

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0400463

Insp Area: 4

Thos Bros: 257 B7

Site Address: 4690 NATOMAS BL SAC

Parcel No: 225-0040-060

Sub-Type: TI

Housing (Y/N): N

CONTRACTOR

DONALD B WEBB
8937 DOUGLAS FIR CIRCLE
RIVERSIDE, CA 92508

OWNER

PARK PLACE LLC
200 E BAKER ST #100
COSTA MESA, CA 92626

ARCHITECT

Nature of Work: TENANT IMPROVEMENT 4000 SF DENTAL OFFICE

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 PB License Number 709664 Date 4-2-04 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 4-2-04 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 ~~coverage~~ ~~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 EXEMPT Policy Number _____ Exp Date _____

____ (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 4-2-04 Applicant Signature [Signature]

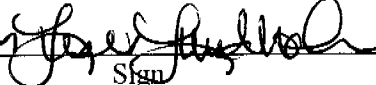
WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 4690 NATOMAS BL Permit No.: 0400463
Building Use: OFFICE DBA: RIVER CITY DENTAL GROUP Occupancy: B
Building Owner: PARK PLACE LLC Construction Type: _____
Owner Address: COSTA MESA, CA Sprinkled? [] Yes [X] No
Portion of Building Occupied: T.I. REMODEL Area: 4000 Sq. Ft.
7/22/04 LESLIE LUNDHOLM  DENNIS RICHARDSON
Date By: (Print) Sign Chief Building Official

[Finaled By:DPB,CDY,THK,LJH,CP]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
 1231 I Street, Suite 200 or 2101 Arena Bl., 200
 Sacramento, CA 95814 Sacramento, CA 95834
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY # <u>0400463</u>	Insp. Area
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Applicant to complete all areas down to valuation

ADDRESS 4090 Natomas Bl. Suite _____
 PARCEL # _____

<p style="text-align: center;">CONTACT</p> <p>Name <u>Don Webb</u> Street Address <u>129 W. Wilson suit 200</u> City/State/Zip <u>Costa mesa Ca. 92627</u> Phone <u>949-689-5015</u> FAX <u>949-764-2050</u> E-mail: <u>webbd@PacificDentalServices.com</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>709664</u></p> <p>Name <u>Donald Webb</u> Address <u>8937 Douglas Fir Cir.</u> City/State/Zip <u>Riverside Ca. 92508</u> Phone <u>949-689-5015</u> FAX <u>949-764-2050</u> E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Pacific Dental Services</u> Address <u>129 W Wilson suit 200</u> City/State/Zip <u>Costa mesa Ca. 92627</u> Phone <u>949-689-5015</u> FAX <u>949-764-2050</u> E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>Pacific Dental Services</u> Address <u>129 W Wilson suit 200</u> City/State/Zip <u>Costa mesa Ca. 92627</u> Phone <u>949-646-1151</u> FAX <u>949-764-2050</u> E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: Travelers Casualty & Surety Co.
 → WORKER'S COMPENSATION POLICY # TC2JUB419J750 EXPIRATION DATE: 7-01-04

NATURE OF WORK IN DETAIL: Dental office T.I.

OCCUPANT/TENANT: Rivercity Dental group VALUATION: \$ 88,000

FLOOD STATUS										S.C.A.T.									
JOB DESCRIPTION										BLDG <input type="checkbox"/> SHELL <input type="checkbox"/> APT <input type="checkbox"/> TR () <input type="checkbox"/> REM () <input type="checkbox"/> SW <input type="checkbox"/> FIRE <input type="checkbox"/> -ADD <input type="checkbox"/> OTHER <input type="checkbox"/>									
INSPECTION DISCIPLINES					BLDG		MECH		PLUMB		ELEC		SITE		FIRE				
# Stories	1 st Flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code		Vio. Fee									
B	L	P	M	E	F	SPR	ALARM	S	D	FW	UTIL								

COMMENTS:

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

City of Sacramento Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 4690 ⁴⁶⁹⁰ Natomas Blvd (4690)	APN: 225-0040-075
DRPB AREA / PUD / SPD: Expanded North Area	ZONING: SC-PUD
EXISTING LAND USE: Shopping Center	
PROPOSED USE: TI	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER DR PB Required Planning application must be submitted <i>before</i> project can be submitted for plan check.
<input type="checkbox"/>	Application(s) IN PROGRESS: Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.
<input checked="" type="checkbox"/>	Application(s) COMPLETED: P00-008 and P01-159 Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period.
<input type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input checked="" type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
COMMENTS: Proposed improvements shall not affect the previous Conditions of Approval, other tenants or exterior of the existing building. Submittal of plans for fire sprinkler and interior electrical, plumbing, mechanical and framing for the interior of the building.	
DATE: 01/12/04	BY: Bonnie Surgeon