

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0114336

Insp Area: 1
Thos Bros: 297 C4

Site Address: 555 CAPITOL ML SAC
Parcel No: 006-0145-025

1ST FLOOR

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

CONTRACTOR

CITY MECHANICAL INC.
20 SOUTH LINDEN #4B
SOUTH SAN FRANCISCO, CA 94080

OWNER

DOWNTOWN PLAZA TOWERS ASSOCIATES
555 CAPITOL ML
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: HVAC INSTALLATION FOR NER ROOM BACKUP COOLING UPGRADE.

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 NA 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 C2A C4 License Number 622065 Date 12-12-01 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 12-12-01 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 STATE FUND Policy Number 1574744-01 Exp Date 07/01/2002

(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 12-12-01 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.

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 # <i>0114336</i>	Insp. Area <i>1C</i>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 555 Capital Mall (Bank of America) Suite 1st Floor
 PARCEL # 006-0145-025

<p style="text-align: center;">CONTACT</p> <p>Name _____ Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>622065</u></p> <p>Name <u>City Mechanical Inc.</u> Address <u>20 So. Linden #4B</u> City/State/Zip <u>So. San Francisco CA 94080</u> Phone <u>650-742-6380</u> FAX <u>650-742-6473</u> E-mail: <u>rtinkey@citymechanical.com</u></p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Carlson</u> Address <u>120 Montgomery Suite 900</u> City/State/Zip <u>San Francisco, CA 94104</u> Phone <u>415-677-0141</u> FAX <u>415-677-0145</u> E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Fund
 → WORKER'S COMPENSATION POLICY # 1574744-01 EXPIRATION DATE: 7-1-2002

NATURE OF WORK IN DETAIL: HVAC Install - NEB room Backup cooling upgrade

OCCUPANT/TENANT: Bank of America. VALUATION: \$ 30,000⁰⁰

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 flrArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
				<u>B</u>		SPR.	ALARM	<u>15</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	PW	UTIL
<u>ALL</u>										

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

COMMERCIAL BUILDING PERMIT

ACTIVITY #	Insp. Area
0114336	1C

Applicant MUST complete ALL Unshaded areas
 ALL (BQA) Suite 1st FLOOR

LICENSED CONTRACTOR Lic No. # 622065
Name CITY MECHANICAL INC.
Address 20 SOUTH LINDEN #4B
City/State/Zip SOUTH SAN FRANCISCO, CA
Phone 650-746-6380 FAX
E-mail:
OWNER
Name
Address
City/State/Zip
Phone FAX
E-mail:

Address 120 MONTGOMERY SUITE 900
 City/State/Zip SAN FRANCISCO, CA 94104
 Phone 415-677-0141 FAX
 E-mail:

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: STATE FUND
 → WORKER'S COMPENSATION POLICY # 1574744-01 EXPIRATION 7-1-2002

NATURE OF WORK IN DETAIL: HVAC INSTALL NOR ROOM BACKUP COOLING
 UPGRADE

VALUATION: \$

OCCUPANT/TENANT:										
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 Br Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
B	L	P	M	B	F	SPR	ALARM	15	[H]	[Quad]
				E3		S		D	PW	UTIL
1108-01										

COMMENTS:

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
11/5/01	1/1	12/3/01	1/1	1/1	1/1

PLAN NO. _____
 ADDRESS _____
 Commercial Residential



ACCEPTED BY SIGN: _____

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
PLUMBING									
STRUCTURAL									
MECHANICAL/PLUMBING	13	JMT	11/7						
ELECTRICAL	13	KLH	11/8	13	KZH	12/11/01			
FIRE									
LANDSCAPING									

STAFF COMMENTS:
