

CITY OF SACRAMENTO

Permit No: 9807783

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 1650 RESPONSE RD SAC

Sub-Type: REM

Parcel No: 2770273003

3RD FLOOR ,AREA G

Housing (Y/N): N

CONTRACTOR

KAISER CONST SERVICES
11760 2ND ST
BERKELEY CA 94710

OWNER

KAISER FOUNDATION HEALTH PL
1950 FRANKLIN 6TH FLOO
OAKLAND CA 94612

ARCHITECT

LIONAKIS BEAUMONT DESIGN
1919 19TH ST
SACRAMENTO CA 95814

Nature of Work: MED OFFICE REMODELWAS CONFERENCE ROOM)

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 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 9-21-98 Owner Signature [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 9-21-98 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.

____ 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 SELF INS. J.M. Policy Number _____

____ (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 faithfully comply with those provisions.

Date 9-21-98 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.

MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 11-2-98

From: Gordon Duncan,
Fire Marshal

Subject: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

1650 Response Road

3rd fl
Med Off. Conf.

has been conducted by Inspector F. Johnson

on 11-2-98.

88-07783-C

Permit Number

700 ϕ

Square Footage

Remodel

Type Inspection

The system is acceptable by this department.



By: Ross L. Woodman,
Fire Prevention Officer II

TI-179

F. D. Reference Number

Final
Bld 10-29-98 WH
Pl/m 10-16-98 TG
EI 10-19-98 Tm

CITY OF SACRAMENTO
 BUILDING INSPECTION DIVISION
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: Kaiser Foundation Hospital Phone: 916 486 5240
 Site Address: 1550 Roseville Road Suite: _____
 (Street) (Zip)
 Business Owner/Representative: Allen Wentworth Phone: 486 5275
 Nature of Business: Interior upgrade
 Property Owner: Kaiser Foundation Hospital Phone: 916-935-7510
 Address: 1350 Franklin St Suite: 12 Floor
 (Street) (City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes ___ No X Is this permit for a shell building? Yes ___ No X

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes ___ No X

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No X

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes ___ No X

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No X

7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No X

If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes ___ No X

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: Scott E. Johnson
 (Print) 3/22/98
 (Signature) (Date)

BID Use Only: Plan Ck# <u>6325</u> Permit # <u>9807193</u>	
OK to issue pm?	<u>X</u> <u>JM 9-21-98</u> F.D. Appr Req'd? <u>Yes</u> No
	init date
Hold on Certificate of Occupancy?	Yes <u>No</u>
Fire Dept. Use Only:	
OK to issue permit?	init ___ date ___
OK to issue Certificate of Occupancy?	init ___ date ___

CITY OF SACRAMENTO
BUILDING INSPECTION DIVISION
APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: _____ Phone: _____
Site Address: _____ Suite: _____
(Street) (Zip)
Business Owner/Representative: _____ Phone: _____
Nature of Business: _____
Property Owner: _____ Phone: _____
Address: _____ Suite: _____
(Street)

(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes ___ No ___ Is this permit for a shell building? Yes ___ No ___

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes ___ No ___

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No ___

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

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5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes ___ No ___

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No ___

7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No ___

If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes ___ No ___

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Applicant's Name: _____
(Print)

(Signature) (Date)

BID Use Only: Plan Ck# _____ Permit # _____
OK to issue prmt? Y _____ F.D. Appr Req'd? Yes No init date _____
Hold on Certificate of Occupancy? Yes No
Fire Dept. Use Only:
OK to issue permit? ini' _____ date _____
OK to issue Certificate of Occupancy? init _____ date _____

CITY OF SACRAMENTO
APPLICATION FOR BUILDING PERMIT *9807 783*

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES DIVISION
 1231 I Street, Rm. 200
 Sacramento, CA 95814

(916) 264-7619 FAX 264-7046

→ Applicant must complete ALL Unshaded areas ←

PC # *6325X* AREA #

ADDRESS 1650 Response Road, Sacramento, CA 95815 Suite --

PARCEL # 277-0273-003

<p align="center">CONTACT</p> Name <u>Matthew Shigihara, AIA</u> Address <u>1919 19th Street</u> <u>Sacramento, CA</u> Zip <u>95814</u> Phone <u>916-558-1900</u> FAX <u>916-558-1919</u>		<p align="center">LICENCED CONTRACTOR Lic No. # <u>187350</u></p> Name <u>Kaiser Construction Services</u> Address <u>3240 Arden Way (Scott Gilbertson)</u> <u>Sacramento, CA</u> Zip <u>95825</u> Phone <u>916-486-5237</u> FAX <u>916-486-5200</u>	
<p align="center">ARCHITECT/ENGINEER</p> Name <u>Lionakis Beaumont Design Group Inc</u> Address <u>1919 19th Street</u> <u>Sacramento, CA</u> Zip <u>95814</u> Phone <u>916-558-1900</u> FAX <u>916-558-1919</u>		<p align="center">OWNER/TENANT</p> Name <u>Kaiser Permanente (Allen Wentworth)</u> Address <u>1600 Eureka Road</u> <u>Roseville, CA</u> Zip <u>95661</u> Phone <u>916-486-5279</u> FAX <u>916-486-5105</u>	

→ Will the permittee have any employees on the jobsite? Yes No

→ If yes, WORKER'S COMPENSATION POLICY # N/A EXPIRATION DATE: N/A

NAME OF INSURANCE COMPANY: Self insured

NATURE OF WORK IN DETAIL: Tenant improvements of offices to existing 700 s.f. space.
INT office remodel
(was conference room)

DBA: Kaiser Forest Health Center VALUATION: \$17,500.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM(<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH
INSP. DISCIPLINES			<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>		SITE	FIRE	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N Spr <u>Y</u> Alarm		Fed Code	Vio. File	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	<u>R</u>	

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
1/11/98	1/1/98	1/1/98	1/1/98	1/1/98	1/1/98

PLAN CHECK # 6325 X
 ADDRESS: 1650 RESPONSE RD
 Commercial Residential



ACCEPTED by (Staff):
DL

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	13	SP	8/14						
STRUCTURAL									
MECHANICAL/PLUMBING	13	NB	8/14/98						
ELECTRICAL	13	AM	9/14/98						
FIRE	03	QZ	9/14/98	13	QZ	8/24/98			
PLANNING									

STAFF COMMENTS:

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 6325 X
 ADDRESS: 1650 Response Rd
 Commercial Residential



ACCEPTED by (Staff):
B.T.

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY			8/14						
STRUCTURAL									
MECHANICAL/PLUMBING			8/14/98						
ELECTRICAL	2		8/14/98						
FIRE	03	07	8/14/98			8/21/98			
PLANNING									

STAFF COMMENTS: _____

CITY OF SACRAMENTO
 BUILDING INSPECTION DIVISION
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1 Business Name: Kaiser Breast Health Center Phone: _____
 Site Address 1650 Response Rd Suite: _____
(Street) (Zip)
 Business Owner/Representative: _____ Phone: _____
 Nature of Business: _____
 Property Owner: _____ Phone: _____
 Address: _____ Suite: _____
(Street) (City) (State) (Zip)

2 Are you developing an undetermined tenant space? Yes ___ No Is this permit for a shell building? Yes ___ No
 Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3 Does/Will your business generate hazardous waste? Yes ___ No
 4 Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5 Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes ___ No
 6 Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No
 7 Is/Will your business be located within 1,000 feet of a school? Yes ___ No

If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.

8 Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes ___ No

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

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Applicant's Name: _____ (Print)
 _____ (Signature) 8-27-98 (Date)

BID Use Only: Plan Ck# _____ Permit # _____
OK to issue pmtr? <input checked="" type="checkbox"/> F.D. Appr Req'd? Yes No
init date _____
Hold on Certificate of Occupancy? Yes No
Fire Dept. Use Only:
OK to issue permit? ini' _____ date _____
OK to issue Certificate of Occupancy? init _____ date _____