

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0108559

Insp Area: 1

Site Address: 5260 ELVAS AV SAC

Parcel No: 004-0354-022

Sub-Type: NOTHR

Housing (Y/N): N

CONTRACTOR

ICON CONSTRUCTION INC
P O BOX 326
RANCHO CORDOVA, CA 95741

OWNER

DUGDALE WILLIAM R/KELLY
5240 ELVAS AV
SACRAMENTO CA 95819

ARCHITECT

Nature of Work: ENTRY COVERS

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 8 of the Business and Professions Code and my license is in full force and effect.

License Class B License Number 317328 Date 7/6/01 Contractor Signature John H. Carley

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 _____

JUL 06 2001
NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES

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 7/6/01 Applicant Agent Signature John H. Carley

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 1518758 Exp Date 10/01/2001

(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 7/6/01 Applicant Signature John H. Carley

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 # 0108559* Insp. Area 1C
0108560*

Applicant **MUST** complete ALL Unshaded areas

ADDRESS *5260 ~~5290~~ Elvas Ave 95819 5290 ELVAS* Suite _____
 PARCEL # 004-0357-022

| | | | |
|---|--|--|--|
| CONTACT | | LICENSED CONTRACTOR Lic No. # <u>317328</u> | |
| Name <u>John G. Camb</u> | | Name <u>Icon Construction, Inc</u> | |
| Street Address <u>330 J Street #2</u> | | Address <u>PO Box 326</u> | |
| City/State/Zip <u>Sacramento CA 95818</u> | | City/State/Zip <u>Rancho Cordova CA 95741</u> | |
| Phone <u>444-5496</u> FAX <u>444-5496</u> | | Phone <u>444-5496</u> FAX <u>444-5496</u> | |
| E-mail: _____ | | E-mail: _____ | |
| ARCHITECT/ENGINEER | | OWNER | |
| Name <u>N/A</u> | | Name <u>Dr. William R. Dugdale</u> | |
| Address _____ | | Address <u>5290 Elvas Ave</u> | |
| City/State/Zip _____ | | City/State/Zip <u>Sacramento CA 95819</u> | |
| Phone _____ FAX _____ | | Phone <u>739-1507</u> FAX _____ | |
| E-mail: _____ | | E-mail: _____ | |

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Fund
 → WORKER'S COMPENSATION POLICY # 1518758 EXPIRATION DATE: none

NATURE OF WORK IN DETAIL: construct 5 entry covers

OCCUPANT/TENANT: _____ VALUATION: \$ 3,000.00

| | | | | | | | | | | |
|------------------------|--------------|------------|----------|------------|------------|-----------------|---------------|----------|-----------|--------|
| FLOOD STATUS: | | | | S.C.A.T. | | | | | | |
| JOB DESCRIPTION | | BLDG | SHELL | APT | TI() | REM() | SW | FIRE | ADD | OTH |
| INSPECTION DISCIPLINES | | | BLDG | MECH | PLUMB | ELEC | <u>(SITE)</u> | 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] |
| B | L | P | M | E | F | | | D | PW | UTIL |
| <u>13</u> | <u>64</u> | | | | | <u>100</u> | | | | |

COMMENTS: _____

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

Date of Request: 7/5/01
By: Jack Comby

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 5290 Elvas Ave
Assessor's Parcel Number: 004-0354-022
Previous Use: In use as medical offices
Description of Request/Proposed Use: construct entry covers

Is This a Change of Use? (No)

Prior Applications for Project Site(P#, Z#, DRPB#): 183-169 Zoning Designation: (C2)

Comments: Entry Covers okay

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

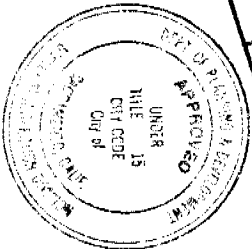
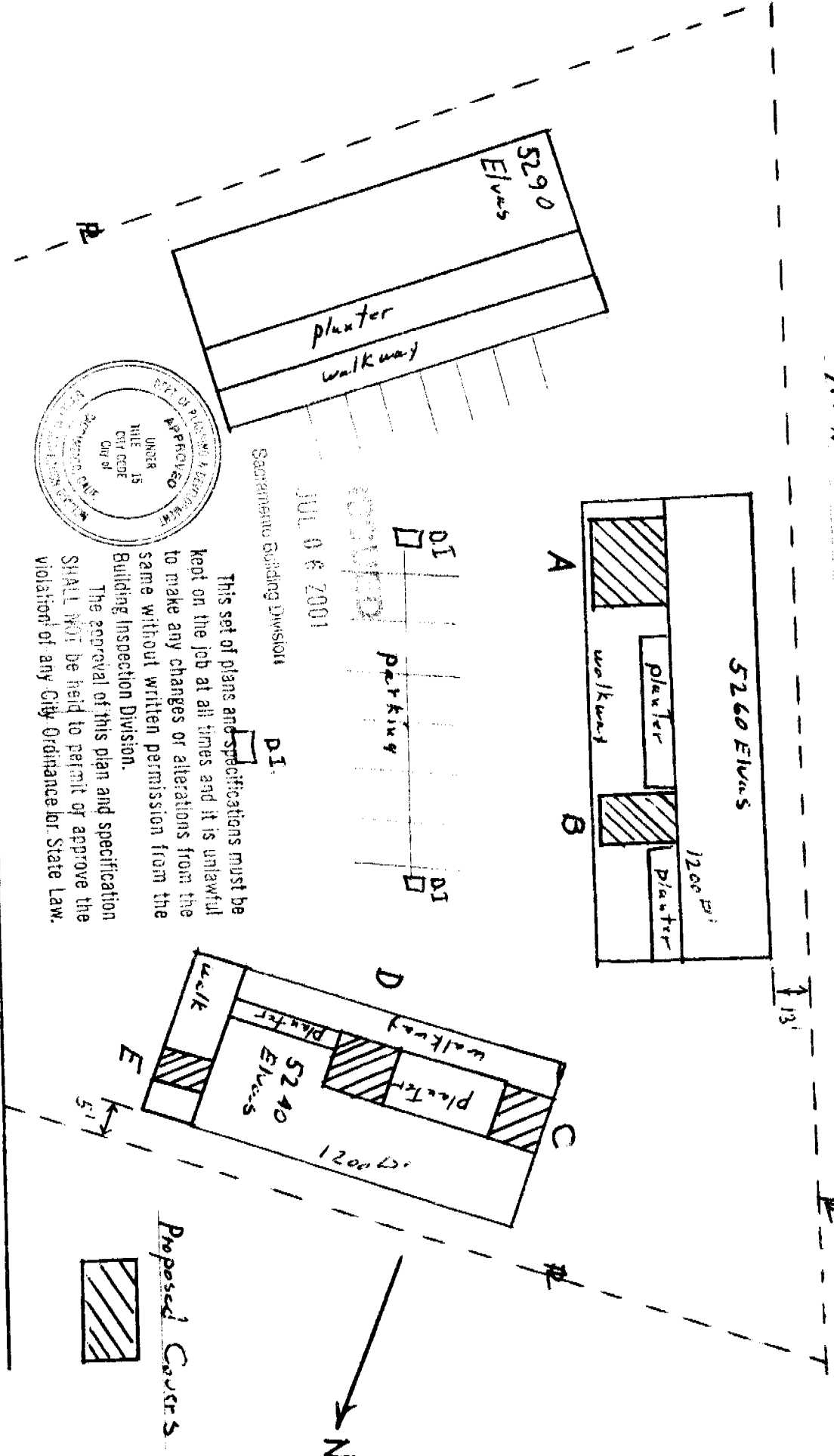
Planning Review by/Date: [Signature] 7-5-01

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

MICROFILM AFTER FINAL

APN 004-0354-022

0108559



Sacramento Building Division

D.I.

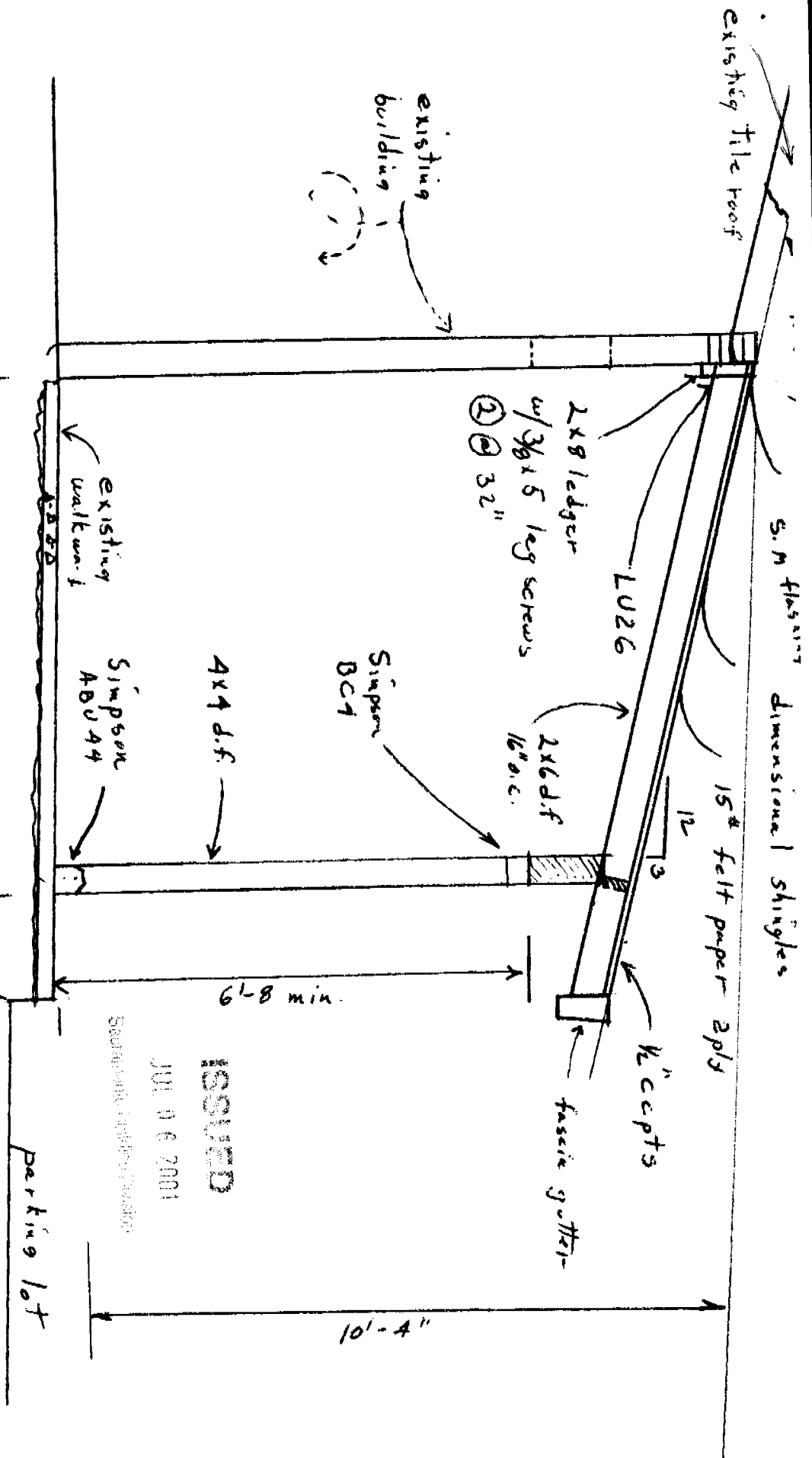
JUL 06 2001

This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.

The approval of this plan and specification SHALL NOT be held to permit of approve the violation of any City Ordinance or State Law.

Elvas Avenue

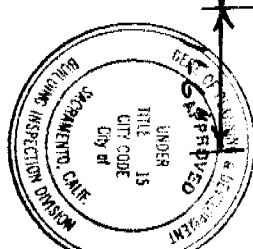
Sacramento Medical Park
5240 & 5260 Elvas Avenue



CENTER POST SUPPORT WITH ABUD4 & BC4

| Cover | Width | Span | Header |
|-------|-------|------|-----------|
| A | 15' | 12' | 4x12 d.f. |
| B | 6' | 6' | 4x8 |
| C | 10' | 8' | 4x8 |
| D | 18' | 9' | 4x12 |
| E | 8' | 8' | 4x8 |

ALL WOOD MEMBERS TO BE PAINTED



ISSUED
JUL 06 2001

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Typical Section Entry Cover

5240 & 5260 Elms Avenue