

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0108291
Insp Area: 1

Site Address: 1411 I ST SAC
Parcel No: 006-0055-007

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

CONTRACTOR
GRINNELL FIRE
5704 DRYCREEK RD
SAC CA 95673

OWNER
CARAVELLO JOHN
7130 POWER INN RD
SACRAMENTO CA 95828

ARCHITECT

Nature of Work: FIRE ALARM SYSTEM

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 C16 License Number 280525 Date 7-17-01 Contractor Signature Ronald G. Wilbur

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 & P for this reason: _____
Date _____ Owner Signature _____

ALL
CITY OF SACRAMENTO
JUL 18 2001
NEIGHBORHOODS PLANNING
& DEVELOPMENT SERVICES

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.

Date 7-17-01 Applicant/Agent Signature Ronald G. Wilbur

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 AMERICAN HOME ASSURANCE Policy Number RMWC 5275071 Exp Date 10/01/2001

(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 7-17-01 Applicant Signature Ronald G. Wilbur

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
BUILDING INSPECTIONS DIVISION
PERMIT SERVICES

PERMIT # 0108291

ADDRESS: 1411 1/2 Street

This application will need one or more of the following items
before it can be issued:

- Owner/Builder Form (legal document)
- Current Certificate of Workers' Comp.
- Hazardous Materials Form (hazmat)
(Orig. in folder, golden-applicant, 2 to fire)
- Letter of Authorization Required to sign by Contractor or Owner
- School Impact Fee (copy of paid receipt)
- HCD Forms (state 445-4782) for Modular/Coaches
- County Regional Sanitation Fee (copy of receipt)
(DeLoras Ross @ 827-7th street, Rm 105, window. 10-ph: 875-6679)
- Habitat Conservation Plan Fee (Dob Robinson or Farmarz Ansari)

PERMIT FEES \$ 59.06 Duc

Driveway Permit \$ _____
(public works)

Encroachment Permit \$ _____

Special Conditions (enter computer, mark margin of permit at final, attach
instructions to permit, and 1 copy in each folder, + CUSTOMER COPY)

100 Special Inspections XI (1 copy each folder, 1 to CAROLINE)

Flood Elevation Certificate (1 copy B. Nakashima, 1 in folder)

Other _____

Date Notified 7-16-01

Plans in Bin// 91

Initials By py

Processed By: LV

Microfilm @ Final

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 #	Insp. Area
0108291 0108291	1 C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1411 I Street Suite _____
 PARCEL # 006 0055 007

<p align="center">CONTACT</p> Name <u>Grinnell Fire</u> Street Address <u>5709 Dry Creek Rd.</u> City/State/Zip <u>Rio Linda, CA 95673</u> Phone <u>916-991-5977</u> FAX <u>916-991-9384</u> E-mail: _____		<p align="center">LICENSED CONTRACTOR Lic No. # <u>280525</u></p> Name <u>Grinnell Fire Prot.</u> Address <u>5709 Dry Creek Rd.</u> City/State/Zip <u>Rio Linda, CA 95673</u> Phone <u>916-991-5977</u> FAX <u>916-991-9384</u> E-mail: _____	
<p align="center">ARCHITECT/ENGINEER</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		<p align="center">OWNER</p> Name <u>Switch & Data</u> Address <u>1411 I Street</u> City/State/Zip <u>Sacramento, CA</u> Phone _____ FAX _____ E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: American Home Assurance
 → WORKER'S COMPENSATION POLICY # RMWC 5275025 EXPIRATION DATE: 7-1-01

NATURE OF WORK IN DETAIL: Revise Fire Alarm System.

VALUATION: \$ 1,360

OCCUPANT/TENANT:										
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 firArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
				<u>B</u>		SPR	ALARM	<u>16</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	PW	UTIL

COMMENTS: _____

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

PRODUCER
Renee Mickens c/o Marsh USA Inc.
Risk Management Casualty Dept., 41st FL
1166 Avenue of the Americas
212-345-3074 Fax 212-345-5626
York, NY 10036-2774

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

58880 -GRINN-BLANK-00/01

INSURED
GRINNELL FIRE PROTECTION SYSTEMS
5704 Dry Creek Rd.
Rio Linda, CA 95673

COMPANIES AFFORDING COVERAGE	
COMPANY A	AMERICAN HOME ASSURANCE CO.
COMPANY B	WORKERS COMPENSATION, SEE ATTACHED SCHEDULE
COMPANY C	
COMPANY D	

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CD LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	RMGL 6123620	07/01/00	10/01/01	GENERAL AGGREGATE	\$ 12,500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 12,500,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$ 2,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 2,000,000
					FIRE DAMAGE (Any one fire)	\$ 1,000,000
					MED EXP (Any one person)	\$ 10,000
A	AUTOMOBILE LIABILITY	RMCA 5347953 (A/S) RMCA 5347952 (TX)	07/01/00 07/01/00	10/01/01 10/01/01	COMBINED SINGLE LIMIT	\$ 5,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE	\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
A	EXCESS LIABILITY	BE 7394784	07/01/00	10/01/01	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$ 3,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
A B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	SEE PAGE TWO	07/01/00 07/01/01	07/01/01 10/01/01	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER	
	<input type="checkbox"/> THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE:				EL EACH ACCIDENT	\$ 1,000,000
	<input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL DISEASE-POLICY LIMIT	\$ 1,000,000
	OTHER				EL DISEASE-EACH EMPLOYEE	\$ 1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES.

MARSH USA INC.
By: Katherine S. O'Leary *Katherine S. O'Leary*

(MM179799)

VALID AS OF 06/27/00