

CITY OF SACRAMENTO

Permit No: 0108585

1231 I Street, Sacramento, CA 95814

Insp Area: 4
Thos Bros: 298B1

Site Address: 1601 RESPONSE RD SAC

Parcel No: 277-0272-014 Ste. 100

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

CONTRACTOR
THE SANDSTROM CO
501 J ST
SAC CA 95814

OWNER
EXPOSITION CENTRE ASSOCIATES
2929
SAN MATEO CA 95815

ARCHITECT

Nature of Work: INTERIOR OFFICE REMODEL. ADD WALLS/ DEMO CABINETS / ADD
ELEC. OUTLETS

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 B License Number 296493 Date 10-8-01 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

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 10-6-01 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.

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 1536656-01 Exp Date 10/01/2002

(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 10-6-01 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
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION
 1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # <u>0005</u>	Insp. Area <u>4</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1601 Response Road, Suite 100
 PARCEL # 277-0272-014

<p align="center">CONTACT</p> Name <u>Terry / Stafford Space Planning</u> Street Address <u>7585 Gold Drive,</u> City/State/Zip <u>Loomis, CA 95650</u> Phone <u>652-3400</u> FAX <u>652-7805</u> E-mail: _____	<p align="center">LICENSED CONTRACTOR Lic No. # <u>296493</u></p> Name <u>Sandstrom Company</u> Address <u>1431 22nd St.</u> City/State/Zip <u>Sacramento, CA 95816</u> Phone <u>492-2800</u> FAX <u>452-5142</u> E-mail: _____
<p align="center">ARCHITECT/ENGINEER</p> Name <u>Stafford Space Planning</u> Address <u>7585 Gold Dr.</u> City/State/Zip <u>Loomis, CA 95650</u> Phone <u>652-3400</u> FAX <u>652-7805</u> E-mail: _____	<p align="center">OWNER</p> Name <u>Equity Office</u> Address <u>400 Capitol Mall, Ste 670</u> City/State/Zip <u>Sacramento, CA 95814</u> Phone <u>448-0400</u> FAX <u>448-4440</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: Add one wall, some cabinet demolition, a couple of new electrical outlet.

OCCUPANT/TENANT: M.L. Stern VALUATION: \$ 9,000.⁰⁰

FLOOD STATUS:		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(✓)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC		SITE	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File		
				B	I	SPR ALARM	18	[H]	[Quad]	
<u>B</u>	L	P	M	E	F	S	D	PW	UTIL	
<u>13 dt</u>				<u>13 T.L.M.</u>						

COMMENTS: _____

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