

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0105579

Insp Area: 1

Thos Bros: 297E5

Site Address: 1811 22ND ST SAC

Parcel No: 010-0033-009

Sub-Type: AOTHR

Housing (Y/N): N

**CONTRACTOR**

ATC TOWER SERVICES  
501 CANAL BL. # E  
POINT RICHMONT, CA. 94804

**OWNER**

MC CLATCHY NEWSPAPERS  
2100 Q ST  
SACRAMENTO CA 95816

**ARCHITECT**

**Nature of Work:** MOUNT RADIO ANTENAS TO AN EXISTING TOWER, 1 SATELLITE DISH ON ROOF OF (E)BLDG; RADIO CABINET ON CONC. PAD

**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 664262 Date 2-28-03 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 12-4-01 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 AMERICAN HOME Policy Number 5275439 Exp Date 12/01/2001

(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 12-4-01 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.**

**PLANNING AND ZONING REVIEW**

..... to be filled out by Planning staff .....

ADDRESS: 2100 Q St. (aka 1811 22nd St.)

APN: 010-0033-016 ZONING: \_\_\_\_\_

DESIGN REVIEW AREA: Central City

PREVIOUS FILES RELATED TO SITE: Z01-018

EXISTING LAND USE: Sac Bee tower

PROPOSED USE: additional antennas

COMMENTS: see below

DATE: \_\_\_\_\_ BY: \_\_\_\_\_

DOES IT APPEAR THAT THE PROJECT WILL REQUIRE A PLANNING APPLICATION?

YES

NO

(If yes, circle applications needed below)

.....Staff.....ZA.....Planning Commission.....Design Review.....Preservation Review.....

CONCLUSION: App'd 5/21/01 (see M.O.U. attached); must comply with all conditions of approval on M.O.U. & must substantially conform to plans app'd in Z01-018

DATE: 9/17/01 BY: PHIL REED

**APPLICATION FOR COMMERCIAL BUILDING PERMIT**

**CITY OF SACRAMENTO**  
 DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION

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

ACTIVITY #	Insp. Area
01-0 5579	16

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1811 22ND St, Sac, CA 95814 Suite \_\_\_\_\_  
 PARCEL # 010-003-300-9

<b>CONTACT</b>		<b>LICENSED CONTRACTOR</b> Lic No. # <u>664262</u>	
Name <u>Steve Dumas</u>		Name <u>ATC Tower Services</u>	
Street Address <u>9429 Business Park Dr. Suite A</u>		Address <u>501 Canal Blvd. Suite E</u>	
City/State/Zip <u>Sac, CA 95827</u>		City/State/Zip <u>Point Richmond CA 94904</u>	
Phone <u>916-947-6880</u> FAX <u>1-916-364-9334</u>		Phone <u>(916) 364-9190</u> FAX <u>916 364-9334</u>	
E-mail: _____		E-mail: _____	
<b>ARCHITECT/ENGINEER</b>		<b>OWNER</b>	
Name <u>MSA Associates</u>		Name <u>American Tower Corp</u>	
Address <u>2062 Business Center Dr. Suite 150</u>		Address <u>501 Canal Blvd. Suite E</u>	
City/State/Zip <u>Irvine, Ca 92612</u>		City/State/Zip <u>Point Richmond CA 94904</u>	
Phone <u>(949) 251-1177</u> FAX <u>(949) 251-1120</u>		Phone <u>916 364-9190</u> FAX <u>916 364-9190</u>	
E-mail: _____		E-mail: _____	

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: Marsh USA Inc.  
 → WORKER'S COMPENSATION POLICY # 527 5439 EXPIRATION DATE: 12-1-2001

NATURE OF WORK IN DETAIL: mount Ant. to Existing Tower

OCCUPANT/TENANT: X M Radio VALUATION: \$ 20000.00

FLOOD STATUS:		S.C.A.T. <input checked="" type="checkbox"/>								
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	MECH	PLUMB	<u>ELEC</u>	<u>SITE</u>	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
				<u>B</u>		SPR	ALARM	<u>16</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	P	M	<u>E</u>	F	<u>S</u>	D	PW	UTIL	

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

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No  
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed