

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0106343

Insp Area: 1

Thos Bros: 297D2

Site Address: 241 NORTH 10TH ST SAC

Parcel No: 001-0112-028 SUITE 5

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

TRANS-SIERRA CONSTRUCTION
PO BOX 630
SACRAMENTO CA 95803

OWNER

NO 10TH STREET BUSINESS PARK
1722 3RD ST #202
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: INTERIOR REMODEL / FIRE REPAIR

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 397815 X Date 8/23/01 X Contractor Signature Red R

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.

X Date 8/23/01 X Applicant/Agent Signature Red R

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 A 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 713-00 UNIT 0006378 Exp Date 10/01/2001

____ (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.

X Date 8/23/01 X Applicant Signature Red R

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 # 01-06343	Insp. Area 16
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 241 N. 10TH ST Suite 5
 PARCEL # ~~001 0112-028~~ 001 0112-028

<p style="text-align: center;">CONTACT</p> Name <u>Doug SMITH</u> Street Address <u>1722 3RD ST STE 202</u> City/State/Zip <u>SACRAMENTO CA</u> Phone <u>441-4970</u> FAX <u>441-4974</u> E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. #<u>397815</u></p> Name <u>TRANS SIERRA CONST</u> Address <u>1722 3RD ST STE 202</u> City/State/Zip <u>SACRAMENTO CA</u> Phone <u>441-4970</u> FAX <u>441-4974</u> E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER <u>C22048</u></p> Name <u>CHMD</u> Address <u>2150 CAPITOL AVE STE 200</u> City/State/Zip <u>SACRAMENTO CA</u> Phone <u>446-7741</u> FAX <u>446-0457</u> E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>N. 10TH ST BUSINESS PARK</u> Address <u>1722 3RD ST STE 202</u> City/State/Zip <u>SACRAMENTO CA</u> Phone <u>441-4970</u> FAX <u>441-4974</u> E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: STATE FUND
 → WORKER'S COMPENSATION POLICY # 715-00 EXPIRATION DATE: 10-1-01

NATURE OF WORK IN DETAIL: T-1 IMPROVEMENT FIRE REPAIR

OCCUPANT/TENANT: _____ VALUATION: \$ 20,000

FLOOD STATUS: <u>NR</u>		S.C.A.T.							
JOB DESCRIPTION	BLDG	SHELL	APT	TI(<input checked="" type="checkbox"/>)	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> N	Fed Code	Vio. File	
	<u>2275</u>			<u>B</u>	<u>V</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

COMMENTS: FIRE Sprinklers DELETED ON # 0105050 IN
PC Unit from # 0011296

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

Date of Request: 5-18-01
By: Dary Smith

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 241 North 10th St

Assessor's Parcel Number: 001-012-028

Previous Use: OFFICE / WAREHOUSE

Description of Request/Proposed Use: remodel - repair interior
tile damage - no exterior work.

Is This a Change of Use? NO

Zoning Designation: C4-SPD

Prior Applications for Project Site(P#, Z#, DRPB#): None

Richards Blvd SDD
& Design Review
Area

Comments: Max Maximum 25%

all buildings office on C4 zoned
parcels. bring floor plan and info
re: each tenant space's square footage, overall

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

use of tenant
space and
sq ft of
office
space.

Planning Review by/Date: M. May 5/18/01

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

Note to Plan check:
5/21/01 - Check applicant's Exhibit A for
MICROFILM AFTER FINAL
compliance - total office not to
exceed 25% of entire building.
M. May 3/25/01.

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: Tri - One Electric Phone: 439-4926
 Site Address: 241 Nth 10th St #105 Suite: 5
(Street) (Zip)
 Business Owner/Representative: Carmen Trione Phone: 439-4926
 Nature of Business: Electrical Contractor
 Property Owner: North 10th Street Business Park Phone: 443-3797
 Address: 1722 3rd St Suite: 202
(Street) (City) Sacramento (State) CA (Zip) 95814

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: Pat Rios
(Print)
Pat Rios (Signature) 8/23/01 (Date)

BID Use Only: Plan Ck# <u>0106343</u> Permit # <u>0106343</u> OK to issue permit? <input checked="" type="checkbox"/> <small>init</small> <u>8/23/01</u> <small>date</small> F.D. Appr Req'd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Hold on Certificate of Occupancy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Dept. Use Only: OK to issue permit? <small>init</small> _____ <small>date</small> _____ OK to issue Certificate of Occupancy? <small>init</small> _____ <small>date</small> _____	