12-8-00

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

MICROFILM AFTER FINAL

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 # 0014456	Insp. Area 3C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 3225 FREEPORT BLVD. SACRAMENTO Suite _____
 PARCEL # 013-0181-073-0000

<p style="text-align: center;">CONTACT</p> <p>Name <u>STEVE TAUBURN - JOHN F OTTO, INC</u> Street Address <u>1717 2ND ST</u> City/State/Zip <u>SACRAMENTO CA 95812</u> Phone <u>916-441-6870</u> FAX <u>916-441-6138</u> E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>178809</u></p> <p>Name <u>JOHN F OTTO INC</u> Address <u>1717 2ND ST.</u> City/State/Zip <u>SACRAMENTO CA.</u> Phone <u>916-441-6870</u> FAX <u>916-441-6138</u> E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>SPECTRUM MECHANICAL SERVICES</u> Address <u>5110 AUBURN BLVD #18</u> City/State/Zip <u>SACRAMENTO CA 95841</u> Phone <u>916-344-3442</u> FAX <u>916-344-1960</u> E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>ESKATON</u> Address <u>5105 MANZANITA AVE</u> City/State/Zip <u>CARMICHAEL / CA</u> Phone _____ FAX _____ E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: MAJESTIC INSURANCE
 → WORKER'S COMPENSATION POLICY # D260002519-01 EXPIRATION DATE: JUN 1 2001

NATURE OF WORK IN DETAIL: REMOVING & REPLACING AN EXISTING COOLING TOWER, ROOF COND & ROOF REPAIR

OCCUPANT/TENANT: _____ VALUATION: \$ 20,000⁰⁰

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM ()	SW	FIRE	ADD	<input checked="" type="checkbox"/> TH
INSPECTION DISCIPLINES			<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	SITE	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> N		Fed Code	Vio. File	
				<u>R1</u>		SPR	ALARM	<u>04</u>	[H]	[Quad]
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	F	S		<input checked="" type="checkbox"/> D	PW	UTIL
<u>13 JSTang</u>										
<u>13 KAW</u>										
<u>T.L.M. 13</u>										

COMMENTS: _____

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