

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

**Permit No: 0001185**  
**Insp Area: 2**

**Site Address: 3809 FLORIN RD SAC**  
Parcel No: 041-0120-002  
N

SW CORNER OF BLDG 1ST FLOOR

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

CONTRACTOR  
KLEEMAN ROEBBELEN  
1241 HAWKS FLIGHT CT  
SAC CA

OWNER  
PACIFIC TELEPHONE AND TELEGRAPH COMPANY  
CONCORD CA  
94522

ARCHITECT

**Nature of Work: INSTALL WIREMESH CAGES FOR EQUIPMENT**

**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 737562 Date 2-25-00 Contractor Signature K.O. McKelly

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

Date 2-25-00 Applicant/Agent Signature K.O. McKelly

**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 ARGONAUT INS CO Policy Number WC63612211688 Exp Date 07/01/2000

\_\_\_\_ (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 2-25-00 Applicant Signature K.O. McKelly

**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 COMMERCIAL BUILDING PERMIT**

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

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

ACTIVITY 001/85C Insp. Area

Applicant MUST complete ALL Unshaded areas

ADDRESS 3309 Florin Rd SAC (SW corner of Blvd) Suite 1st floor  
PARCEL # 041-0120-002

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|--|--|--|--|
| <b>CONTACT</b><br>Name <u>Kirk McKillop</u><br>Address <u>1241 Hawks Flight Ct E.D. Hills</u><br>Phone <u>916 939 119</u> FAX <u>939 4028</u><br>E-mail <u>KIRKM@KRCON.COM</u> |  | <b>LICENSED CONTRACTOR</b> Lic No. # <u>737562</u><br>Name <u>KLEEMAN ROEBBLEN</u><br>Address <u>1241 Hawks Flight Ct</u><br>Phone <u>916 939 0500</u> FAX <u>939 4028</u><br>E-mail _____ |  |
| <b>ARCHITECT/ENGINEER</b><br>Name <u>LIONAKIS BERMAN</u><br>Address <u>1719 19th St SAC</u><br>Phone <u>533 1900</u> FAX _____<br>E-mail _____                                 |  | <b>OWNER</b><br>Name <u>PAC BELL</u><br>Address <u>3707 Kings Way</u><br>Phone <u>972 4928</u> FAX _____<br>E-mail _____   |  |

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: ALGONAUT  
 → WORKER'S COMPENSATION POLICY # WCB3612211620 EXPIRATION DATE: JULY 2001

NATURE OF WORK IN DETAIL: INSTALLATION OF WIRE MESH EQUIPMENT ENCLOSURE

OCCUPANT/TENANT: PAC BELL VALUATION: \$ 12,000

|                                       |                                       |             |  |                                       |                                       |  |       |  |   |
|---------------------------------------|---------------------------------------|-------------|--|---------------------------------------|---------------------------------------|--|-------|--|---|
| FLOOD STATUS:                         |                                       |             |  | S.C.A.T.                              |                                       |  |       |  |   |
| JOB DESCRIPTION                       |                                       | BLDG        | SHELL                                    | APT                                   | TI( )                                 | REM( <input checked="" type="checkbox"/> ) | SW    | FIRE                                     | ADD <input checked="" type="checkbox"/> |
| INSPECTION DISCIPLINES                |                                       |             | <input checked="" type="checkbox"/> BLDG | MECH                                  | PLUMB                                 | <input checked="" type="checkbox"/> ELEC   | SITE  | <input checked="" type="checkbox"/> FIRE |   |
| # Stories                             | 1st flr Area.                         | Total Area  | Use Zone                                 | Occp Group                            | Const type                            | Fire Req. Y/N                              |       | Fed Code                                 | Vio. File                               |
|                                       |                                       | <u>400'</u> |  |                                       |                                       | SPR  | ALARM | <u>15</u>                                | [H] [Quad]                              |
| <input checked="" type="checkbox"/> B | <input checked="" type="checkbox"/> L | P           | M  | <input checked="" type="checkbox"/> E | <input checked="" type="checkbox"/> F | S  |       | <input checked="" type="checkbox"/> D    | PW UTIL                                 |
| <u>22/93</u>                          |                                       |             |  |                                       |                                       |  |       |  |   |

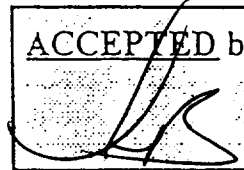
COMMENTS:

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

# EXPRESS PLAN REVIEW

| SUBMITTAL DATES |     |            |     |            |     |
|-----------------|-----|------------|-----|------------|-----|
| First Review    |     | 2nd Review |     | 3rd Review |     |
| IN              | OUT | IN         | OUT | IN         | OUT |
| 2/9/00          | / / | / /        | / / | / /        | / / |

PLAN CHECK # 0001185  
 ADDRESS: 3809 FLOREN RD  
 Commercial     Residential

ACCEPTED by (Staff):  


| DISCIPLINE          | 1ST REVIEW |       |         | 2ND REVIEW |       |         | 3RD REVIEW |       |      |
|---------------------|------------|-------|---------|------------|-------|---------|------------|-------|------|
|                     | Status     | Staff | Date    | Status     | Staff | Date    | Status     | Staff | Date |
| LIFE SAFETY         |            |       | 2/11/00 |            |       |         |            |       |      |
| STRUCTURAL          |            |       | "       |            |       |         |            |       |      |
| MECHANICAL/PLUMBING |            |       |         |            |       |         |            |       |      |
| ELECTRICAL          | 3          | JM    | 2/4/00  |            |       | 2/25/00 |            |       |      |
| FIRE                |            |       |         |            |       | 2/11/00 |            |       |      |
| PLANNING            |            |       |         |            |       |         |            |       |      |
|                     |            |       |         |            |       |         |            |       |      |

STAFF COMMENTS:

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# MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 3-6-00

FROM: Troy Malaspino  
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

3809 Florin Rd 1<sup>st</sup> Floor

has been conducted by Inspector S. Bodick

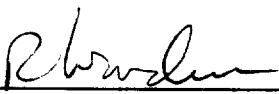
on 3-6-00

00-01185-C  
Permit Number

1100  
Square Footage

Equipment Enclosure  
Type of Inspection

The system is acceptable by this department.

  
By: Ross L. Woodman,  
Fire Prevention Officer II

71-520  
F. D. Reference Number