

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9911530
Insp Area: 4

Site Address: 2495 NATOMAS PARK DR SAC
Parcel No 274-0042-039 SUITE 655

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

CONTRACTOR
HMH
888 F STREET
SACRAMENTO CA 95828

OWNER
2495 NATOMAS INVEST
2485 NATOMAS PARK DR #2
SACRAMENTO CA 95833

ARCHITECT

Nature of Work: INTERIOR OFFICE REMODEL

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).

Contractor 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 HD License Number 280934 Date 10/12/99 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 am 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 the same 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 am 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 licensed pursuant to the Contractors License Law.)

I am exempt under Sec. _____ B & PC for this reason: _____

Date _____ Owner Signature _____

**SIGNATURE OF SUBMITTING
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 above mentioned property for inspection purposes.

Date 10/12/99 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 Z C INSURANCE CO Policy Number WBN-68608-A Exp Date 04/01/2000

(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 10/12/99 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.

CITY OF SACRAMENTO

APPLICATION FOR COMMERCIAL BUILDING PERMIT

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

ACTIVITY # 9911530 Insp. Area 4

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2495 Natomas Park Dr Suite 655
 PARCEL # 274-0042-036 2380 usf

<p style="text-align: center;">CONTACT</p> <p>Name <u>Jill Condon, Stafford Space Planning</u> Address <u>7585 Gold Drive Leominster</u> Phone <u>652-3400</u> FAX <u>652-7805</u> E-mail <u>stafford@quiknet.com</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>280934</u></p> <p>Name <u>HMH</u> Address <u>8589 Tuys Ct.</u> Phone <u>388-9174</u> FAX <u>388-9195</u> E-mail _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Stafford Space Planning</u> Address <u>7585 Gold Dr.</u> Phone <u>652-3400</u> FAX <u>652-7805</u> E-mail <u>stafford@quiknet.com</u></p>	<p style="text-align: center;">OWNER</p> <p>Name <u>Prentiss Properties Inc</u> Address <u>2485 Natomas Park Dr #350</u> Phone <u>646-0760</u> FAX <u>646-3245</u> E-mail _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: Demolition, Interior partitions, new steel, new powder and telephone relocation of supply of kitchen ducts for HVAC.
INTERIOR OFFICES REMODEL

OCCUPANT/TENANT: Cable & wireless VALUATION: \$ 41,000.00

FLOOD STATUS: _____				S.C.A.T. _____						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(X)	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	
		<u>2380</u>		<u>B</u>	<u>I Fully Sprinkled</u>	SPR <u>Y</u>	ALARM	<u>15</u>	[H]	[Quad]
<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>B</u>	<u>B</u>	<u>B</u>	<u>B</u>	<u>B</u>	<u>B</u>	<u>S</u>		<u>B</u>		

COMMENTS: _____

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

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

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

PLAN CHECK # _____
 ADDRESS: _____
 Commercial Residential



ACCEPTED by (Staff): _____

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY									
STRUCTURAL									
MECHANICAL/PLUMBING									
ELECTRICAL	13	Jm	10/12/99						
FIRE									
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: CABLE & WIRELESS Phone: _____
 Site Address: 2495 Natomas Park Dr. Suite: 655
(Street) (Zip)
 Business Owner/Representative: Kim Dize Phone: (703) 734-5258
 Nature of Business: Telecommunications - office
 Property Owner: Prentiss Properties Ltd. Phone: (916) 646-0760
 Address: 2485 Natomas Park Dr Suite: 350
Sacramento (City) Ca (State) 95833 (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 ___
 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.

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: Jill M. Condor per conversation with Kim Dize 10/8/99 NAME
(Print)
[Signature] 10/8/99
(Signature) (Date)

BID Use Only: Plan Ck# _____ Permit # <u>9911533</u> OK to issue prmt? Y <u>10-12-99</u> F.D. Appr Req'd? Yes <u>(No)</u> <small>init date</small>	
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 _____	

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 11-17-99

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

2495 NATOMAS PARK DR.

has been conducted by Inspector LEAVETT

on 11-17-99

99-11530C

Permit Number

2,300 ~~sq~~

Square Footage

REMODEL

Type of Inspection

The system is acceptable by this department.



By: Ross L. Woodman,
Fire Prevention Officer II

TI-443

F. D. Reference Number

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 10-22-99

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

2495 NATOMAS PARK #655

has been conducted by Inspector BODICK

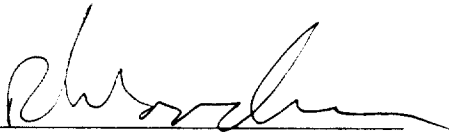
on 10-21-99

99-11530
Permit Number

2,380 ~~5~~
Square Footage

04 (R) REMODEL
Type of Inspection

The system is acceptable by this department.



By: Ross L. Woodman,
Fire Prevention Officer II

99-441
F. D. Reference Number