

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0104613
Insp Area: 1

Site Address: 2801 CAPITOL AV SAC
Parcel No: 007-0173-004 #150

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

CONTRACTOR
COLIN CONSTRUCTION
11367 TREE TOP LN
NEVADA CITY CA 95959

OWNER
SUTTER COMMUNITY HOSPITALS
1481 RIVERPARK DR #100
SACRAMENTO CA 95815

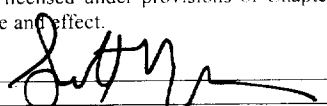
ARCHITECT

Nature of Work: INTERIOR REMODEL & REMOVE & REINSTALL STORE FRONT TO REMOVE MACHINERY. BUSTER PER MAURICE.

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 8 of the Business and Professions Code and my license is in full force and effect.

License Class _____ License Number 401276 Date 4-16-01 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.)

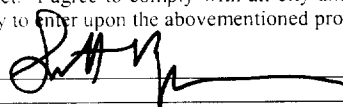
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code). The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law.

I am exempt under Sec. _____ B & PC for this reason: 7001

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 abovementioned property for inspection purposes.

Date 4-16-01 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 COMPENSATION INS FUND Policy Number 692-00 UNIT 0002662 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 4-16-01 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.

Date of Request: 4.13.01
By: Bill Merkel

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 007-0173-004 ↗

Assessor's Parcel Number: 2801 Capitol Ave

Previous Use: Commercial, Mixed use bldg

Description of Request/Proposed Use: Water Restaurant, office, and med. office use.

Removing old MRI equipment from building required removal of exterior windows ~~to be replaced~~ - equipment would not fit through interior doors; ~~per~~ work done without permits - applicant wants permits will replace

Is This a Change of Use? no

Zoning Designation C2 Sutter's Fort Preservation Area

Prior Applications for Project Site(P#, Z#, DRPB#): PB01-009

Comments: See PB01-009 for exterior work. This project may or may not be covered under first file. (unable to locate 4-13-01 @ 4:02pm) Applicant may need a separate design review approval for this exterior work.

Are There Any Planning Issues?: (circle one) YES NO

* Staff Site Plan Check Required? (Circle one) YES NO

* Field Inspection Required? (Circle one) YES NO

* Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: Cur May 4.13.01.

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER 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 # 0104613 | Insp. Area JC |
|--|---|

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2801 CAPITOL AVE Suite _____
 PARCEL # 007-0173-004

| | |
|---|--|
| <p style="text-align: center;">CONTACT</p> Name <u>Wm MERKEL</u> Street Address <u>2804 FULTON AVE</u> City/State/Zip <u>SACRAMENTO CA 95821</u> Phone <u>916 481 1962</u> FAX _____ E-mail: _____ | <p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> Name <u>COLIN CONSTRUCTION</u> Address <u>11367 TREE TOP LN</u> City/State/Zip <u>NEVADA CITY CA 95959</u> Phone <u>530 265 3269</u> FAX _____ E-mail: _____ |
| <p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>ADOLE</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____ | <p style="text-align: center;">OWNER</p> Name <u>SUTTER COMMUNITY HOSPITAL</u> Address <u>1481 RIVERPARK DR #100</u> City/State/Zip <u>SACRAMENTO CA 95815</u> Phone _____ FAX _____ E-mail: _____ |

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: STATE COMP / USURYNG FUND
 → WORKER'S COMPENSATION POLICY # 692-00 UNIT 0002632 EXPIRATION DATE: 10/01/2002

NATURE OF WORK IN DETAIL: INTERIOR REMODEL & REMOVE & REINSTALL STORE FRONT TO REMOVE OLD MACHINERY
ADD INTERIOR DOOR RMATOS

OCCUPANT/TENANT: RADIOLOGICAL ASSOCIATES P# 5000 VALUATION: \$ 7500.00

| | | | | | | | | | | |
|---------------------------------------|---------------------------------------|------------|--|-------------------------------------|-------------------------------------|--|---------------------------------------|-----------|-----------|--------|
| FLOOD STATUS: | | | | S.C.A.T. | | | | | | |
| JOB DESCRIPTION | | BLDG | SHELL | APT | TI() | REM <input checked="" type="checkbox"/> | SW | FIRE | ADD | OTH |
| INSPECTION DISCIPLINES | | | <input checked="" type="checkbox"/> BLDG | MECH | PLUMB | <input checked="" type="checkbox"/> ELEC | SITE | FIRE | | |
| # Stories | 1st flr Area. | Total Area | Use Zone | Occp Group | Const type | Fire Req. Y / N | | Fed Code | Vio. File | |
| | | | | <u>B</u> | <u>IIIR</u> | SPR | ALARM | <u>15</u> | [H] | [Quad] |
| <input checked="" type="checkbox"/> B | <input checked="" type="checkbox"/> L | P | M | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> S | <input checked="" type="checkbox"/> D | PW | UTIL | |
| <u>130</u> | <u>130</u> | | | | | <u>13</u> | <u>SEP</u> | | | |

COMMENTS: _____

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