

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: **0107959**

Insp Area: 4

Thos Bros: 278A5

Site Address: **2720 LAND AV SAC**

Parcel No: 265-0280-070

Sub-Type: NFNDTN

Housing (Y/N): N

CONTRACTOR

MARK III ENGINEERING
5101 FLORIN PERKINS RD.
SACTO. CA. 95826

OWNER

PACIFIC WINDOWS
ATLANTIC AVE
UNION CITY 94572

ARCHITECT

Nature of Work: FOUNDATION AND UNDERGROUND UTILITIES

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 N/A Lender's Address N/A

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 574134 Date 10/30/01 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 above mentioned property for inspection purposes.

Date 10/30/01 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 692-01 UNIT 0002087 Exp Date 10/01/2002

(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 10/30/01 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 #	Insp. Area
0107959	4C

Applicant MUST complete ALL Unshaded areas

ADDRESS 2720 LAND AVE Suite _____
PARCEL # 265 - 0280 - 070 4069

<p>CONTACT</p> <p>Name <u>DAVID M. REYES</u></p> <p>Street Address <u>5101 FLORIN-PERKINS RD</u></p> <p>City/State/Zip <u>SACRAMENTO, CA 95826</u></p> <p>Phone <u>916-381-8088, 303</u> FAX <u>916 381-0664</u></p> <p>E-mail: <u>DREYES@M3EC.COM</u></p>		<p>LICENSED CONTRACTOR Lic No. #<u>574134</u></p> <p>Name <u>MARK III ENG. CONTRACTORS</u></p> <p>Address <u>5101 FLORIN-PERKINS ROAD</u></p> <p>City/State/Zip <u>SACRAMENTO, CA 95826</u></p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>	
<p>ARCHITECT/ENGINEER</p> <p>Name <u>MARK III ENG. / JON DELLING</u></p> <p>Address <u>5101 FLORIN-PERKINS ROAD</u></p> <p>City/State/Zip <u>SACRAMENTO, CA 95826</u></p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>		<p>OWNER</p> <p>Name <u>PACIFIC WINDOWS</u></p> <p>Address <u>ATLANTIC AVE</u></p> <p>City/State/Zip <u>UNION CITY 94572</u></p> <p>Phone <u>510-929-3100</u> FAX <u>510-929-3111</u></p> <p>E-mail: _____</p>	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
→ WORKER'S COMPENSATION POLICY # 692-00 UNIT 2087 EXPIRATION DATE: 10/01

NATURE OF WORK IN DETAIL: FOUNDATION PERMIT FOOTINGS FOR STRUCTURE, UNDERGROUND UTILITIES

OCCUPANT/TENANT: PACIFIC WINDOWS VALUATION: \$ 121,000

FLOOD STATUS: <u>X</u>		S.C.A.T.							
JOB DESCRIPTION	BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES	<u>BLDG</u>						<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N	Fed Code	Viol. File	
				<u>F-1</u>	<u>III-N</u>	SPR ALARM	<u>10</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>	<u>PW</u>	<u>UTIL</u>
							<u>SM3</u>		

COMMENTS:

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

Date of Request: _____

By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 2720 LAND AVE.

Assessor's Parcel Number: 265-0280-070 (and 069)

Previous Use: exist. warehouse/manufacturing bldg.

Description of Request/Proposed Use: adding 63,000 sq. ft.; addition will cross exist. property line

Is This a Change of Use? NO

Prior Applications for Project Site(P#, Z#, DRPB#): P89-288 (T.M.) Zoning Designation: M-2

Comments: An application for Lot Merger is required; project is also subject to Design Review (app. req'd.) and should not submit for bldg permit until DRPB Appd.

PHIL REED
6/25/0

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: _____

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

MICROFILM AFTER FINAL