

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 9901551

Insp Area: 2

Site Address: 8180 ARROYO VISTA DR SAC

Parcel No: 117-0120-040

Sub-Type: NOTHR

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

REGENCY PROPERTIES LLC
9260 CHERRY AV
ORANGEVILLE CA 95662

Nature of Work: FOUNDATION ONLY FOR NEW BUILDING FOR 50 RESIDENT ASSISTED LIVING CENTER - AMBUATORY & NON AMBULATORY

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 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.)

APR 17 1999

PERMISSIONS PLANNING AND DEVELOPMENT SERVICES

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

X Date April 7, 1999 Owner Signature Kristen Plegan

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 April 7, 1999 Applicant/Agent Signature Kristen Plegan

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 _____ Policy Number _____ Exp Date _____

(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 April 7, 1999 Applicant Signature Kristen Plegan

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.

Certification of Compliance School District Development Fees

(Print or Type) If Printing, press hard for four copies

PART I To be completed by the APPLICANT

OWNER'S NAME Recreancy Properties, L.L.C.
 OWNER'S ADDRESS 9280 Cherry Ave., Orangevale, CA 95662
 PROJECT ADDRESS 8190 ~~8180~~ Arroyo Vista Dr
 PARCEL NUMBER 117-0120-040, 041, 042 (Cargoes) LOT NO. _____
 SUBDIVISION NAME Home by Assisted Living
 NUMBER OF UNITS 0

Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.

APPLICANT'S SIGNATURE [Signature]
 TITLE OF APPLICANT Owner
 DATE 4/7/99 PHONE NUMBER 916-989-9774

PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER 9901551C
 BUILDING TYPE
 RESIDENTIAL () APARTMENT/CONDOMINIUM () COMMERCIAL/INDUSTRIAL (X)
 SQUARE FEET OF CHARGEABLE BUILDING AREA 24,627
 SIGNATURE Wendy P. Brock
 TITLE Counter Manager DATE 4.7.99

PART III To be completed by SCHOOL DISTRICT

SCHOOL DISTRICT EGUSD
 DISTRICT CERTIFICATION NO. 22989

EXEMPT	COMMENTS	SQ FT	X \$	= \$
RESIDENTIAL/APT/CONDO				
COMMERCIAL/INDUSTRIAL		<u>24,627</u>	<u>-31</u>	<u>= \$ 7634.37</u>
OTHER FEE	TYPE	SQ FT	X \$	= \$
TOTAL FEES COLLECTED				<u>= \$ 7634.37</u>

This Certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

SIGNATURE [Signature] TITLE _____ DATE APR 07 1999

APPLICATION FOR ~~REDACTED~~ BUILDING PERMIT

1551

Adonys

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # 9901551 Insp. Area 2

Applicant **MUST** complete ALL Unshaded areas this page only

NEEDS NEW ADDRESS

ADDRESS 8180 Arroyo Vista Drive Suite _____
 PARCEL # 117-0120-40-041-042 P98-037

CONTACT
Name Erik Pilegaard
Address 9260 Cherry Ave
Orangevale CA Zip 95662
Phone 916 989 9774 FAX 916 989-9774

LICENSED CONTRACTOR Lic No. # _____
Name Owner Builder
Address 9260 Cherry Ave
Orangevale CA Zip 95662
Phone 916-989-9774 FAX 916-989-9774

ARCHITECT/ENGINEER
Name Dennis Greenbaum
Address 700 Alhambra Blvd
Sacramento Zip 95816
Phone 442 9275 FAX 442-0190

OWNER ~~REDACTED~~ LLC.
Name Regency Properties LLC
Address 9260 Cherry Ave
Orangevale CA Zip 95662
Phone 916 989 9774 FAX 916 989 9774

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

If yes, WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: ~~NEW Construction - Assisted Living~~
~~50 RESIDENTS~~ ~~BOTH ARCHITECTURAL & CIVIL ARCHITECTURE~~

~~FOUNDATION ONLY~~ ~~EXPEDITE~~
FOUNDATION ONLY FOR ASSISTED CARE FACILITY

DBA: Regency Properties LLC. VALUATION: ~~1,400,000~~ 375,000

FLOOD STATUS: <u>Zone X</u>		S.C.A.T. <u>10/21/88/92</u>							
JOB DESCRIPTION	<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> SHEL	<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"/> OTH
INSP. DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input checked="" type="checkbox"/> SITE	<input checked="" type="checkbox"/> OTHER		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Via. File	
		<u>24,600</u>		<u>R-2-1</u>	<u>V-1HR</u>	Spr Y <input checked="" type="checkbox"/> Alarm Y <input checked="" type="checkbox"/>	<u>14</u>		
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> OTHER	<input checked="" type="checkbox"/> S	<input checked="" type="checkbox"/> D	<input checked="" type="checkbox"/> R	
<u>VT</u>	<u>VT</u>	<u>NB</u>	<u>NB</u>	<u>GM</u>		<u>GS</u>	<u>DL</u>	<u>BLVD</u>	

COMMENTS: PM REG. SAN FEE Counts within TRM
1 site Landscaping plan - completed
2 (BLVD) (M) (E) (P) (M) (E) (S) (D) (R) FLOOD INFO ZONE X
1 FIRE 7-29 ATTACHMENTS
ADDRESSES WATER FLOOD TEST

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

BLDG FRM. (REV 05/98) WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS YES NO

City of Sacramento
Water and Sewer Service Quotation

FY 98/99

Date:	24-Mar-99	Time:	10:46:53 AM	Building Permit No.:	Plan Check No.:	9901551
Address: 8180 Arroyo Vista Drive, Sacramento					Parcel no.: 117-0120-40	
Description: New building for 50 resident assisted living center FOUNDATION PERMIT						
Subdivision Map:					Water Plan No.:	
Estimate by: Robert Thaug			Bldg. Insp. Reviewer:			
Engineering Firm: Greenbaum & Associate, 916.442.9275						
Sewer Jurisdiction: Regional San Dist 1						
Comment No. 1 Comment No. 2 Comment No. 3 Comment No. 4						

TOTAL WATER DEV. FEES:	0.00	10.0 hrs x \$75 /hr = 750.00 or \$300.00 (whichever is greater)	750.00
TOTAL SEWER DEV. FEES:	0.00	total on-site grading and drainage review fee:	750.00

Water Service Quotations

Main Size	Service Size	Description	Qty	Tap Fee/ea.	Meter Fee/ea.	Total Tap Cost	Dev. Fees
						0.00	
						0.00	
						0.00	
						0.00	
						0.00	
			0	Fire Hydrant:		0.00	
Total for Water:						0.00	
Acreage Charge:							0.00

Sewer Service Quotations

Main Size	Service Size	Description	Qty	St. (FT)	MH Fee/ea.	Tap Fee/ea.	Total Cost	Dev. Fees
							0.00	
							0.00	
							0.00	
							0.00	
							0.00	
Total for Sewer:							0.00	

Note: Total cost = Qty. x St/2 x Tap Fee + MH Fee

Water Main Construction Charge: 0.00

Total For Address: 0.00

Water development fees are based on the size of domestic service. total water development for commercial property includes a \$3,058.00 per acre charge in addition to the standard fee.

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNER

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed improvement (yes or no) _____

2. I (have/have not) _____ signed an application for a building permit for the proposed work.

X 3. I have contracted with the following person (firm) to provide the proposed construction:

Name OB & subs / Regency Address 9260 Cherry Ave.
City C. Migeonville Telephone 916-989-9774
Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise, and provide the major work.

Name _____ Address _____
City _____ Telephone _____
Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the work indicated:

Name	Address	Phone	Type of Work

X Signed Kristen R. Regan
X Job Address 5150 Camino Vista Drive Date 4/7/99
Permit No.: Sacramento, CA 95823

STATE
COMPENSATION
INSURANCE
FUND

Limited Liability Company Exclusion Letter

Equimax Investments, LLC
9260 Cherry Ave.
Orangevale, CA 95662

10/19/98
Policy Number:
Policy Name: Equimax Investments, LLC
District Office: NF

This business is operated as a limited liability company. The following manager(s) wish(es) to be excluded from workers' compensation and employer's liability under this policy.

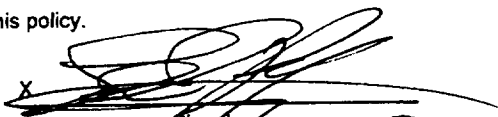
Erik Pilegaard, Member/Mgr


Print Manager's name, title
Kristen Pilegaard, Member/Mgr

Print Manager's name, title

Print Manager's name, title

Print Manager's name, title

x 

Signature
x 

Signature
X _____
Signature
X _____
Signature

Inception

Date

Inception

Date

Inception

Date

Inception

Date

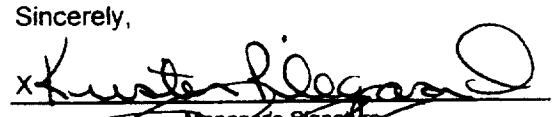
We acknowledge that this exclusion does not relieve the limited liability company of any liability which may exist for excluded individuals as employees under workers' compensation or employer's liability laws.

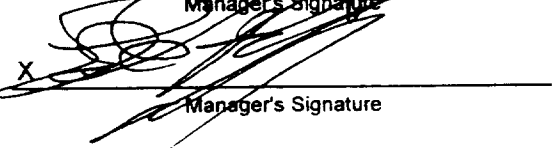
We further acknowledge that State Fund is not liable for any benefits or damages to any excluded employee should an injury occur.

We recognize State Fund reserves the right to enact this exclusion no sooner than the date and hour this letter is received by an authorized State Fund representative.


We will notify State Fund in writing of any change in the status of this limited liability company, its working managers and/or the desired coverage/exclusion status of the individuals named above.

By signing this exclusion letter, we acknowledge that the above managers have elected to be excluded from the State Fund workers' compensation policy.

Sincerely,
x 

Manager's Signature
x 

Manager's Signature

x 

Manager's Signature
X _____
Manager's Signature

All managers, or an authorized representative if manager is other than an individual, must sign this letter whether or not they are to be excluded.



HOME OFFICE	SAN FRANCISCO	POLICY DECLARATIONS
CALIFORNIA WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY POLICY THESE DECLARATIONS ARE A PART OF THE WORKERS' COMPENSATION POLICY INDICATED HEREON.		

INSURANCE IS EFFECTIVE FROM
 10-01 A.M., PACIFIC STANDARD TIME
 10-20-98 TO 10-01-99 AND SHALL
 AUTOMATICALLY RENEW EACH 10-01
 UNTIL CANCELLED

CONTINUOUS POLICY 1536749-98

EQUIMAX INVESTMENTS, LLC.	DEPOSIT PREMIUM	\$650.00
9260 CHERRY AVE.	MINIMUM PREMIUM	\$650.00
ORANGEVALE, CALIF 95662	PREMIUM ADJUSTMENT PERIOD	MONTHLY
		N NF

NAME OF EMPLOYER- EQUIMAX INVESTMENTS, LLC
 LLC

LOCATIONS- 3421 PALMER DR, CAMERON PARK CA 95682

1. WORKERS' COMPENSATION INSURANCE - PART ONE OF THIS POLICY APPLIES TO THE WORKERS' COMPENSATION LAWS OF THE STATE OF CALIFORNIA.
2. EMPLOYER'S LIABILITY INSURANCE - PART TWO OF THIS POLICY APPLIES TO LIABILITY UNDER THE LAWS OF THE STATE OF CALIFORNIA. THE LIMIT OF OUR LIABILITY INCLUDING DEFENSE COSTS UNDER PART TWO IS,

\$1,000,000

CODE NO. PRINCIPAL WORK AND RATES EFFECTIVE TO 10-01-99

		BASE RATE	INTERIM BILLING RATE*
8742	SALESPERSONS--OUTSIDE.	1.23	1.13
5645	CARPENTRY--CONSTRUCTION OR REMODELING OF DETACHED PRIVATE RESIDENCES FOR OCCUPANCY BY ONE OR TWO FAMILIES-- INCLUDING THE CONSTRUCTION OF PRIVATE GARAGES AND THE INSTALLATION OF INTERIOR TRIM, BUILDERS FINISH, DOORS AND CABINET WORK IN CONNECTION WITH SUCH STRUCTURES--EMPLOYEES WHOSE REGULAR HOURLY WAGE DOES NOT EQUAL OR EXCEED \$20.00 PER HOUR	38.93	35.63

TOTAL ESTIMATED ANNUAL PREMIUM \$1,497

ATTN : Gary McDowell

As per field inspectors request the following changes have been made.

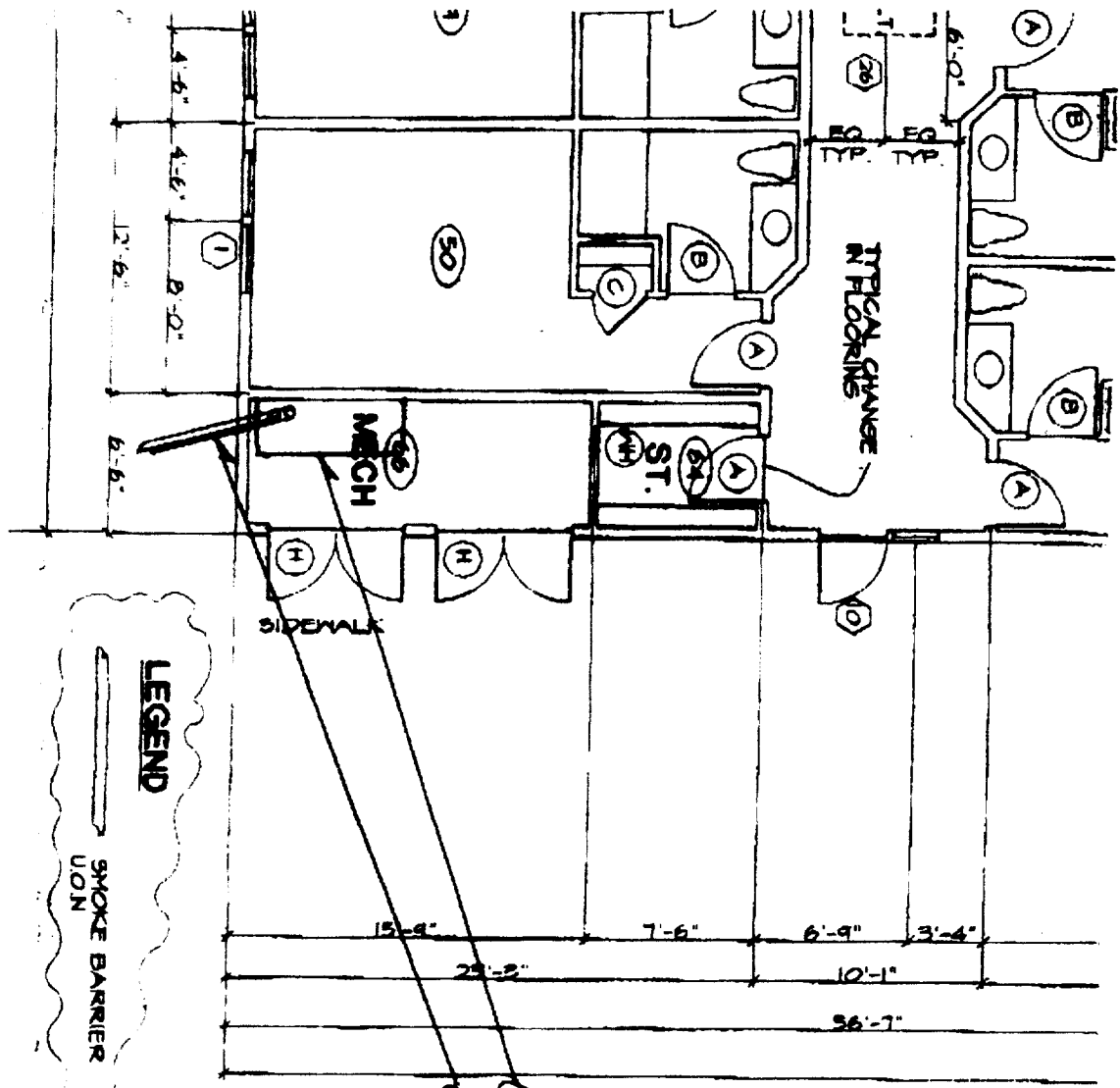
- 1. Feed for "MSB" on plan shows new service entrance conductors as (4) runs of 4" conduit with (4) 500 MCM / AL /XHHW.
As we are connecting to an existing secondary splice box which has (3) existing 4" conduits stubbed to site, we will change the feed to (3) 4" conduits with (4) 600 MCM / CU / THHN.**
- 2. "MSB" has been moved to inside electrical room, (see detail) to achieve the proper working clearance a pair of double doors have been installed. Door finish opening is 6'-0"**

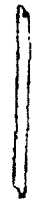

We plan to make the revision on the plan ASAP, the general contractor would like to re-call for electrical under ground for Thursday.

The field inspector asked us to make you aware of these changes Before we re-called.

THANK YOU.

**RALPH J. ANDRADE
Andrade Electric, Inc**



LEGEND
 SMOKE BARRIER
 DOOR

(N) 1" MS SP 120/200V 304/4D 1200 APP
 (N)(3) 4" C W/4 GOODW. ED.
 1/8" SCALE