

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0107864

Insp Area: 4

Site Address: 2525 NATOMAS PARK DR SAC

Parcel No: 274-0042-025 #150

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

HMH BUILDERS INC
8589 THYS CT
SAC 95828

OWNER

2525 NATOMAS INVESTORS
2525
SACRAMENTO CA 95826

ARCHITECT

Nature of Work: INTERIOR REMODEL ADD TWO OFFICES & DEMO ONE WALL.

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, C.P.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 AD License Number 780999 Date 12/24/01 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 & P. 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 1/24/02 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.

[Initials] 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 INS CO OF THE STATE OF PA Policy Number 7083206/07 Exp Date 08/01/2003

_____, (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 1/24/02 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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION
 1231 J Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0107864	Insp. Area 4C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2525 Natomas Park Ave Suite 150
 PARCEL # 274-0042-025

CONTACT Name <u>Terry A. Statorra - Spec. Planning</u> Street Address <u>7585 Gold Drive</u> City/State/Zip <u>Loomis CA 95670</u> Phone <u>(916) 652-3400</u> FAX <u>(916) 652-3803</u> E-mail <u>statorra@bark.com</u>		LICENSED CONTRACTOR Lic No. # _____ Name <u>Henry Meier / HMH</u> Address <u>20 Business Parkway</u> City/State/Zip <u>Sacramento CA</u> Phone <u>388-9177</u> FAX _____ E-mail: _____	
ARCHITECT/ENGINEER Name _____ Address <u>Same as above</u> City/State/Zip _____ Phone _____ FAX _____ E-mail _____		OWNER Name <u>Prentiss Properties</u> Address <u>2485 Natomas Park Ste 350</u> City/State/Zip <u>Sacramento</u> Phone <u>(916) 646-0760</u> FAX <u>646-3245</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: Dem one wall, add two new offices, some new electrical & phone data outlets

OCCUPANT/TENANT: Department of Social Services VALUATION: \$ 8,000

FLOOD STATUS:			S.C.A.T.							
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM <input checked="" type="checkbox"/>	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<u>BLDG</u>	<u>MECH</u>	PLUMB	<u>ELEC</u>	SITE	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		Fed Code	Vio. File [H] [Quad]	
B	<u>1300</u>	P	<u>M</u>	<u>B</u>	<u>VIR</u>	SPR	ALARM	<u>15</u>	D	PW UTIL
			<u>JMT</u>	<u>T M</u>						

COMMENTS: FIRE BY STATE FIRE MARSHALL

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

Office of the State Fire Marshal Fire Safety Correction Notice



Permit # 0107864

0107864
2525 Natomas PK
110

File No: _____
STATE LEASED _____

Name: DEPT. OF SOCIAL SERVICES

Address: 2525 NATOMAS PARK DR STE 110
SACRAMENTO, CA. 95650

FINAL

The California Health and Safety Code and the State Fire Marshal's regulations require the following fire safety deficiencies be corrected:

ON 7-31-1 ACCOMPANIED BY BOB WESCH OF HM H CONSTRUCTION I CONDUCTED A FINAL INSPECTION OF STE 110 PHASE II. ALL WORK COMPLETED PER APPROVED PLANS NO PROBLEMS NOTED. I INSPECTED NEW OPENINGS IN NORTH WALL EXIT, ABOVE CEILING, EXIT SIGN PLACEMENT & RELOCATION OF 2 SPRINKLER HEADS. THERE WERE NO DEFICIENCIES NOTED ON THIS PHASE II PROJECT.

The above deficiencies are to be corrected within 0 days. When ALL deficiencies have been corrected sign and return the certification on the opposite side of this form. If you have any questions, contact the Office of the State Fire Marshal at (916) 324-2872

ISSUED BY (Deputy State Fire Marshal) Wes Cochran	RECEIVED BY Bob Wesch	DATE 7-31-1
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