

CITY OF SACRAMENTO

Permit No: 9805397

1231 I Street, Sacramento, CA 95814

Insp Area: 3

Site Address: 5101 FLORIN PERKINS RD SAC

Sub-Type: REM

Parcel No: 0610180039

MARK III ENGINEERING

Housing (Y/N): N

CONTRACTOR

MARK III ENGINEERING
5101 FLORIN PERKINS RD
SACRAMENTO CA 95826

OWNER

O K AND B A CALIF PARTNERSHIP
8401 JACKSON RD
SACRAMENTO, CA 95819

ARCHITECT

Nature of Work: NEW STAIRWELL.

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 514134 Date 7-10-98 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 7-10-98 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 STATE FUND Policy Number 692.97 Unit 0002081

(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 7-10-98 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

MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: ~~9~~-9-21-98

From: Gordon Duncan,
Fire Marshal

Subject: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

5101 Florin Perkins

has been conducted by Inspector C. Pack

on 9-18-98.

98-05397-C
Permit Number

2500
Square Footage

OH Spr-Retard
Type Inspection

The system is acceptable by this department.

R. Woodman
By: Ross L. Woodman,
Fire Prevention Officer II

98-129
F. D. Reference Number

Finalized
Bid 9-4-98
No P1/m involved
Elect 9-4-98

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
6/16/98	1 / 1	1 / 1	1 / 1	1 / 1	1 / 1

PLAN CHECK # 6182X
 ADDRESS: 5101 Florin-Perkins 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	ST	4/14/98	13	ST	4/14/98			
STRUCTURAL	2	ST	4/14/98	13	ST	4/14/98			
MECHANICAL/PLUMBING									
ELECTRICAL									
FIRE	3	ST	4/14/98						
PLANNING									

STAFF COMMENTS: _____

**CITY OF SACRAMENTO
APPLICATION FOR BUILDING PERMIT**

**DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES DIVISION**

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

980 539 7 c
→ Applicant must complete ALL Unshaded areas ←

PC # 6182c AREA # 3c

ADDRESS 5101 FLORIN PERKINS RD. CAE. Suite _____
PARCEL # 061-0180-039

<p align="center">CONTACT</p> <p>Name <u>JOHN DELLINO</u> Address <u>5101 FLORIN PERKINS RD.</u> <u>SAC.</u> Zip <u>95824</u> Phone <u>381-8080</u> FAX _____</p>	<p align="center">LICENSED CONTRACTOR Lic No. # <u>579134</u></p> <p>Name <u>MATK III ENO. CONTR. S</u> Address <u>5101 FLORIN PERKINS RD.</u> <u>SAC.</u> Zip <u>95824</u> Phone <u>381-8080</u> FAX <u>386-0363</u></p>
<p align="center">ARCHITECT/ENGINEER</p> <p>Name <u>JOHN DELLINO</u> Address <u>5101 FLORIN PERKINS RD.</u> <u>SAC.</u> Zip <u>95824</u> Phone <u>381-8080</u> FAX <u>386-0363</u></p>	<p align="center">OWNER/TENANT</p> <p>Name <u>OATES, OBRYEN, OBRISTEN, WASSER, JOINT VENTURE</u> Address <u>5101 FLORIN PERKINS RD.</u> <u>SAC.</u> Zip <u>95824</u> Phone <u>381-8080</u> FAX <u>386-0631</u></p>

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

→ If yes, WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: ADD A NEW STAIRWAY, IN AN (E) BLDG.
(240 SF)

DBA: _____ VALUATION: 2,100.-

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		<u>BLDG</u>	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>2</u>					<u>III 50K</u>	Spr <u>X</u>	Alarm <u>X</u>	<u>15</u>	<u>OK</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>JT</u>	<u>JT</u>							<u>BLDG</u>		

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No