

**CITY OF SACRAMENTO**

**Permit No: 9714640**

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

**Insp Area: 1**

**Site Address: 620 BER CUT DR SAC**

**Sub-Type: REM**

**Parcel No: 0010181011**

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

**CONTRACTOR**

**OWNER**

**ARCHITECT**

**K B OPPORTUNITY FUND I  
5709 #C MARCONI AV  
CARMICHAEL CA 95608**

Phone:

Phone:

Phone:

**Nature of Work: REMODEL**

**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 573644 Date 11-17-97 Contractor Signature Gary Patten

**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 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 & 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.

Date 11-17-97 Applicant/Agent Signature GARY PATTEN

**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 X STATE FUND Policy Number 1488866

\_\_\_\_ (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 11-17-97 Applicant Signature GARY PATTEN

**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.**

5011X

1/2

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DISCONTINUED


5011X  
5011X

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

ADDRESS 620 BERCLUT DRIVE SAC. P.C. # \_\_\_\_\_  
 PARCEL # \_\_\_\_\_ SUITE # \_\_\_\_\_  
 AREA # 10.685

CONTACT  
 NAME CARY PERKINS  
 ADDRESS P.O. BOX 340551  
SAC ZIP 95834  
 PHONE 486-4172

LICENSED CONTRACTOR  
 NAME G.P. CONSTRUCTION  
 ADDRESS P.O. BOX 340551  
SAC ZIP 95834  
 PHONE 486-4172  
 LIC B573644

ARCH./ENG.  
 NAME TECHSPACE  
 ADDRESS 777 CAMPUS COMMONS DR  
SAC ZIP 95825  
 PHONE 565-7488

OWNER/TENANT  
 NAME ERM WEST  
 ADDRESS 455 CAPITOL MALL  
SAC ZIP 95814  
 PHONE \_\_\_\_\_

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE?  YES  NO  
 NATURE OF WORK IN DETAIL: OFFICE TENANT IMPROVEMENT  
INTERIOR REMODEL.

D.B.A. \_\_\_\_\_ VALUATION 125,000  
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY  
78,000

FLOOD STATUS \_\_\_\_\_  S.C.A.T. \_\_\_\_\_

JOB DESCR. BLDG SHEL APT TK ( ) 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
B	L	P	M	E	F	S	D	R

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

### EXPRESS REVIEW PLANCHECK COMMENTS

PLEASE RETURN REVISED DRAWINGS WITH ALL CHANGES CLOUDED, DELTA'D AND DATED:

ATTN: GARY PERKINS

FAX: 486-4172 (H)

PG: 5544X	ADDRESS: 620 BERCUT DR	DATE: 11/5/97	REV. 3
DISC: LIFE/SAFETY	REVIEWED BY: BRYON NAKASHIMA		
COMMENT: 1. VALUATION = \$135,000.00 2. REFER TO SHIT E2 FOR EXIT 94 REFER TO SHIT Y FOR 1 HOUR DETAIL	1. THE \$78,000 VALUATION DOES NOT APPEAR TO REFLECT THE TOTAL VALUE OF THE SCOPE OF WORK SHOWN. PROVIDE A CORRECT VALUE FOR THE ANTICIPATED SCOPE OF WORK. 2. SHOW EXIT SIGN LOCATIONS THROUGHOUT THE TENANT SPACE AND ONE HOUR CORRIDOR CONSTRUCTION DETAILS. 3. LIST ALL DISABLED ACCESS CHANGES TO MEET THE REQUIREMENTS OF THE STATE TITLE 24 DISABLED ACCESS REGULATIONS. 4. THESE PLANS DO NOT ADDRESS CRITICAL EXITING ISSUES AND SPECIFIC H/C COMPLIANCE. INFORMATION IS NOT SUFFICIENT TO COMPLETE PLAN CHECK.		
DISC:	REVIEWED BY:	DATE:	REV:
COMMENT:			
DISC:	REVIEWED BY:	DATE:	REV:
COMMENT:			
DISC:	REVIEWED BY:	DATE:	REV:
COMMENT:			
DISC:	REVIEWED BY:	DATE:	REV:
COMMENT:			
DISC:	REVIEWED BY:	DATE:	REV:
COMMENT:			

3. REFER TO SHIT X1: DOORS @ RESTRM REVERSED.  
NEW HC ACCESSIBLE EXIT DOOR LOCATED @ 1HR CORRIDOR.

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**STATE  
COMPENSATION  
INSURANCE  
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

November 17, 1997

POLICY NUMBER: 188866-97  
CERTIFICATE EXPIRES: 6-1-98

CTY OF SACRAMENTO  
BUILDING INSPECTION DEPARTMENT  
1231 I STREET, SECOND FLOOR  
SACRAMENTO CA 95814

FILE PURPOSES

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon ten days' advance written notice to the employer.

We will also give you TEN days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of Insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

*Tom Hansen*  
AUTHORIZED REPRESENTATIVE

*Kc Bollier*  
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000.00 PER OCCURRENCE.

EMPLOYER

PERKINS, GARY L.  
DBA: G P CONSTRUCTION  
P.O. BOX 340551  
SACRAMENTO CA 95834

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-2716

Building Address 620 Madant Drive Permit No. 97-14640

Building Use Office Occupancy B

Building Owner ERM West Construction Type IIN

Owner Address 4650 Woodfield Mall Sacramento, CA Sprinkled ( ) Yes ( ) No

Portion of Building Occupied Interior remodel Area          Sq. Ft.

~~970096~~ 98 HON ~~PERCEN~~ **Bradford J. Behm, P.E.**

Date Issued          By Print Sign          City Building Official

*Frietas/Krinka/Recherly*  
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 of any Codes, or Federal, State and City Law or Ordinance. Certificates presumed 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**