

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

**Permit No: 9904355**  
**Insp Area: 1**

**Site Address: 600 BERCUT DR SAC**  
Parcel No: 001-0181-011

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

CONTRACTOR  
CIMORELLI CONSTRUCTION CO  
11333 SUNCO DR  
RANCHO CORDOVA CA 95742

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

ARCHITECT

**Nature of Work: INTERIOR OFFICE REMODEL (SOME EXTERIOR)**

**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 TS License Number 525704 Date 10-12-99 Contractor Signature [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 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 10-12-99 Applicant/Agent Signature [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 GOLDEN EAGLE INS CORP Policy Number NWC476899-01 Exp Date 07/01/1999

\_\_\_\_\_, (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 10-12-99 Applicant Signature [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 BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

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

PLAN CHECK # 990435 Insp. Area FC

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

ADDRESS 600 T Street Dr. Suite \_\_\_\_\_  
PARCEL # 001-0181-011

<p align="center"><b>CONTACT</b></p> <p>Name <u>TRET Hogge</u> Address <u>11333 Sunco Dr. # 103</u> <u>Rancho Cordova</u> Zip <u>95742</u> Phone <u>635 4440</u> FAX <u>635 7084</u></p>	<p align="center"><b>LICENSED CONTRACTOR</b> Lic No. # <u>525704</u></p> <p>Name <u>Cimarelli Construction</u> Address <u>11333 Sunco Dr. # 103</u> <u>Rancho Cordova</u> Zip <u>95742</u> Phone _____ FAX _____</p>
<p align="center"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Karla A. Freeman</u> Address <u>2814 H Street</u> <u>Sacramento</u> Zip <u>95816</u> Phone <u>442 8500</u> FAX <u>442 8534</u></p>	<p align="center"><b>OWNER</b></p> <p>Name _____ Address _____ Zip _____ Phone _____ FAX _____</p>

Will the permittee have any employees on the jobsite?  Yes  No

If yes, WORKER'S COMPENSATION POLICY # NWC 476899-01 EXPIRATION DATE: 7-99

NAME OF INSURANCE COMPANY: Gadden Eagle Ins.

NATURE OF WORK IN DETAIL: ~~Commercial alteration~~ Commercial alteration **OFFICE Remodel**  
Some exterior.

DBA: Dept. of Corrections VALUATION: \$41,000.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI ( )	REM (X)	SW	FIRE	ADD	OTH
INSP. 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		
<u>1</u>	<u>10,000</u>	<u>10,000</u>		<u>B</u>	<u>N-III</u>	<u>Y</u>	<u>15</u>	<u>015</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>		

COMMENTS:


REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

**CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION**

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
5/4/99	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 9904355  
 ADDRESS: 600 BERKUT DR  
 Commercial     Residential

ACCEPTED by (Staff):  


DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	3	JT	5/5/99	13	JT	5/2/99			
STRUCTURAL	NONE								
MECHANICAL/PLUMBING			5/5/99						
ELECTRICAL	13	DM	5/5/99						
FIRE			5/5/99						
PLANNING									

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

DATE OF REQUEST \_\_\_\_\_  
BY \_\_\_\_\_

### City of Sacramento Development Services Division Planning and Zoning Information Request

Project Address: 600 Bercut Dr.

Assessor's Parcel Number: 001 0181 011

PREVIOUS USE \_\_\_\_\_

Current Land Use: \_\_\_\_\_

Description of Request/Proposed Use: Extend floor area,

no change to roof foot print. Moving  
store front glass only.

IS THIS A CHANGE OF USE? No

Zoning Designation: M 2

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

Comments: see the council approval  
same materials as rest of bldg.

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: [Signature] 5-4-99

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

MICRO FILM AFTER FINAL