

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9908224

Insp Area: 3

Site Address: 8180 FOLSOM BL SAC
Parcel No: 079-0310-037

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

CONTRACTOR

OWNER
PGE

ARCHITECT

Nature of Work: CONCRETE PAD FOR PGE COMM. TOWERS

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 ABC7C0 Bldg D47 License Number 160331 Date 2/28/20 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 2/28/20 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 Accordia Northwest Policy Number WIK 8400005 Exp Date 6/1/2000

(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 2/28/20 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.

CITY OF SACRAMENTO

APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

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

ACTIVITY # 9101 Map Area 3

Applicant MUST complete shaded areas

ADDRESS 8180 Folsom Bl

PARCEL # _____

<p style="text-align: center;">CONTACT</p> <p>Name <u>see attached</u></p> <p>Address _____</p> <p>Phone _____ FAX _____</p> <p>E-mail _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____ FAX _____</p> <p>E-mail _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____ FAX _____</p> <p>E-mail _____</p>	<p style="text-align: center;">GENERALIST</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____ FAX _____</p> <p>E-mail _____</p>

Will permittee be doing any work on the jobsite? No Yes → INSURANCE CO: _____
 WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE _____

NATURE OF WORK: see PG&E cover letter

OCCUPANT/TENANT: _____ VALUATION: \$ 1000

FLAGGED STATUS				S.C.A.T.			
JOBS	MECH	PLUMB	ELEC	MECH	PLUMB	ELEC	OTH
MECH	MECH	MECH	MECH	MECH	MECH	MECH	FIRE
Source	Permit	Permit	Permit	Permit	Permit	Permit	Permit
Occup Group	Occup Group	Occup Group	Occup Group	Occup Group	Occup Group	Occup Group	Permit
Permit	Permit	Permit	Permit	Permit	Permit	Permit	Permit
<u>E</u>	<u>E</u>	<u>M</u>	<u>E</u>	<u>E</u>	<u>E</u>	<u>S</u>	<u>UTIL</u>

COMMENTS: _____

REGIONAL DEVELOPMENT FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER CONNECTIONS FOR NEW BUILDINGS OR ADDITIONS? Yes Faxed

CITY OF SACRAMENTO

APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

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

ACTIVITY # 9908224 C Insp. Area 3

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 8180 FOLSOM BLVD SACRAMENTO Suite _____

PARCEL # 079-0310-037

<p style="text-align: center;">CONTACT</p> <p>Name <u>RON KELLER</u></p> <p>Address <u>4247 S. MARKET CT #101</u></p> <p>Phone <u>(916) 565-2262</u> FAX <u>(916) 565-2263</u></p> <p>E-mail <u>RON.KELLER@TOTTATECH.COM</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name <u>OTB</u></p> <p>Address _____</p> <p>Phone _____ FAX _____</p> <p>E-mail _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER CONTACT <u>TODD REEK</u></p> <p>Name <u>JEE BUCKINGHAM</u></p> <p>Address <u>755 HAINES CT</u></p> <p>Phone <u>(916) 612-3155</u> FAX <u>(530) 867-9245</u></p> <p>E-mail _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>PG&E CONTACT BETSY SMITH</u></p> <p>Address <u>8180 FOLSOM BLVD</u></p> <p>Phone <u>(916) 730-8269</u> FAX _____</p> <p>E-mail _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____

→ WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: INSTALL CONCRETE SERVICE PAD FOR
TELE COMMUNICATION RADIO CABINETS, ANTENNAS TO BE
MOUNTED ON PG&E TOWER BY PG&E

OCCUPANT/TENANT: _____ VALUATION: \$ 15,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> SHELL	<input type="checkbox"/> APT	<input type="checkbox"/> TI()	<input type="checkbox"/> REM()	<input type="checkbox"/> SW	<input type="checkbox"/> FIRE	<input type="checkbox"/> ADD	<input type="checkbox"/> OTH
INSPECTION DISCIPLINES			<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> MECH	<input type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input checked="" type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE		
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fed Code	Vio. File		
				<u>U2</u>	<u>I</u>	SPR <input type="checkbox"/> ALARM <input type="checkbox"/>	<u>16</u>	[H]	[Quad]	
<input checked="" type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> P	<input type="checkbox"/> M	<input type="checkbox"/> E	<input type="checkbox"/> F	<input checked="" type="checkbox"/> S	<input type="checkbox"/> D	<input type="checkbox"/> PW	<input type="checkbox"/> UTIL	

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

Date of Request: _____
By: DD

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 8180 Folsom Blvd.

Assessor's Parcel Number: 079-0310-037

Previous Use: Tower / communications

Description of Request/Proposed Use: Obtain permit to place
3 panels each (Nextel) & Tetratech on tower

Is This a Change of Use? NO.

Prior Applications for Project Site (P#, Z#, DRPB#): 299-040.
Zoning Designation: M2S

Comments: Attached ZA copy of A. to plans.
Plans revised per note (1) for paint to match.

Are There Any Planning Issues?: (circle one) YES NO Approved by Z.A
See attached.

- * 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: [Signature] 7/27/99.

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

MICROFILM AFTER FINAL