

CITY OF SACRAMENTO

Permit No: 9807422

1231 I Street, Sacramento, CA 95814

Insp Area: 3

Site Address: 2230 STOCKTON BL SAC

Sub-Type: ACOM

Parcel No: 0140031014

Housing (Y/N): N

CONTRACTOR

CAL RAM
1891 ENTERPRISE
W SARAMENTO CA 95691

OWNER

WONG TONY KOW KAN
6380 N POINT WY
SACRAMENTO CA 95831

ARCHITECT

STEPHEN J SHORT ASSOC.
1613 SANTA CLARA DR
ROSEVILLE CA 95820

Nature of Work: MEDICAL OFFICE T.I. & 421 SF ADDITIONS

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 416622 Date 11-2-98 Contractor Signature Shell Qualley

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 herby authorize representative(s) of this city to enter upon the above mentioned property for inspection purposes.

Date 11-2-98 Applicant/Agent Signature Shell Qualley

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.

X 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 CAL Comp Ins. Co Policy Number W9841080722 Exp Date 4-1-99

(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 11-2-98 Applicant Signature Shell Qualley

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**

# 9807422C

**DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES DIVISION**

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

→ Applicant must complete ALL Unshaded areas ←

PC # 6310 AREA # 3

ADDRESS 2230 STOCKTON BLVD. Suite \_\_\_\_\_  
PARCEL # 014-0031-004

<b>CONTACT</b> Name <u>RONNIE</u> Address _____ Phone _____ Zip _____ Phone _____ FAX _____		<b>LICENCED CONTRACTOR</b> Lic No. # <u>466622</u> Name <u>DAN FREITAS w/ CAL RAM CONSTRUCTION</u> Address <u>1691 ENTERPRISE BLVD.</u> <u>WEST SACRAMENTO CA - Zip 93691</u> Phone <u>372-1610</u> FAX _____	
<b>ARCHITECT/ENGINEER</b> Name <u>BONNIE WALKER w/STEPHEN J. SHOOT</u> Address <u>1613 SANTA CLARA DRIVE, SUITE 100</u> <u>ROSEVILLE, CA. Zip 95820</u> Phone <u>784-7717</u> FAX <u>784-7738</u>		<b>OWNER/TENANT</b> Name <u>MR. JONY WONG ATTN: BARNEY RUSSEL</u> Address <u>67 SHORELINE CIRCLE</u> <u>SACRAMENTO CA - Zip 95831</u> Phone <u>393-6069</u> FAX _____	

→ 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: ~~REMODEL WITH MAJOR EXTERIOR~~  
~~FACADE MODIFICATIONS (2) ADDITIONS~~ 317  
~~Medical office T.I. and Addition~~ 23  
 81  
 721 SQ NEWLY Cond space  
 # 31,739.44

Scope of work ADDITIONS & REMODEL

DBA: UCD MED CENTER VALUATION: \$ 695,000.00

FLOOD STATUS:				S.C.A.T.					
JOB DESCRIPTION		BLDG	SHEL	APT	TI ( )	REM ( )	SW	FIRE (ADD)	OTH
INSP. DISCIPLINES		12,649 sq	(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	
		421(N)		B	VIN	Spr Y Alarm Y	15	OK W	
(B)	(L)	(P)	(M)	(E)	(F)	NOISE	(D)	R	
3	JT	NM	NM	W/BL	EC		10 B2		

COMMENTS:  
 Provide the fire sprinkler plans shall meet the City of Sac. policy  
 A separate permit for fire alarm - O.K. etc  
 (Flood Treat?)  
 REGIONAL SAN. FEE

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No



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

Project Address: 2230 STOCKTON BLVD.

Assessor's Parcel Number: 014-0031-004

Description of Request: PSYCHIATRIC CLINIC  
ADDING 421 SQ FT OF

ENCLOSED CONDITIONED SPACE

Zoning Designation: \_\_\_\_\_

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

Comments: \_\_\_\_\_

NONE

Are There Any Planning Issues?: (Circle One) YES NO

Planning Review Required? (Circle One) YES NO

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

Planning Review by/Date: \_\_\_\_\_

For a list of items that must be reviewed by Planning, please see reverse side of this form.





**AUTHORIZATION TO START WORK**

Insp. Area 3C  
98-07422  
264-7046

CITY OF SACRAMENTO, BUILDING INSPECTIONS DIVISION  
1231 I ST., ROOM 200, SACRAMENTO, CA 95814

Company: Carlson Const Co. Inc. PC # 6310  
Address: 1891 Enterprise Blvd. BID App. DPB  
Job Phone: 739 8083 Office Ph. 372-1610 Fee 350.00  
SUBJECT: Project Address: 2230 SUTTON BLVD. Suite # \_\_\_\_\_

I request permission to start the following work Wall Framing - no drywall - rough electrical in walls

I realize that all work will be at the owner's and contractor's risk without assurance that the permit for the project will be granted. Any code conflicts will be corrected. I agree not to cover or conceal any work or portion thereof. I realize that inspections will not be made on this project until a building permit is issued. All changes required to conform to the approved plans will be completed without dispute. Work affecting the structural integrity of the existing building is not permitted.

I will expedite necessary revisions, corrections and clarifications as required to obtain the building permit.

If it should be determined subsequently by the City that changes in the design of the building are necessary after commencement of the work authorized, I assume full responsibility and all risk of loss which may result by reason of such changes. I agree that the building shall conform to the approved final plans as amended, without regard to the stage of completion.

This authorization is valid for 30 days while the plans are being processed for permit. These state required declarations must be properly executed before this authorization is valid. This authorization is valid when initialed by authorized Building Department personnel and stamped approved. Keep posted on job site at all times.

**CONSTRUCTION LENDING AGENCY**

**ISSUED**

OCT 13 1998

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 N/A  
Lender's Address \_\_\_\_\_  
CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIV

**LICENSED CONTRACTORS DECLARATION**

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of the Business and Professions Code and my license is in full force and effect.

Lic. Class: B Lic. Number: 466622 Carlson Const.  
SIGNATURE \_\_\_\_\_ COMPANY NAME \_\_\_\_\_  
DATE 10-13-98

COPIES

PLEASE COMPLETE BACK OF THIS FORM

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

**CERTIFICATION OF COMPLIANCE**

**SCHOOL DISTRICT DEVELOPMENT FEES**

PROPERTY OWNER'S NAME	TONY WONG c/o BARNEY RUSSELL		
OWNER'S ADDRESS	67 SHORLINE CIRCLE SAC CA 95831		
PROJECT ADDRESS	2230 STOCKTON BLVD		
PARCEL NUMBER	014-0031-004	LOT NUMBER	
SUBDIVISION NAME			
NUMBER OF UNITS			
APPLICANT'S SIGNATURE	Shell Qualley		
TITLE OF APPLICANT	DIRECTOR OF MARKETING		
DATE	11-2-98	TELEPHONE NUMBER	(916) 372-1610
BUILDING DEPARTMENT			
PLAN IDENTIFICATION NUMBER	6310		
BUILDING TYPE (CHECK ONE)	<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> APARTMENT/CONDOMINIUM <input checked="" type="checkbox"/> COMMERCIAL/INDUSTRIAL		
SQUARE FEET OF CHARGEABLE BUILDING AREA	421 SF		
SIGNATURE	Barbara Tessa		
TITLE	Bldg Tech	DATE	7/3/98
PART III: To be completed by SACRAMENTO CITY UNIFIED SCHOOL DISTRICT			
DISTRICT CERTIFICATION NUMBER	6489		
EXEMPT	COMMENTS		
RESIDENTIAL / APARTMENT / ETC.	_____	SQ. FT. X \$	= \$ _____
COMMERCIAL / INDUSTRIAL	421	SQ. FT. X \$	= \$ 117.88
OTHER FEE _____	TYPE _____	SQ. FT. X \$	= \$ _____
TOTAL FEES COLLECTED.....	\$ 117.88		
<p>This certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.</p> <p>As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.</p>			
SACRAMENTO CITY UNIFIED SCHOOL DISTRICT			
SIGNATURE	[Signature]		
TITLE	CIVIC CENTER PERMITS	DATE	11/2/98

91a:certcomp

Distribution: Original--School District; 1st Copy--School District; 2nd Copy--Building Department; 3rd Copy--Applicant

12649

**HOUSING TRUST FUND (HTF) APPLICATION**  
 Plan Check Number 6310

W/Computer

**Part I (Completed by Planning and Development Dept)**

Property Address: 2230 Stockton Pl. Assessor Parcel No: 014-0831-004

Agent's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Date: \_\_\_\_\_

Exempt? Indicate Entitlement Application No. or Type of Exemption: \_\_\_\_\_

Interior Remodeling? Describe current use and proposed change in use: \_\_\_\_\_

Permit Type (Circle All that Apply):

New Construction  
 Interior Remodel  
 Tenant Improvement  
 Change of Use  
 Addition

FEE CALCULATION			
Type Use	Square Foot	Fee/SF	Fee Amount
Office	421	x.99	416.79
Hotel		x.94	
R & D		x.84	
Commercial		x.79	
Manufacture		x.62	
Warehouse/Office		x.36	
Warehouse		x.27	
Other		x.	
Subtotal			\$
Plus processing Fees of:			\$ 50.00
The Planning Director has determined the total fees for this project are:			\$ <u>466.79</u>

The applicant or agent was notified of the fee determination on 8/5/92. The deadline for filing a variance application with the Planning & Development Department is ten (10) days after the notification date.

**Part II (Completed by Applicant)**

For "Other" uses above, describe use and the potential number of employees in the building: \_\_\_\_\_

Select the method of compliance:  Fee Payment  Build Option

Approved by: [Signature] Person Notified: \_\_\_\_\_



**CITY OF SACRAMENTO**  
 BUILDING INSPECTION DIVISION  
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

*As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form*

1. Business Name: UCD PSYCHIATRIC CLINIC Phone: \_\_\_\_\_  
 Site Address: 2320 STOCKTON BLVD Suite: \_\_\_\_\_  
(Street) (Zip)  
 Business Owner/Representative: BARNEY RUSSELL Phone: 393-6009  
 Nature of Business: TENANT IMPROVEMENT  
 Property Owner: MR. TONY WONG Phone: \_\_\_\_\_  
 Address: 67 SHORELINE CIR. Suite: \_\_\_\_\_  
SACRAMENTO CA 95831  
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes \_\_\_ No  Is this permit for a shell building? Yes \_\_\_ No

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes \_\_\_ No

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No

**CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.**

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes \_\_\_ No \_\_\_

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes \_\_\_ No \_\_\_

7. Is/Will your business be located within 1,000 feet of a school? Yes \_\_\_ No \_\_\_

If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes \_\_\_ No \_\_\_

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

**Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.**

**PENALTY:** Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: SHELL QUALLEY  
Shell Qualley (Print) 11.2.98  
(Signature) (Date)

BID Use Only: Plan Ck# <u>6310</u> Permit # <u>98-07422C</u>
OK to issue prmt? <input checked="" type="checkbox"/> <u>11.02.98</u> F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No ___ <small>init date</small>
Hold on Certificate of Occupancy? Yes <input checked="" type="checkbox"/> No ___
Fire Dept. Use Only:
OK to issue permit? ini' ___ date ___
OK to issue Certificate of Occupancy? ini' ___ date ___

**Stephen  
J.Short**  
& ASSOCIATES, INC.

ARCHITECTURE AND PLANNING

1613 SANTA CLARA DRIVE, SUITE 100  
ROSEVILLE, CALIFORNIA 95661  
TELEPHONE (916) 784-7717  
FACSIMILE (916) 784-7738

**Bulletin**

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To: Dan Frietas @ Cal Ram Construction

Bulletin No. Three

Project : UCDCM Psychiatric Clinic  
2230 Stockton Blvd.

Date: 12/07/98

SSA Job No. 1106

By: Bonnie Walker

Please submit and itemized quotation for changes in the contract sum and/or time incidental to the proposed modifications of the contract documents described herein. This is not a change order. Refer to this Bulletin number when replying.

**ISSUED**

Item # 1: Relocation of 2 hour wall.

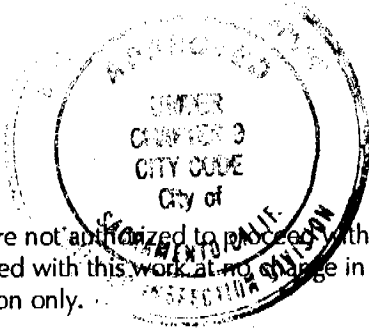
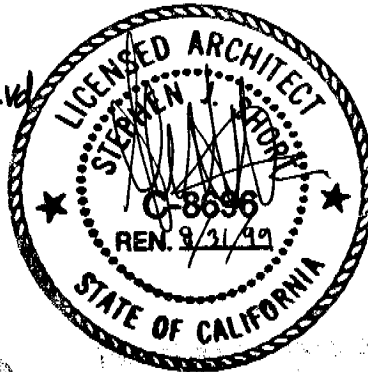
DEC 07 1998

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIV

Permit No. 98-07422 C

Address : 2230 Stockton Blvd

Rev  $\Delta$  12/7/98 JT



The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

**ACTION TO BE TAKEN**

- Submit estimate only. You are not authorized to proceed with this work.
- You are authorized to proceed with this work at no change in contract sum or construction time.
- For clarification or information only.
- 

**REFERENCE:**

- This Bulletin is complete.
- See revisions No(s) Sk-1,2&3 dated 12/07/98 which is part of this Bulletin and a revision to the Architects Drawing sheet No(s)
- 
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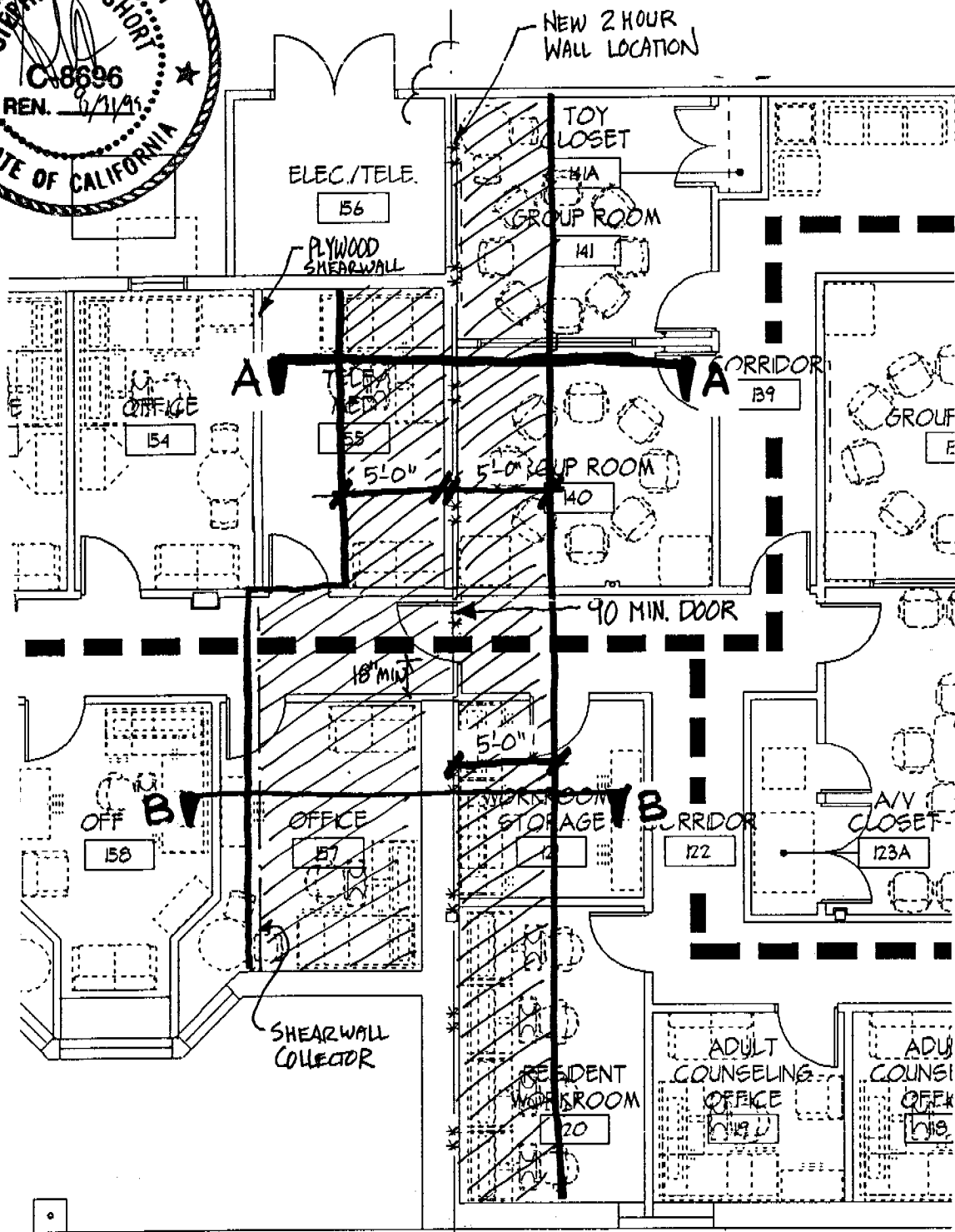
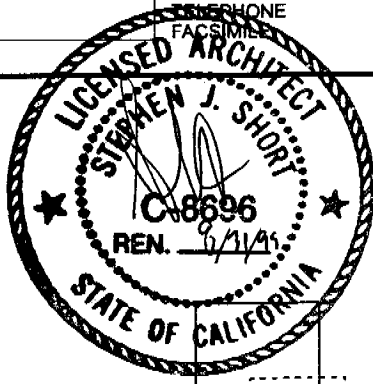
Stephen  
J.Short  
& ASSOCIATES, INC.

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PHONE (916) 784-7717  
FACSIMILE (916) 784-7738

Bulletin

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<p>Job No: 1106 Bulletin No: 3 Date: 12/07/98</p>	<p>SHEET TITLE 2 Hour wall relocation</p>	<p>Number 1 of shts.</p>
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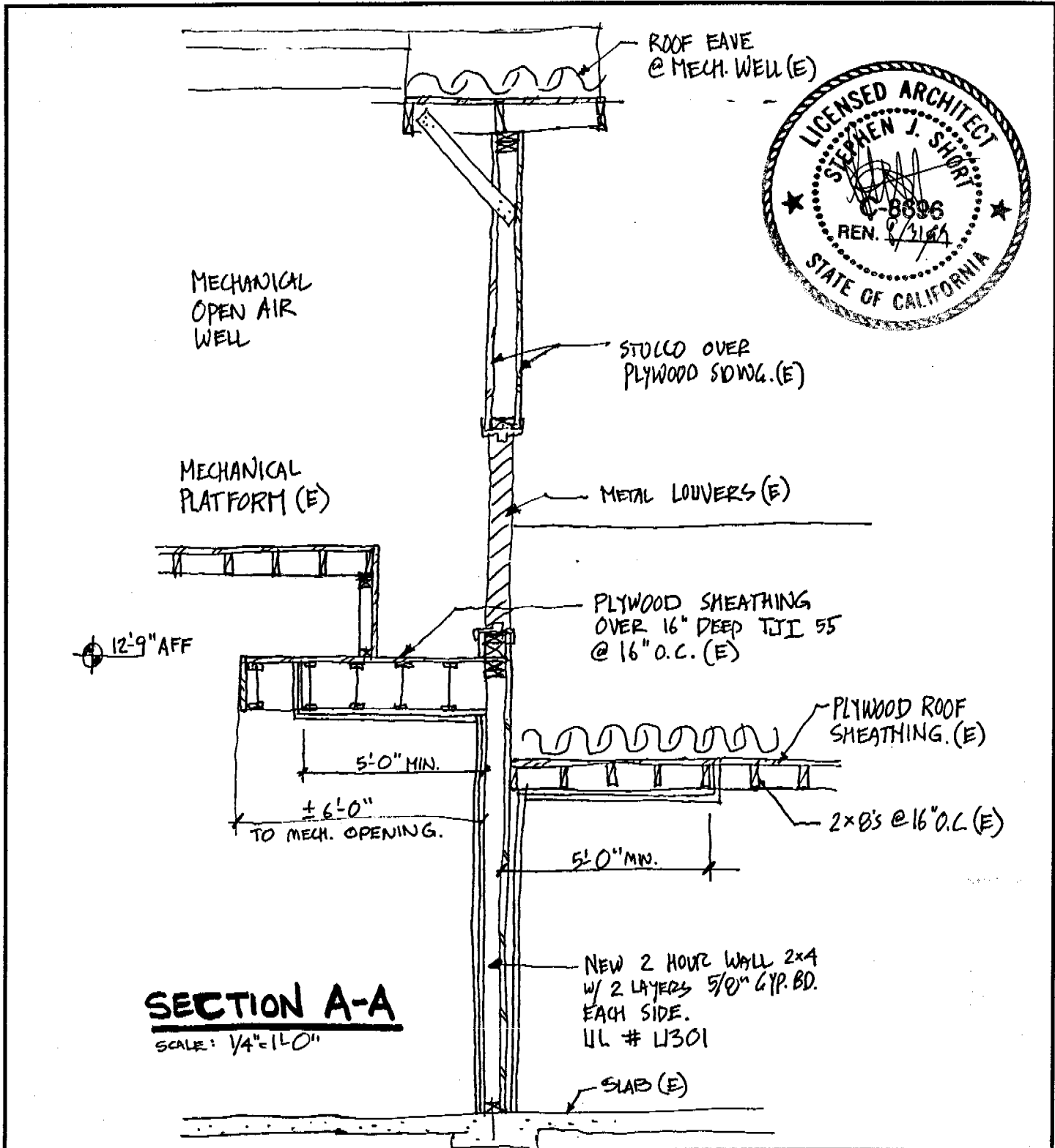
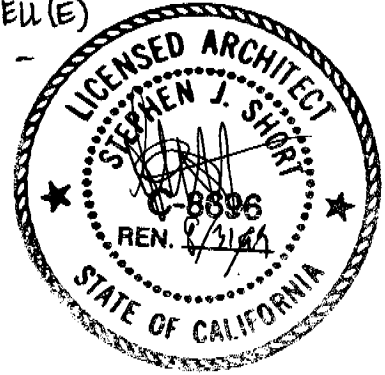
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 FACSIMILE (916) 784-7738

**Bulletin**

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**SECTION A-A**  
 SCALE: 1/4" = 1'-0"

Job No: 1106 Bulletin No: 3 Date: 12/07/98	SHEET TITLE 2 Hour wall relocation	Number 2 of shts.
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**Stephen  
J.Short**

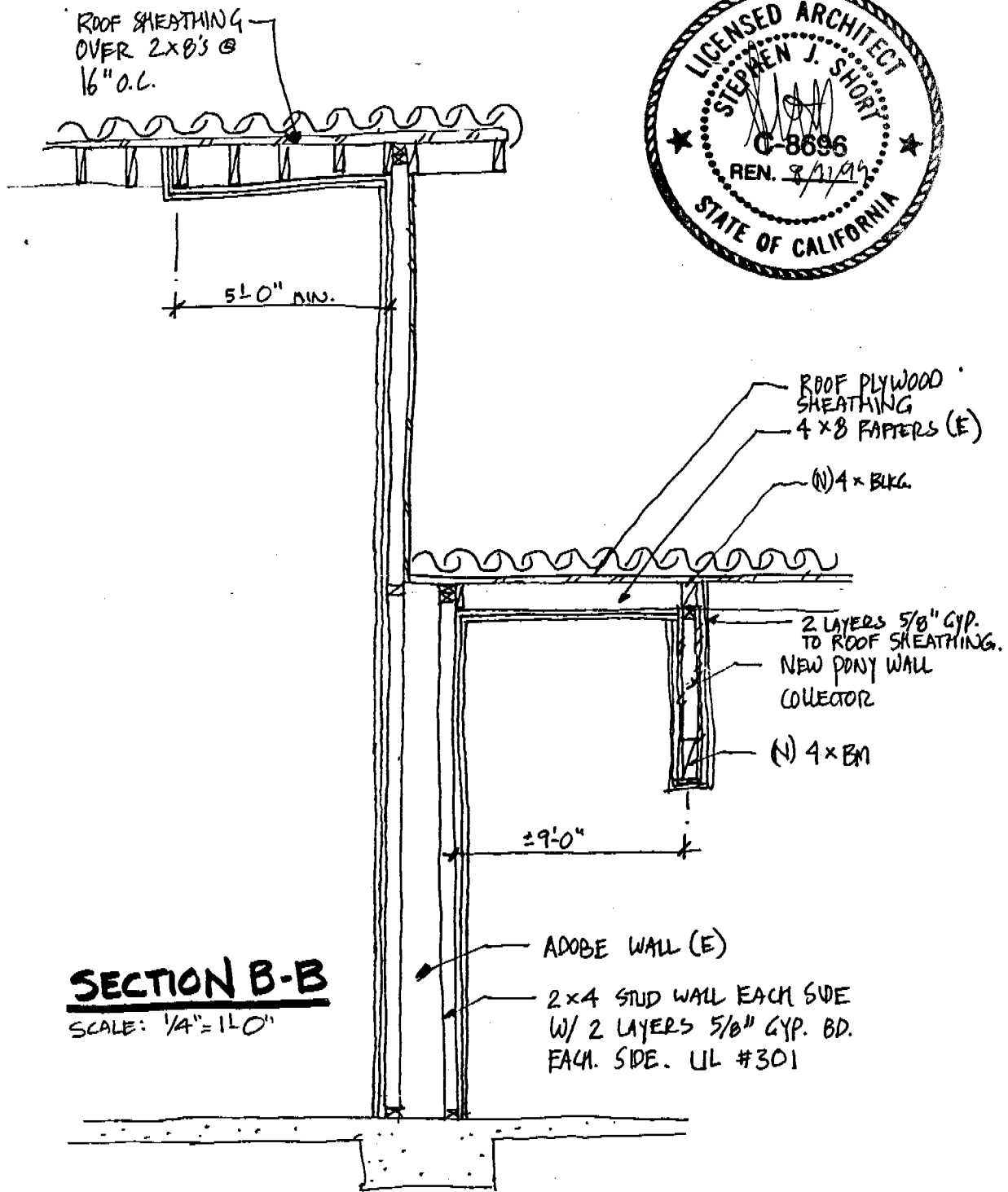
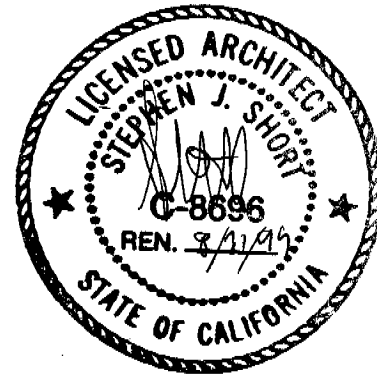
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**Bulletin**

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Job No: 1106  
Bulletin No: 3  
Date: 12/07/98

SHEET TITLE  
2 Hour wall relocation

Number  
3  
of shts.