

**CITY OF SACRAMENTO**

**Permit No: 9807357**

**1231 I Street, Sacramento, CA 95814**

**Insp Area: 3**

**Site Address: 2521 STOCKTON BL SAC**

**Sub-Type: ACOM**

**Parcel No: 0110183001**

**Housing (Y/N): N**

**CONTRACTOR**

ELI-JAMES CO  
4219 CALMIA PL  
DAVIS 95616

**OWNER**

GLASSROCK PARTNERSHIP  
7700 COLLEGE TOWN DR  
SACRAMENTO CA 95826

**ARCHITECT**

**Nature of Work: TI OF EXISTING SPACE**

**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 621769 Date 8-10-98 Contractor Signature ELI-JAMES  
James A. All

**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: \_\_\_\_\_

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 8-10-98 Applicant/Agent Signature James A. All

**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 \_\_\_\_\_

(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 8-10-98 Applicant Signature James A. All

**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.**

# MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 8-20-98

From: Gordon Duncan,  
Fire Marshal

Subject: **FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

2521 STOCKTON BLVD.

has been conducted by Inspector R. LA FOREST

on 8-14-98.

98-07357-C

Permit Number

651 SQ FT

Square Footage

Remodel

Type Inspection

The system is acceptable by this department.

R. Woodman

By: Ross L. Woodman,  
Fire Prevention Officer II

TF-117

F. D. Reference Number

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

# EXPRESS PLAN REVIEW

| SUBMITTAL DATES |     |            |     |            |     |
|-----------------|-----|------------|-----|------------|-----|
| First Review    |     | 2nd Review |     | 3rd Review |     |
| IN              | OUT | IN         | OUT | IN         | OUT |
| 7/31/98         | 1/1 | 1/1        | 1/1 | 1/1        | 1/1 |

PLAN CHECK # 6308 X  
 ADDRESS: 2521 STOCKTON BL # 4200  
 Commercial     Residential

ACCEPTED by (Staff):  
 JACK

| DISCIPLINE          | 1ST REVIEW |       |        | 2ND REVIEW |       |        | 3RD REVIEW |       |      |
|---------------------|------------|-------|--------|------------|-------|--------|------------|-------|------|
|                     | Status     | Staff | Date   | Status     | Staff | Date   | Status     | Staff | Date |
| LIFE SAFETY         | 3          | GTL   | 8/5    | 13         | GTL   | 8/7    |            |       |      |
| STRUCTURAL          | NONE       |       |        |            |       |        |            |       |      |
| MECHANICAL/PLUMBING | 3          | WNB   | 8/5/98 | 13         | WNB   | 8/7/98 |            |       |      |
| ELECTRICAL          | 13         | AM    | 8/5/98 |            |       |        |            |       |      |
| FIRE                | 13         | AM    | 8/5/98 | 13         | AM    | 8/7/98 |            |       |      |
| PLANNING            |            |       |        |            |       |        |            |       |      |

STAFF COMMENTS: START FIRST CYCLE

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

9807357

**DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION**

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

**PLAN CHECK # 6308 X Insp. Area 3**

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

ADDRESS 2521 STOCKTON BLVD, SACRAMENTO Suite 4200  
PARCEL # \_\_\_\_\_

|  |  |
|--|--|
| <p align="center"><b>CONTACT</b></p> <p>Name <u>JAMES A. ALLEN</u><br/>Address <u>4219 CALMIA PL</u><br/><u>DAVIS, CA</u> Zip <u>95616</u><br/>Phone <u>530 757-7762</u> FAX <u>530 759-8377</u></p> | <p align="center"><b>LICENSED CONTRACTOR</b> Lic No. # <u>621769</u></p> <p>Name <u>ELI-JAMES COMPANY</u><br/>Address <u>4219 CALMIA PLACE</u><br/><u>DAVIS, CA</u> Zip <u>95616</u><br/>Phone <u>530 757-7762</u> FAX <u>530 759-8377</u></p> |
| <p align="center"><b>ARCHITECT/ENGINEER</b></p> <p>Name _____<br/>Address <u>N/A</u><br/>Zip _____<br/>Phone _____ FAX _____</p>   | <p align="center"><b>OWNER/TENANT</b></p> <p>Name <u>GLASSROCK PARTNERSHIP</u><br/>Address <u>7700 COLLEGE TOWN DR, #201</u><br/><u>SACRAMENTO, CA</u> Zip <u>95828</u><br/>Phone <u>386-8800</u> FAX <u>386-8800</u></p>                      |

→ 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: INTERIOR REMODEL OF EXISTING TENANT ~~OFF~~ MEDICAL OFFICE SPACE. INCLUDES NEW WALLS, Elect, mechanical, plumbing. Addition of Fume Hood to ANDROLOGY LAB. Relocate 1 fire sprinkler head and add 1 head due to addition of new wall.

DBA: \_\_\_\_\_ VALUATION \$49,500.00

|                   |              |            |          |            |            |               |       |          |           |     |
|-------------------|--------------|------------|----------|------------|------------|---------------|-------|----------|-----------|-----|
| FLOOD STATUS:     |              |            |          | S.C.A.T.   |            |               |       |          |           |     |
| JOB DESCRIPTION   |              | BLDG       | SHEL     | APT        | TI( )      | REM( )        | SW    | FIRE     | ADD       | OTH |
| INSP. 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 |     |
|                   |              |            |          |            |            | Spr           | Alarm |          |           |     |
| B                 | L            | PS         | MC       | E          | F          | S             |       | D        | R         |     |
|                   | JT           | NRB        | NRB      | JM         | JM         |               |       | JM       |           |     |

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No