

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0215818

Insp Area: 1

Thos Bros: 297 G5

Site Address: 3401 FOLSOM BL SAC

Parcel No: 007-0224-028

BLDG A

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

THE OAK CREST CO
7324 FOLSOM BL
SAC CA

OWNER

TIM MICKIEWICZ
3401 FOLSOM BL
SAC CA. 95816

ARCHITECT

Nature of Work: REMODEL FOR DENTAL OFFICE INCLUDING CUTTING IN NEW WINDOWS, PARTIAL NEW CEILING FRAMING, MOVING WALLS. & HVAC CHANGE OUT.

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 NONE 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 659890 Date 11-25-2002 Contractor Signature Pat Fowagh

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: PAID CITY OF SACRAMENTO

Date NOV 25 2002 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 improvements are located within the boundaries of any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any 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 11-25-2002 Applicant/Agent Signature Pat Fowagh

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 FUND.COMP.INS Policy Number 713-02-0007807 Exp Date 10/01/2003

(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 11-25-2002 Applicant Signature Pat Fowagh

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

Wed -

**CITY OF SACRAMENTO
BUILDING DIVISION
PERMIT SERVICES SECTION**

NORTH OFFICE: 2101 Arena Blvd., Ste. 200
Sacramento, CA 95834 (916) 808-2534 FAX 808-7046
CENTRAL CITY: 1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 808-2534 FAX 264-5987

ACTIVITY #	Insp. Area
0215818	IC

Applicant **MUST** complete **ALL Unshaded areas**

ADDRESS 3401 Folsom Blvd Suite A
PARCEL # _____

<p align="center">CONTACT</p> <p>Name <u>TIM MICKIEWICZ</u> Street Address <u>2801 CAPITOL AVE</u> City/State/Zip <u>SACRAMENTO, CA 95816</u> Phone <u>457-7710</u> FAX <u>457-1080</u> E-mail: <u>tim.mickiewicz@cs.com</u></p>		<p align="center">LICENSED CONTRACTOR Lic No.# _____</p> <p>Name <u>PAT FARRAGHER</u> <u>THE OAK CREST</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	
<p align="center">ARCHITECT/ENGINEER</p> <p>Name <u>HOWARD TAYLOR</u> Address <u>2508 FRANKLIN BLVD</u> City/State/Zip <u>SACRAMENTO CA</u> Phone <u>456-1204</u> FAX _____ E-mail: _____</p>		<p align="center">OWNER</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ 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: REMODEL DENTAL OFFICE

OCCUPANT/TENANT: TIM MICKIEWICZ VALUATION: \$ 85,000

FLOOD STATUS:				S.C.A.T.				
JOB DESCRIPTION		BLDG	SHELL	APT	TI(<u>REM</u>) <u>SW</u>	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
			<u>2EB</u>	<u>B</u>	<u>VU</u>	SPR	ALARM	<u>15</u>
<u>13</u>	<u>13</u>	<u>13</u>	<u>13</u>	<u>13</u>	<u>13</u>	<u>S</u>	<u>D</u>	<u>PW</u>
			<u>13</u>	<u>13</u>	<u>13</u>			<u>UTIL</u>

COMMENTS: NOT IN DESIGN REVIEW
Tom Melovic 264-5941 Provide T-24 Lts + Art 517 Patient Care Area

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