

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0112132

Insp Area: 1

Thos Bros: 297C4

Site Address: 801 K ST SAC

Parcel No: 006-0097-013

SUITE 915

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

OSBORNE BUILDERS
PO BOX 244
FAIR OAKS, CA

OWNER

THE SACRAMENTO RENAISSANCE
2101 EVERGREEN ST.
SACRAMENTO CA 95815

ARCHITECT

Nature of Work: REMODEL: RELOCATE INTERIOR METAL STUD WALL, REWIRE EXISTING ELECTRICAL CIRCUITS AND LIGHTING, MOVE SOME SPRINKLER HEADS.

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 601333 Date Oct 9 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 Oct 9, 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 1342886 Exp Date 05/01/2002

_____, (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 Oct 9, 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.

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 801 K ST #915 Permit No. 0112132

Building Use: OFFICE Occupancy: B

Building Owner: THE SACRAMENTO RENAISSANCE Construction Type: 1-FR

Owner Address: 2101 EVERGREEN ST SAC. Sprinkled? [] Yes [] No

Portion of Building Occupied: SUITE 915 Area: 1322 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

2/12/02 Nicholas Bubber DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[TCO approvals:RY,BK,MB,AW]

BC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE

CERTIFICATION OF INSULATION

PART I GENERAL

ADDRESS OR TRACT

*NS Home's
Houses TRADITION
Sacto. CA*

LOT # 24

*381 Eastbrook
0108053*

SACRAMENTO INSULATION CONTRACTORS

BOX 854, WEST SACRAMENTO, CA 95691 LIC. #202026

MELODY ROAD, MARYSVILLE, CA 95901 LIC. #202026

P.O. BOX 9651, FRESNO, CA 93793-9651 LIC. #202026

P.O. BOX 1631, RENO, NV 89505 LIC. #10675

3326 A PONDEROSA WAY, LAS VEGAS, NV 89118 LIC. #10675

DATE INSULATION COMPLETED

PART II AREAS INSULATED

WALLS

CEILING

FLOORS

(SQUARE FEET)

(SQUARE FEET)

(SQUARE FEET)

TYPE OF INSULATION

TYPE OF INSULATION

TYPE OF INSULATION

MATERIAL

FIBERGLASS

MATERIAL

FIBERGLASS

MATERIAL

FIBERGLASS

FORM

BATTS

FORM

BATTS & BLOW

FORM

BATTS

MANUFACTURER'S PRODUCT I.D.

MANUFACTURER'S PRODUCT I.D.

MANUFACTURER'S PRODUCT I.D.

MANUFACTURER

OCF

MANUFACTURER

OCF

MANUFACTURER

OCF

BAGS

R - VALUE
INSTALLED

APPLIED
THICKNESS

R - VALUE
INSTALLED

APPLIED
THICKNESS

MIN. INSTALLED
WEIGHT PER
SQUARE FOOT

R - VALUE
INSTALLED

APPLIED
THICKNESS

13

3 1/2"

38

38 Batts

KNEE WALLS IF R-VALUE IS OTHER THAN WALLS ABOVE

MATERIAL

FIBERGLASS

FORM

BATTS

R VALUE

MANUFACTURER

OCF

AIR INFILTRATION SEALANT

MATERIAL

FOHM

MANUFACTURER

W R GRACE

THIS IS TO CERTIFY THAT INSULATION AND/OR SEALANT HAS BEEN INSTALLED IN CONFORMANCE WITH APPLICABLE CODES, MATERIAL STANDARDS AND REGULATIONS.

SIGNATURE—INSULATION CONTRACTOR

JEFF Cable

TITLE

MANAGER

DATE

SIGNATURE—GENERAL CONTRACTOR

TITLE

DATE

REMARKS



PART III CERTIFICATION

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 # 0112132	Insp. Area 1
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 801 K Street Suite 915
 PARCEL # _____

<p style="text-align: center;">CONTACT</p> <p>Name <u>TAYLOR OSBORNE</u> Street Address <u>P.O. BOX 244</u> City/State/Zip <u>FAIR OAKS CA 95628</u> Phone <u>916-240-3611</u> FAX _____ E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>601333</u></p> <p>Name <u>OSBORNE BUILDERS</u> Address <u>P.O. BOX 244</u> City/State/Zip <u>FAIR OAKS CA 95628</u> Phone <u>916 944 7206</u> FAX <u>944-8811</u> E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>WINSHIP PROPERTIES</u> Address <u>801 K ST</u> City/State/Zip <u>SACRAMENTO</u> Phone <u>551-1331</u> FAX _____ E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: STATE FUND
 → WORKER'S COMPENSATION POLICY # 1342886 EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: RELOCATE INTERIOR INTL. STUD WALLS OF EXISTING T.I. REWORK EXISTING ELECTRICAL CIRCUITS AND LIGHTING.

OCCUPANT/TENANT: WINSHIP PROPERTIES VALUATION: \$ 44000.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM (✓)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1st firArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File		
B	L	P	M	E	F	SPR	ALARM	15	[H]	[Quad]
		13,000	3,000							

COMMENTS: _____

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

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
9/20/01	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 012132
 ADDRESS 857 N STREET SUITE 100
 Commercial Residential

ACCEPTED BY (NAME):

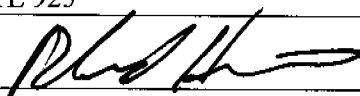
DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
<u>DIG SAFETY</u>	13	JT	9/21/01						
<u>MECHANICAL PLUMBING</u>	13	JT							
<u>ELECTRICAL</u>	13	KAW	9/21/01						
<u>FIRE</u>	13	JM	9/21/01						
<u>PLANNING</u>	13	BJF	9-21-01						

STAFF COMMENTS: PROVIDE MECHANICAL PLANS SHOWING HOW SHORE PIERGE IS BEING MAINTAINED. HOW

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 801 K ST #925 Permit No.: 0112132
Building Use: OFFICE Occupancy: B
Building Owner: THE SACRAMENTO RENAISSANCE Construction Type: 1-FR
Owner Address: SACRAMENTO, CA Sprinkled? Yes No
Portion of Building Occupied: SUITE 925 Area: 1322 Sq. Ft.
2/6/03
Date By: (Print)  Sign **DENNIS RICHARDSON**
CHIEF BUILDING OFFICIAL

[Finaled By:MW,RLLB,BK,AW]

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