

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 9912219**  
**Insp Area: 2**

**Site Address: 6698 MACK RD SAC**  
Parcel No: 117-0330-001

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

CONTRACTOR  
FLEENER CONSTRUCTION  
3603 SHAPORI BL  
WEST SAC CA 95691

OWNER  
ATLANTIC RICHFIELD COMPANY  
LOS ANGELES CA  
95823

ARCHITECT

**Nature of Work: INTERIOR REMODEL: NEW T-BAR CEILING, FLOORING & LIGHT FIXTURES**

**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 655509 Date 11/9/99 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):

\_\_\_\_\_ 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 the con, 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.)

\_\_\_\_\_ 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 improvements 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 11/9/99 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 FRONTIER INSURANCE CO Policy Number W202300347 Exp Date 10/01/2000

(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 11-7-99 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 BUILDING PERMIT**  
**DEPARTMENT OF PLANNING AND DEVELOPMENT**  
**BUILDING INSPECTION DIVISION**  
 1231 I Street, Room 200  
 Sacramento, CA 95814  
 (916) 264-7619 FAX 264-7046

ADDRESS 60698 Mack Rd / Hwy. 99  
 PARCEL # 117-0330-001

P.C. # 9912219  
 SUITE # \_\_\_\_\_  
 AREA # \_\_\_\_\_

**CONTACT**

NAME West Coast Contractors  
 ADDRESS 264 Industrial Blvd  
 CITY UNION CA ZIP 95834  
 PHONE 907 782 5755

**LICENSED CONTRACTOR**

NAME West Coast Contractors  
 ADDRESS 264 Industrial Blvd  
 CITY UNION CA ZIP 95834  
 PHONE 907 782 5755

**ARCH./ENG.**

NAME HRCD Retail Projects Eng + Des  
 ADDRESS 4 Centerpointe Dr  
 CITY LAPALMA ZIP 90623  
 PHONE 714 1670 5900

**OWNER/TENANT**

NAME HRCD Retail Projects Eng + Des  
 ADDRESS 4 Centerpointe Dr  
 CITY LAPALMA ZIP 90623  
 PHONE 714 1670 5900

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE?  YES  NO

NATURE OF WORK IN DETAIL: REPAIR & REPLACE T-BAR CEILING  
FLOOR TILES  
LIGHTING FIXTURES  
RETAIL NEW CABINETS + COUNTERS

D.B.A. HRCD

VALUATION 60,000

BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS \_\_\_\_\_

S.C.A.T.

| JOB DESCR.   | BLDG                                     | SHEL                          | APT                            | TI( )                                    | REM(X)                        | SW                            | FIRE       | ADD       | OTH |
|--------------|--|-------------------------------|--------------------------------|--|-------------------------------|-------------------------------|------------|-----------|-----|
| DISCIPLINES  | <input checked="" type="checkbox"/> BLDG | <input type="checkbox"/> MECH | <input type="checkbox"/> PLUMB | <input checked="" type="checkbox"/> ELEC | <input type="checkbox"/> SITE | <input type="checkbox"/> FIRE |            |           |     |
| # OF STORIES | AREA 1ST FL.                             | TOTAL AREA                    | USE ZONE                       | OCCUP. GROUP                             | CONST. TYPE                   | FIRE SPRINK.                  | FED CODE   | VIO. FILE |     |
|              |  | <u>1613</u>                   |                                | <u>M</u>                                 |                               |                               | <u>18</u>  |           |     |
| <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>R</u>  |     |
|              |  |                               |                                | <u>13</u>                                |                               |                               | <u>523</u> |           |     |

COMMENTS \_\_\_\_\_