

**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).

Lenders Name \_\_\_\_\_  
Lenders 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 Lic. Number 724016  
Date 7/28/97 Contractor Debra Owens  
(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 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 Professions 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 or 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 or 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 C 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 of this city to enter upon the abovementioned property for inspection purposes.

7/28/97 Debra Owens  
Date Signature of Applicant or Agent

|  |              |  |                |  |               |  |              |  |
|--|--------------|--|----------------|--|---------------|--|--------------|--|
| BUILDING SITE ADDRESS  |              | 2901 K St.                                       |                | SUITE  | - 2nd Fl.     | INSP. AREA                                   | IC           |  |
| ASSESSOR PARCEL NO.  |              | 007-0177-010                                     |                | COMMUNITY PLAN NO.                             |               | 5228CL                                       |              |  |
| NAME OF APPLICANT  |              | ADDRESS  |                | ZIP CODE                                       | PHONE NO.     |  |              |  |
| LICENSED CONTRACTOR  |              | 2484 Mercantile Dr. #9                           |                |  |               |  |              |  |
| West Fork Construction   |              | Rancho Cordova, CA                               |                | 95742  | (916)853-1509 |  |              |  |
| PROPERTY OWNER   |              | 2929 K St., Suite 300                            |                |  |               |  |              |  |
| Sutter Square Galleria L.P.  |              | Sacramento, CA                                   |                | 95816  | (916)441-2680 |  |              |  |
| ARCH. ENGR.  |              | 2484 Mercantile Dr. #9                           |                |  |               |  |              |  |
| West Fork Construction   |              | Rancho Cordova, CA                               |                | 95742  | (916)853-1509 |  |              |  |
| NO. OF STORIES   | NO. OF ROOMS | ROOF COVERING                                    | AREA 1ST FLOOR | TOTAL AREA                                     | GARAGE AREA   | PATIO AREA                                   | USE ZONE     |  |
|  |              |  |                | 1300   |               |  | TC           |  |
| THIS PERMIT IS FOR:  |              | <input checked="" type="checkbox"/> BUILDING     |                | <input checked="" type="checkbox"/> MECHANICAL |               | <input checked="" type="checkbox"/> PLUMBING |              |  |
|  |              | <input checked="" type="checkbox"/> ELECTRICAL   |                | <input type="checkbox"/> SITE                  |               | <input type="checkbox"/> FIRE                |              |  |
| NATURE OF WORK IN DETAIL   |              | Remodel of commercial space into adult education |                |  |               |  | OCCUP. GROUP |  |
|  |              | classrooms. Multi-media                          |                |  |               |  | B            |  |
| FLOOD STATUS (Exempt-cost)   |              | SPECIAL CONDITIONS ATTACHMENTS:                  |                |  |               |  | CONSTR. TYPE |  |
|  |              |  |                |  |               |  | IFRspr       |  |
| CITY OF SACRAMENTO   |              | PERMIT SERVICES                                  |                | VALUATION \$                                   |               | FIRE SP.                                     |              |  |
| BUILDING INSPECTION DIVISION   |              | 264-7619   |                | \$ 24,600.00                                   |               |  |              |  |
| WORKER'S COMPENSATION DECLARATION  |              | ISSUED BY:                                       |                | DATE ISSUED                                    |               | FED CODE                                     |              |  |
| I hereby affirm under penalty of perjury one of the following declarations:  |              | B.L.   |                | 7/25/97  |               | FC17   |              |  |
| <input type="checkbox"/> 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.   |              | BUILDING PERMIT FEE \$                           |                | 456.00   |               | PERMIT NO.                                   |              |  |
| <input checked="" type="checkbox"/> 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:  |              | PLAN CHECK/PROC. FEE \$                          |                | 17.00  |               | 97   |              |  |
| Carrier <u>TREMONT Comp</u>  |              | S.M.I. FEE \$                                    |                | 5.16   |               | 1  |              |  |
| Policy Number <u>97WN694071</u>  |              | CONST. EXCISE TAX \$                             |                |  |               | 0  |              |  |
| <input type="checkbox"/> (This section need not be completed if the permit is for one hundred dollars (\$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. |              | CITY BUS LICENSE \$                              |                | 9.84   |               | 9  |              |  |
|  |              | TECH. FEE \$                                     |                | 33.16  |               | 3  |              |  |
|  |              | WATER DEV. FEE \$                                |                |  |               | B  |              |  |
|  |              | CITY SEWER DEV. FEE \$                           |                |  |               | C  |              |  |
|  |              | REG. SEWER FEE \$                                |                |  |               |  |              |  |
|  |              | RESIDENTIAL CONST. TAX \$                        |                |  |               |  |              |  |
| Date: <u>7/28/97</u> Applicant: <u>Debra Owens</u><br>(Signature)  |              | TOTAL FEES \$                                    |                | 521.16   |               |  |              |  |
| WARNING: FAILURE TO SECURE WORKERS' 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 FEES.   |              |  |                |  |               |  |              |  |
| THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS.  |              |  |                |  |               |  |              |  |

CITY OF SACRAMENTO  
 APPLICATION FOR BUILDING PERMIT  
 DEPARTMENT OF PLANNING AND DEVELOPMENT  
 BUILDING INSPECTION DIVISION

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

97-12424

ADDRESS 6201 ELVAS AVE. P.C. # 5358X  
 PARCEL # 009 0020 015 SUITE # \_\_\_\_\_  
 AREA # 1R

CONTACT  LICENSED CONTRACTOR

NAME MIKE Chilimidos  
 ADDRESS 841-51 ST.  
SAC. CA. ZIP 95819  
 PHONE (916) 457-4339 FAX: (916) 457-4339

NAME M.C. Builders 645345  
 ADDRESS 841-51 ST  
SAC. CA. ZIP 95819  
 PHONE (916) 457-4339

ARCH/ENG  OWNER/

NAME CALVILLO Design Group  
 ADDRESS 2590 VENTURE OAKS WY  
SAC. CA ZIP 95834  
 PHONE (916) 921-6683

NAME ABE + NANCY SARTUCHE  
 ADDRESS 6201 ELVAS AVE  
SAC. CA. ZIP 95819  
 PHONE (209) 931-0168

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE?  YES  NO

NATURE OF WORK IN DETAIL: Add Mezzanine Warehouse  
30'x18' =

326 6117

D.B.A. U.S. Rentals  VALUATION 78200.00 13,554.00  
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS example used  S.C.A.T.

JOB DESCR. BLDG SHEL APT TI( ) REM( ) SW FIRE ADD OTH

INSP. DISCIPLINES  BLDG  MECH  PLUMB  ELEC  SITE  FIRE

| # OF STORIES | AREA 1ST FL. | TOTAL AREA : | USE ZONE  | OCCUP. GROUP | CONST. TYPE  | FIRE SPRINK. | FED CODE  | VIO. FILE |
|--------------|--------------|--------------|-----------|--------------|--------------|--------------|-----------|-----------|
|              |              |              | <u>M1</u> | <u>M</u>     | <u>III N</u> | <u>NO</u>    | <u>78</u> |           |
| <u>B</u>     | <u>L</u>     | <u>P</u>     | <u>M</u>  | <u>E</u>     | <u>F</u>     | <u>S</u>     | <u>D</u>  | <u>R</u>  |
|              |              |              |           | <u>13</u>    |              |              |           |           |

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

WORKERS COMP POLICY # COMPANY

EXP. DATE

**CITY OF SACRAMENTO**  
**BUILDING INSPECTION DIVISION**  
**APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY**

*As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form*

1. Business Name: U.S. Rentals Phone: 451-7277  
 Site Address: 6201 ELVAS AVE Suite: \_\_\_\_\_  
(Street) (Zip)  
 Business Owner/Representative: JOE COBS Phone: \_\_\_\_\_  
 Nature of Business: CONSTRUCTION RENTAL  
 Property Owner: ABE SARTUCH Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
(Street)  
 \_\_\_\_\_  
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes \_\_\_ No  Is this permit for a shell building? Yes \_\_\_ No

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes \_\_\_ No

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No

**CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.**

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes \_\_\_ No

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes \_\_\_ No

7. Is/Will your business be located within 1,000 feet of a school? Yes \_\_\_ No

If you answered "yes" to questions #6 and/or #7, complete the RMPP Informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes \_\_\_ No

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

**Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.**

**PENALTY:** Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: Michael Chilikidas  
(Print)  
Michael Chilikidas  
(Signature) (Date)

|  |  |
|--|--|
| BID Use Only: Plan Ck# <u>5358 X</u> Permit # <u>97-12424</u><br>OK to issue prmt? <input checked="" type="checkbox"/> <u>MS</u> <u>9/8/97</u> F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No ___<br><small>init date</small> |  |
| Hold on Certificate of Occupancy? Yes <input checked="" type="checkbox"/> (No) ___   |  |
| Fire Dept. Use Only:   |  |
| OK to issue permit? ini' ___ date ___  |  |
| OK to issue Certificate of Occupancy? ini' ___ date ___  |  |

CITY OF SACRAMENTO  
**CERTIFICATE OF OCCUPANCY**

For information Contact (916) 264-7716

Permit No. 97-10936

Occupancy B

Construction Type I FR

Sprinkled ( ) Yes ( ) No

Area 1,300 Sq. Ft.

Building Address 2901 K Street 2nd floor (south)

Building Use Office/Adult Ed Classroom (auditorial space)

Building Owner Sutro Square Galleria S.P.

Owner Address 2929 K Street 100, Sacramento, CA

Portion of Building Occupied south side 2nd floor

Date Issued 11/06/98

By Print RON PECOR

Henry/Buchberger/Melavic

Chief Building Inspector

City Building Official

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 9 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 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**

CITY OF SACRAMENTO  
 APPLICATION FOR BUILDING PERMIT  
 DEPARTMENT OF PLANNING AND DEVELOPMENT  
 BUILDING INSPECTION DIVISION  
 1231 I Street, Room 200  
 Sacramento, CA 95814  
 (916) 264-7619 FAX 264-7046

WICKER'S Comp Policy # 97WN694071  
 COMPANY Fremont Compensation Exp. Date 1/1/98

ADDRESS 2901 K Street, Sacramento, CA  
 PARCEL # 007-0177-010

P.C. # **5228**  
 SUITE # **2ND FL**  
 AREA # **1C**

**ATTN: PERRA**

CONTACT  
 NAME Dave Congdon of West Fork Const.  
 ADDRESS 2484 Mercantile Dr. #9  
 Rancho Cordova, CA ZIP 95742  
 PHONE 853-1509 FAX: ~~916-853-1286~~  
**443-5174 (FAX) 443-5174**

LICENSED CONTRACTOR  
 NAME West Fork Construction, Inc.  
 ADDRESS 2484 Mercantile Dr. #9  
 Rancho Cordova, CA ZIP 95742  
 PHONE 853-1509

ARCH./ENG.  
 NAME West Fork Construction, Inc.  
 ADDRESS 2484 Mercantile Dr. #9  
 Rancho Cordova, CA ZIP 95742  
 PHONE 853-1509

OWNER/TENANT  
 NAME Sutter Square Galleria Limited Prtnrshp.  
 ADDRESS 2929 K Street, Suite 300  
 Sacramento, CA ZIP 95816  
 PHONE 441-2680

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE?  YES  NO  
 NATURE OF WORK IN DETAIL: Remodel of commercial ~~retail~~ space into adult education classrooms. **MULTI MEDIA**

D.B.A. U.C. Davis Extension  VALUATION 24,600  
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS Cost x  S.C.A.T.

JOB DESCR. BLDG SHEL APT TI( ) REM(X) SW FIRE ADD OTH

INSP. DISCIPLINES  BLDG  MECH  PLUMB  ELEC  SITE  FIRE

| # OF STORIES | AREA 1ST FL. | TOTAL AREA | USE ZONE  | OCCUP. GROUP | CONST. TYPE           | FIRE SPRINK. | FED CODE    | VIO. FILE |
|--------------|--------------|------------|-----------|--------------|-----------------------|--------------|-------------|-----------|
|              |              | 1300       | TC        | B            | 1 FR                  | Yes          | 17          | OK        |
| B-           | <u>L</u>     | <u>P</u>   | <u>M</u>  | <u>E</u>     | <u>F</u>              | <u>NONE</u>  | <u>D</u>    | R         |
|              | <u>BR.</u>   | <u>BS</u>  | <u>BS</u> | <u>BS</u>    | <u>13 EHC</u><br>7.10 | <u>NONE</u>  | <u>10B2</u> |           |

COMMENTS:  
**73**  
**74**

APPL. **am**



CITY OF SACRAMENTO  
BUILDING INSPECTION DIVISION  
APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: U.C. Davis Extension Phone: \_\_\_\_\_  
Site Address: 2901 K Street 95816 Suite: 2nd Floor  
(Street) (Zip)  
Business Owner/Representative: West Fork Construction Phone: 443-5174  
Nature of Business: Adult Education  
Property Owner: Brookview Inc. Phone: \_\_\_\_\_  
Address: C/o Separovich/Domich 2929 K St., Suite: 300  
Sacramento CA 95816  
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes \_\_\_ No X Is this permit for a shell building? Yes \_\_\_ No X  
Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.  
3. Does/Will your business generate hazardous waste? Yes \_\_\_ No X  
4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No X

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.  
5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes \_\_\_ No \_\_\_  
6. Do you handle, store or transport any amount of acutely hazardous materials? Yes \_\_\_ No \_\_\_  
7. Is/Will your business be located within 1,000 feet of a school? Yes \_\_\_ No \_\_\_  
If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.  
8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes \_\_\_ No \_\_\_

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

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Applicant's Name: West Fork Construction  
by Debra Owens  
(Print)  
Debra Owens 7/28/97  
(Signature) (Date)

|   |
|---|
| BID Use Only: Plan Ck# <u>522802</u> Permit # _____                                   |
| OK to issue prmt? <u>Y</u> <u>7/28/97</u> F.D. Appr Req'd? Yes <u>NO</u><br>init date |
| Hold on Certificate of Occupancy? Yes <u>NO</u>                                       |
| Fire Dept. Use Only:  |
| OK to issue permit? ini' _____ date _____   |
| OK to issue Certificate of Occupancy? ini' _____ date _____                           |





Planning Division COMMERCIAL PRELIMINARY Information Request

BUILDING CHECK ONE:

Over the counter review and issue permit \_\_\_\_\_  
Will be taken in and reviewed for site conditions \_\_\_\_\_  
Will be taken in but not reviewed for site conditions   
Information only, pre-submittal information \_\_\_\_\_

Customer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Project address: 2901 K St.  
APN: 007-01711-010 Current site use: office space

Need to verify: 0117-010 Proposed Site use: adult education classrooms.

Describe what is being requested: APPROVAL & COMMENTS

Requested by: BZ Date: 7/9/97

Zone: TC Overlay / SPD / PUD / R-review \_\_\_\_\_

- Planning staff Review required \_\_\_\_\_
- Planning Hearing required \_\_\_\_\_
- Design Review required
- No Planning Issues \_\_\_\_\_
- Counter ok review by site cond. \_\_\_\_\_

Prior Applications on site P# \_\_\_\_\_ Z# \_\_\_\_\_

DR# \_\_\_\_\_ PB# \_\_\_\_\_ IR# \_\_\_\_\_

Comments: Conversion approve  
2/96 this is 2nd phase  
No additional parking or  
planning reviews required.

Planning review by: [Signature] Date: 7-9-97

MUST BE REVIEWED BY PLANNING

- Care Facilities
- Churches
- Drive-through
- Medical Offices
- Anything Residential
- Day care
- Lot Line adjustments
- Bars
- Restaurants
- Sidewalk Cafe

SECURITY GATES  
CELLULAR COMMUNICATION FACILITIES