

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0114775

Insp Area: 1

Thos Bros: 297 B4

Site Address: 100 CAPITOL ML SAC

Parcel No: 006-0133-012

Sub-Type: COM

Housing (Y/N):

CONTRACTOR

EAGLE POOLS  
8118 OAHU DR  
FAIR OAKS CA 95682

OWNER

SACRAMENTO HOTEL PARTNERS LLC  
100 SARATOGA AV  
SANTA CLARA CA 95051

ARCHITECT

Nature of Work: NEW SWIMMING POOL AND SPA FOR EMBASSY SUITES

**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 \_\_\_\_\_

License Number 412982

Date 1-07/02

Agent Contractor Signature

*Hay Marchant*

**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 3 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 \_\_\_\_\_

COMMUNITY PLANNING AND DEVELOPMENT SERVICES

**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 1-07-02

Applicant/Agent Signature

*Hay Marchant*

**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 0685910-00

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 these provisions.

Date 1/07/02

Applicant Signature

*Hay Marchant*

**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 # 0114775 Insp. Area 1C

ADDRESS 100 CAPITAL MALL SAC Ca. 95814 Suite \_\_\_\_\_  
 PARCEL # 006.0133.012

Applicant MUST complete ALL Unshaded areas

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>MIKE NANTZE</u>                  Street Address <u>518 OAKHUR DR.</u>                  City/State/Zip <u>FAIR OAKS</u>                  Phone <u>961-7665</u> FAX <u>967 7076</u>                  E-mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name <u>MIKE NANTZE EAGLE POOLS</u>                  Address <u>8118 OAKHUR DR.</u>                  City/State/Zip <u>FAIR OAKS</u>                  Phone <u>961-7665</u> FAX _____                  E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name _____                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b> LLC</p> <p>Name <u>SACRAMENTO HOTEL PARTNERS</u>                  Address <u>100 SARATOGA AVE</u> <sup>Suite #300</sup>                  City/State/Zip <u>SANTA CHARA, Ca. 95051</u>                  Phone _____ FAX _____                  E-mail: _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: STATE FUND  
 → WORKER'S COMPENSATION POLICY # 685910-02 EXPIRATION DATE: May-1-02

NATURE OF WORK IN DETAIL: CONST OF NEW SWIMMING POOL AND SPA IN NEW EMBASSY SUITES

OCCUPANT/TENANT: EMBASSY SUITES VALUATION: \$ 45,000<sup>00</sup>

FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( )	SW	FIRE	ADD	<u>OTH</u>	
INSPECTION DISCIPLINES		<u>BLDG</u>	MECH	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	FIRE				
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File		
						SPR.	ALARM	<u>20</u>	[H]	[Quad]	
<u>B</u>	<u>L</u>	<u>P</u>	M	<u>E</u>	F	<u>S</u>		D	PW	UTIL	

COMMENTS: \_\_\_\_\_

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

**PLANNING AND ZONING REVIEW**

..... to be filled out by Planning staff .....

ADDRESS: 100 Capitol Mall

APN: \_\_\_\_\_ ZONING: C-3

DESIGN REVIEW AREA: Central City - Arts & Entertainment

PREVIOUS FILES RELATED TO SITE: DR 98-120, P 98-110

EXISTING LAND USE: \_\_\_\_\_

PROPOSED USE: Commercial Swimming Pool

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ BY: \_\_\_\_\_

DOES IT APPEAR THAT THE PROJECT WILL REQUIRE A PLANNING APPLICATION?

YES

NO

(If yes, circle applications needed below)

.....Staff.....ZA.....Planning Commission.....Design Review.....Preservation Review.....

CONCLUSION: Must meet conditions of approval for DR 98-120 and P 98-110

DATE: 11-16-01 BY: L. Hay

**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: Eagle Pools Phone: 961-7665  
 Site Address: 100 Capita Suite: \_\_\_\_\_  
(Street)  
 Business Owner/Representative: 8118 Oahu Dr. Same as Phone: 961-7665  
(Zip)  
 Nature of Business: Const of New Pool & SPA  
 Property Owner: Sacramento Hotel Partners Phone: \_\_\_\_\_  
 Address: 100 Saratoga Ave Ste # 300 Suite: \_\_\_\_\_  
Santa Clara, Ca. (City) Ca. (State) 95051 (Zip)

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: GARY MAICHROWICZ  
(Print)  
Gary Maichrowicz (Signature) 1-07-02 (Date)

BID Use Only: Plan Ck# _____ Permit # _____ OK to issue prmt? Y _____ F.D. Appr Req'd? Yes No <small>init date</small>	
Hold on Certificate of Occupancy? Yes No	
Fire Dept. Use Only: OK to issue permit? init _____ date _____ OK to issue Certificate of Occupancy? init _____ date _____	