

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9909339
Insp Area: 1

Site Address: 1215 K ST SAC
Parcel No: 006-0111-012 SUITE 1850

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

CONTRACTOR

OWNER
ESQUIRE PARTNERS L.L.C.
3100 ZINFANDEL DR #160
RANCHO CORDOVA, CA 95670

ARCHITECT
VITIELLO & ASSOCIATES
1931 H ST
SACRAMENTO CA 95814

Nature of Work: 1ST TIME T.I.

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 _____ License Number _____ Date _____ Contractor 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 herefrom 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 9-20-99 Owner Signature Eri Ah

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.

Date 9-20-99 Applicant/Agent Signature Eri Ah

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 _____ Policy Number _____ Exp Date _____

(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 9-20-99 Applicant Signature Eri Ah

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
APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

123. I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 9909339

Insp. Area K

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1215 K ST 18TH FLOOR Suite 1850

PARCEL # 006-011-012

<p align="center">CONTACT</p> Name <u>MARIL RUBY</u> Address <u>3100 ZINFANDEL</u> Phone <u>638-0242</u> FAX <u>638-0380</u> E-mail _____		<p align="center">LICENSED CONTRACTOR Lic No. # _____</p> Name _____ Address <u>NA</u> Phone _____ FAX _____ E-mail _____	
<p align="center">ARCHITECT/ENGINEER</p> Name <u>VITIELLO & ASSOCIATES</u> Address <u>1931 H ST</u> Phone <u>446-0206</u> FAX <u>446-0894</u> E-mail _____		<p align="center">OWNER</p> Name <u>ESQUIRE PARTNERS</u> Address <u>3100 ZINFANDEL RANCHO CORDOVA</u> Phone <u>638-0242</u> FAX <u>638-0380</u> 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: NEW T.I.

OCCUPANT/TENANT: HILL & KNOWLTON

VALUATION: \$ 43,530⁰⁰

FLOOD STATUS: _____ S.C.A.T. _____

JOB DESCRIPTION BLDG SHELL APT 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>2902</u>		<u>B</u>	<u>IHR</u>					

<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	PW	UTIL
<u>GYL</u>	<u>GYL</u>	<u>NB</u>	<u>NB</u>	<u>GM</u>	<u>EC</u>		<u>SCS</u>		

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

AUTHORIZATION TO START WORK

TO: City of Sacramento
Development Services Division
1231 I Street, Rm. 200
Sacramento, CA 95814

ID# 9909339
Bldg. Dept. Appr. LB
Fee: 350

FROM: Name: ERIC GILMORE
Company: LANKFORD & TAYLOR
Contractor's License #: N/A
Address: 3100 ZINFANDEL #160
Job Phone: 804-7341 Office Phone: 638-0242

SUBJECT: Project Address: 1215 K SUITE 1850
Partial permit for the following work: ROUGH FRAME, ELECT, MECH,
FIRE / ~~NO DRYWALL~~ NO DRYWALL

I realize that all work will be at the owner's and contractor's risk without assurance that the permit for the project will be granted. Any code conflicts will be corrected. I agree not to cover or conceal any work or portion thereof. I realize that inspections will not be made on this project until a building permit is issued. All changes required to conform to the approved plans will be completed without dispute. Work affecting the structural integrity of the existing building is not permitted.

I will expedite necessary revisions, corrections and clarifications as required to obtain the building permit.

If it should be determined subsequently by the City, that changes in the design of the building are necessary after commencement of the work authorized, I assume full responsibility and all risk of loss which may result by reason of such changes. I agree that the building shall conform to the approved final plans as amended, without regard to the stage of completion.

This authorization is valid for 30 days while the plans are being processed for permit. This authorization is valid when initiated by authorized Development Services Division personnel and stamped approved. Keep posted on job site at all times.

WORKER'S COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self-insure, or a Certificate of Worker's Compensation Insurance, or a certified copy thereof (§3800, Lab. C).

Policy No.: _____ Insurance Company: _____

_____ Certified copy is on file with the City

_____ 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 Worker's Compensation Laws of California.

Date: _____ Applicant: _____

I certify under penalty of perjury that I have read, understand and agree to the above conditions. I certify that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

Eric Gilmore

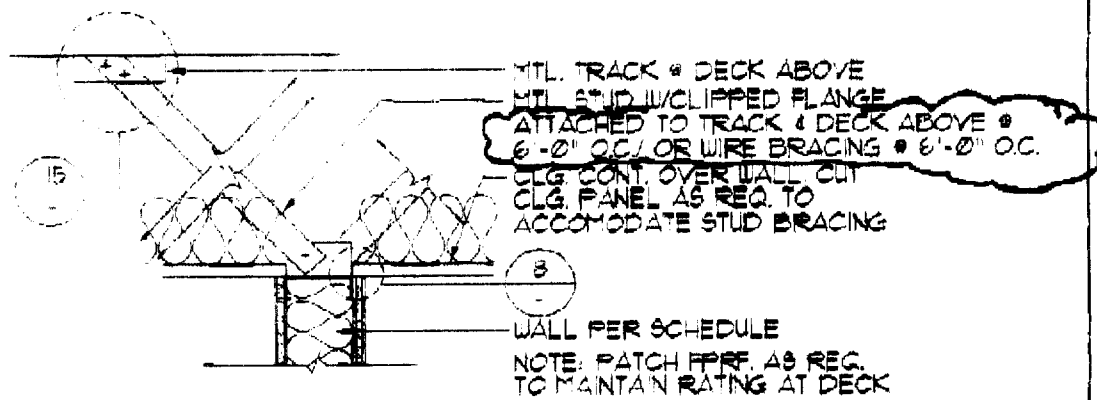
(Signature of Applicant or Agent)

Date: 8-20-99

FOR CONSTRUCTION USE

VITELLO & ASSOCIATES, INC.
Architects • AIA • Interiors
2742 St. Helena, San Francisco, CA 94114
(415) 446-0894

10.1.99



WALL TOP CONDITION

A

INTERIOR DETAILS WALLTOP

TOTAL P.01

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 10-27-99

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

1215 K St.

has been conducted by Inspector

PAEK

on 10-25-99

99-09339

Permit Number

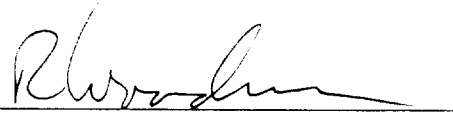
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Square Footage

F. ALARM

Type of Inspection

The system is acceptable by this department.



By: Ross L. Woodman,
Fire Prevention Officer II

99-384

F. D. Reference Number