

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9911701
Insp Area: 1

Site Address: 1414 K ST SAC
Parcel No: 006-0116-002 **NEW SMUD VAULT**

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

CONTRACTOR
CEATING LINE
5000 F SECOND ST
BENEFICA 94510

OWNER
SACRAMENTO CITY EMPLOYEES RETIREMENT SYS
555 CAPITOL ML
SACRAMENTO CA 95816

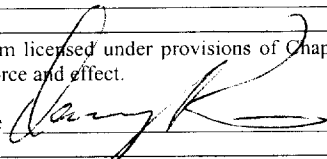
ARCHITECT

Nature of Work: iNSTALL LGT. FIX, ELECT. OUTLETS,+SUMP PUMP

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 C15 773 Date 10-14-99 Contractor 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 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 so in order to improve for the purpose of sale.)

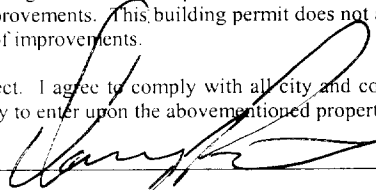
I, _____ as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) 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 10-14-99 Applicant/Agent Signature 

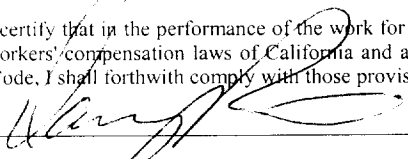
WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

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 UNITED PACIFIC INS CO Policy Number 18773641 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 10-14-99 Applicant Signature 

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 # 9911701 Insp. Area _____

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1414 K ST Suite _____

PARCEL # _____

CONTACT Name <u>Tom MALONE</u> Address <u>5000 E 2nd ST Suite G</u> Phone <u>107 748 0943</u> FAX <u>707-748-0946</u> E-mail <u>SF I TAYLOR @ AOL.COM</u>		LICENSED CONTRACTOR Lic No. # <u>624485</u> Name <u>TAYLOR COMMUNICATION</u> Address <u>5000 E 2nd ST Suite G</u> Phone <u>707 748-0943</u> FAX <u>707-748-0946</u> E-mail <u>SF I TAYLOR @ AOL.COM</u>	
ARCHITECT/ENGINEER Name <u>Collins ELECT</u> Address <u>4395 NORTHGATE</u> Phone <u>916-567-1100</u> FAX <u>916-567-1292</u> E-mail _____		OWNER Name <u>ICG</u> Address <u>180 GRAND AVE</u> Phone <u>510-239-7000</u> FAX _____ E-mail _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: UNITED Pacific

→ WORKER'S COMPENSATION POLICY # 018773 EXPIRATION DATE: 7-1-00

NATURE OF WORK IN DETAIL: UNDERGROUND SMUP, VAULT
Electrical only For Light Fixtures, Elect. outlets, Sump Pump
To be served from

OCCUPANT/TENANT: ICG VALUATION: \$ ~~9999~~ 9999

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
						SPR	ALARM			[H] [Quad]
B	L	P	M	E	F	S		D	PW	UTIL

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

Date of Request: _____

By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 1414 K St.

Assessor's Parcel Number: 006-0116-002

Previous Use: _____

Description of Request/Proposed Use: Add SMUD VAULT
~~PO~~ ~~S~~ UNDER SIDEWALK
ON-SITE

Is This a Change of Use? NO

Zoning Designation: C-3

Prior Applications for Project Site(P#, Z#, DRPB#): _____

Comments: No Reports

Are There Any Planning Issues?: (circle one) YES NO

* Staff Site Plan Check Required? (Circle one) YES NO

* Field Inspection Required? (Circle one) YES NO

* Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: W. J. BOHR 10/14/99

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL