

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0600814

Insp Area: 1

Thos Bros: 297H5

Site Address: 3940 J ST SAC

Parcel No: 008-0134-006

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

FIVE STAR RESTORATION
3333 SUNRISE BLVD SUITE D
RANCHO CORDOVA, CA 95742

OWNER

MERCY HEALTHCARE SACRAMENTO
3 PARKCENTER DR
SACRAMENTO, CA 95819

ARCHITECT

Nature of Work: DRY ROT REPAIR TO SIDING & TRIM, REPLACE REAR STAIRWAY & DECKING COMPLETELY

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.

X License Class B License Number 818495 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 _____ Owner Signature _____

PAID
CITY OF SACRAMENTO
APR 17 2006

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.

X Date 4/17/06 Applicant/Agent 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.

X _____, 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 COMP INSURANCE FUND Policy Number 4961899 Exp Date 09/01/2006

_____, (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.

X Date 4/17/06 Applicant 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
PLANNING & BUILDING DEPARTMENT
PERMIT SERVICES SECTION
 1231 I Street, Suite 200
 Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7046

ACTIVITY # 0600814	Isnp. Area 1
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Applicant MUST complete ALL Unshaded areas

ADDRESS 3940-3946 J street **Suite** _____
PARCEL # 008-0134-006

CONTACT		LICENSED CONTRACTOR Lic No. # <u>818495</u>	
Name <u>Aaron Provencal</u>	Street Address _____	Name <u>FIVE STAR RESTORATION</u>	Address <u>2372 GOLD RIVER RD.</u>
City/State/Zip _____	Phone <u>825-5285</u> FAX _____	City/State/Zip <u>GOLD RIVER CA 95670</u>	Phone <u>631-1693</u> FAX <u>631-7914</u>
E-mail: _____		E-mail: <u>AARON@FIVESTARRESTORATION.COM</u>	
ARCHITECT/ENGINEER		OWNER	
Name <u>WILLIAM MERKEL ASS.</u>	Address <u>2804 FULTON AVE</u>	Name <u>MICHAEL GENERAL</u>	Address <u>3940 JST.</u>
City/State/Zip <u>SACRAMENTO, CA 95821</u>	Phone <u>481-1962</u> FAX <u>481-0061</u>	City/State/Zip <u>SACRAMENTO</u>	Phone <u>453-4842</u> FAX _____
E-mail: _____		E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** STATE FUND
 → **WORKER'S COMPENSATION POLICY #** 496-0001899 **EXPIRATION DATE:** 9/1/06

NATURE OF WORK IN DETAIL: DRY ROT REPAIRS TO INCLUDE: REPLACEMENT OF PORTIONS OF SIDING, REPLACEMENT OF REAR STAIRS, REPLACEMENT OF TRIM AS NEEDED

OCCUPANT/TENANT: _____ **VALUATION: \$** 25,000

FLOOD STATUS				S.C.A.T.						
JOB DESCRIPTION		BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TI () <input type="checkbox"/>	REM () <input type="checkbox"/>	SW <input type="checkbox"/>	FIRE <input type="checkbox"/>	ADD <input type="checkbox"/>	OTHER <input type="checkbox"/>
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1 st flr Area.	Total Area	Use Zone	Occp Group	Coast type	Fire Req. Y/N		Fed Code	Vio. File	
						SPR	ALARM			
<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>PW</u>	<u>UTIL</u>

COMMENTS:

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



COPY PERMIT # 0600814

WILLIAM MERKEL ASSOCIATES STRUCTURAL ENGINEERING2804 Fulton Ave. • Sacramento, CA 95821 • (916) 481-1962 • Fax (916) 481-0161
e-mail: WMA5E@pacbell.net

April 17, 2006

City of Sacramento Building Dept
Downtown Permit Center
New City Hall
915 I street, 3rd Floor
Sacramento, CA 95834

Building Permit 0600814

Project: Stairway Reconstruction
Mercy General Hospital
3940/3946 J Street
Sacramento, CA

Project Number: WMA05126

Dear Sir,

The contractor has elected to remove the existing slab on the east side of the stairs. The detail C/S2 will be eliminated and the foundation detail should be B/S2.

If you have any questions please call

William Merkel SE1993
William Merkel Associates

Wpwincomresp05126#1

