

NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL, PLUMBING OR MECHANICAL WORK WITHOUT INSPECTOR'S SIGNATURE IN PROPER PLACE.

INSPECTION	INSPECTOR	DATE
B10 FOUNDATION FORMS		
609B11 UFER GROUND		
B12 CONCRETE SLAB FORMS		
P40 PLUMB UNDERFLOOR/SLAB		
M30 MECH UNDERFLOOR/SLAB		
E61 ELECT UNDERGROUND		
E62 ELECT CONDUIT SLAB		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B13 FLOOR JOISTS OR GIRDERS		
DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED		
11415 INSULATION/WALL/FLOOR		
P41 TOP PLUMBING		
M31 TOP MECHANICAL/WALL/CELL.		
E63 ROUGH ELECTRICAL/WALL/CELL.		
B17 FRAME	<i>Ryan</i>	2-18-08
B17 ROOF PLYWOOD NAIL COMM & APTS		
B18 EXTERIOR LATH/SIDING		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B22 ATT OR WALL BD NAILING		
DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
E66 SERVICE UNDERFLOOR CONDUIT		
P43 SEWER SERVICE		
P42 WATER SERVICE		
P46 SPRINKLER SYSTEM		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
42M33 GAS TEST		
P48 TEMP GAS		
E68 POWER/WORK		
E67 TEMP WORK		

SWIMMING POOLS ONLY

DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED

FINAL APPROVALS

829
E79
P59
M39
F94

DO NOT COVER OR CONCEAL ANY BUILDING UNTIL ALL OF THE ABOVE
HAS BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED.
THIS BOARD TO BE POSTED ON JOB AT ALL

BUILDING SITE ADDRESS

6600 BRUCEVILLE RD

SUITE #MOB1
INSP AREA 3C

ASSESSOR PARCEL NO

NAME OF APPLICANT

ADDRESS

COMMUNITY PLAN NO.

PHONE NO

PLAN CHECK NO

LICENSED CONTRACTOR

1780 2ND ST BERKELEY CA

94710

510-559-5310

PROPERTY OWNER

KAISER FOUNDATION HSPHTTS. OAKLAND, CA

94612

ARCH ENGR

DREYFUSS & BLACKFORD ARCH.

SACRAMENTO, CA 95861

LICENSE NO.

NO OF STORIES

NO OF ROOMS

ROOF COVERING

AREA 1ST FLOOR

TOTAL AREA

GARAGE AREA

PATIO AREA

USE ZONE

STREET WIDTH

THIS PERMIT IS FOR:

BUILDING

MECHANICAL

PLUMBING

ELECTRICAL

SITE

FIRE

OCCUP. GROUP

NATURE OF WORK IN DETAIL

PROJECT IS LOCATED IN THE 1ST FLR M.O.B.1 CONSTRUCT A VOLUNTEER STATION

BY STAIR "B" APPROX 100 SQ FT.

FLOOD STATUS

SPECIAL CONDITIONS ATTACHMENTS

CITY OF SACRAMENTO BUILDING INSPECTION DIVISION

INSPECTIONS 264-5191

WORKER'S COMPENSATION DECLARATION

VALUATION \$ 15,000.00

FIRE SP

ISSUED BY

PERMIT NO

DATE ISSUED

FED CODE

BUILDING PERMIT FEE

15

PLAN CHECK FEE

00

PROD FEE

00

CONTRACTOR EXCISE TAX

00

CONTRACTOR EXCISE TAX

00

TECH FEE

00

DEV FEE

00

CITY SEWER DEV FEE

00

REG SEWER FEE

00

RESIDENTIAL TRANS TAX

00

TOTAL FEES \$

28

TOTAL FEES \$

28

PERMITS ARE NOT VALID UNTIL THE PERMITTING OFFICE RECEIVES A TRANSDUCER TO BE NOT COMMENCED WITHIN 180 DAYS

**CITY OF SACRAMENTO
APPLICATION FOR COMMERCIAL BUILDING PERMIT**

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1015 Street, Rm 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 000A0821 Insp. Area 30

Applicant MUST complete ALL Unshaded areas

ADDRESS 3540 Bruceville Road Sacramento, CA 95823 Suite MOB1

PARCEL # _____

CONTACT Name <u>Mark M. Delmendo, AIA</u> Address <u>3540 Folsom Blvd. Sacramento CA 95861</u> Phone <u>(916) 453-1234</u> FAX <u>(916) 453-1236</u> E-mail <u>mdelmendo@DB-Arch.com</u>		LICENSED CONTRACTOR Lic No. # <u>187350</u> Name <u>Kaiser Permanente Construction Services</u> Address <u>1780 2nd Street Berkeley CA 94710</u> Phone <u>(510) 559-5310</u> FAX <u>(510) 559-5087</u> E-mail <u>N/A Home Office</u>	
ARCHITECT/ENGINEER Name <u>Dreyfuss & Blackford Arch.</u> Address <u>3540 Folsom Blvd. Sacramento CA 95861</u> Phone <u>(916) 453-1234</u> FAX <u>(916) 453-1236</u> E-mail _____		OWNER Name <u>Kaiser Foundation Hospitals</u> Address <u>1950 Franklin St., Oakland, CA 94612</u> Phone _____ FAX _____ E-mail _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: Self Insurance-See attach Paperwk.

→ WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: Project is located in the 1st floor M.O.B.1 Construct a
Quarantee station by stair "B" approximately 100SF

OCCUPANT/TENANT _____ VALUATION: \$ 5000

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 flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
				<u>B</u>	<u>II-1HR</u>	SPR	ALARM	<u>15</u>	[H]	[Quad]
<u>B</u>	<u>I</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	<u>PW</u>	<u>UTIL</u>
<u>None</u>	<u>134</u>			<u>37</u>	<u>111</u>			<u>11/14</u>		

COMMENTS: new man into for fire alarm to, which will be
done by fire alarm company. All new locations, existing
locations, etc. All prices are in company files. 4/11/00

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION
 123 J Street, Rm 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 00.03865 **Insp. Area** 40

Applicant MUST complete ALL Unshaded areas

ADDRESS _____ Suite 3
PARCEL # _____

<p style="text-align: center;">CONTACT</p> <p>Name _____</p> <p>Street Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name <u>BP</u></p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>_____</u></p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>Donahue Schruber</u></p> <p>Address <u>14</u></p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>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: 25 sq ft. permit improvement of existing shell including

OCCUPANT/TENANT: _____ **VALUATION:** \$ 118000.00

FLOOD STATUS: <u>NR</u>		S.C.A.T. <input checked="" type="checkbox"/>								
JOB DESCRIPTION	BLDG	SHELL	APT	TI <input checked="" type="checkbox"/>	REM ()	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	HAZ	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Reg. Y/N	Fed Code	Vio. File		
		<u>6000</u>				<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<u>10</u>	[H]	[Quad]	
B	L	P	M	E	F	SPR	ALARM	D	PW	UTIL
						<u>None</u>	<u>RSE</u>			

COMMENTS Send Sprinkler plans before submitting 4/2/00 RSB
13B2

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

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

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.

I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) no

I have/have not) have signed an application for A building permit for the proposed work.

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

Name TBA Address _____

City _____ Telephone _____

Contractors License No _____

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 _____

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
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X Signed [Signature]

X Job Address 3581 TRINEL RD - STE 3

X Date 7/6/00

Permit No _____

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

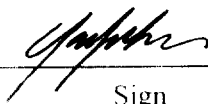
For Information Contact (916) 264-5716

Building Address: 3581 TRUXEL RD #3 Permit No. 00-03865
Building Use: RETAIL Occupancy: M
Building Owner: GATEWAY TRUXEL PARTNERS Construction Type: VN
Owner Address: SACRAMENTO Sprinkled? [Y] Yes [] No
Portion of Building Occupied: SUITE 3 Area: 6000 Sq. Ft.

8/31/00

Date

By Print



Sign

DENNIS RICHARDSON

CHIEF BUILDING OFFICIAL

Printed By: [DP, AC, MS, AB]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE

*mailed to
700 South Flower St #2950
Los Angeles 90017*