

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 9908682**  
**Insp Area: 4**

**Site Address: 3651 TRUXEL RD SAC**  
Parcel No: 225-1040-004 #A

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

CONTRACTOR  
FHMI  
8589 THYS C  
SACRAMENTO CA 95828

OWNER  
DONAHUE SCHRIBER REALTY GROUP  
3501 Jamboree Rd  
Newport Beach Ca 92660

ARCHITECT

**Nature of Work: INSTALL ATM AND HVAC EQUIPMENT IN EXISTING BULDINGI**

**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 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.

X License Class 4E13 License Number 280934 Date 8/26/99 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 a 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 the work, 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 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 an 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 8/26/99 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.

[Initials] 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 ZC INSURANCE CO Policy Number WBN-68608-A Exp Date 04/01/2000 [Signature]

(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 8/26/99 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 3700 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

ACTIVITY # 9908682 Insp. Area 4-C

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

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 3651-TRUXEL Rd., SAC. Suite A

PARCEL # 225-0104-018

<b>CONTACT</b> Name <u>DAVID LARSEN, HDL DESIGN</u> Address <u>268 FIRESTONE DR. RSVL 95678</u> Phone <u>(916) 773 6758</u> FAX <u>773 0518</u> E-mail _____		<b>LICENSED CONTRACTOR</b> Lic No. # _____ Name <u>HMMH CONST.</u> Address <u>8589 THYS CT. SAC</u> Phone <u>308-9126</u> FAX <u>388-9195</u> E-mail _____	
<b>ARCHITECT/ENGINEER</b> Name <u>HDL DESIGN, DAVE LARSEN</u> Address <u>268 FIRESTONE DR. RSVL.</u> Phone <u>773-6758</u> FAX <u>7730518</u> E-mail _____		<b>OWNER</b> Name <u>DONAHUE SCHRIDER</u> Address <u>1451 RIVER PARK DR #299, SAC</u> Phone <u>920-5555</u> FAX <u>920-4265</u> E-mail _____	

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

→ WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: ADDED ATM MACHINE, HVAC UNITS  
RELATED STRUCT. TO (E) BUILDING  
SPECIAL INSPECTIONS

OCCUPANT/TENANT: BANK OF AMERICA. VALUATION: \$ 22,000

FLOOD STATUS:		S.C.A.T. <u>XI</u>							
JOB DESCRIPTION	BLDG	SHELL	APT	TI ( )	REM ( )	SW	FIRE	ADD	<u>OTH</u>
INSPECTION DISCIPLINES	<u>BLDG</u>	<u>MECH</u>	PLUMB	<u>ELEC</u>	SITE	FIRE			
# STORIES	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N	Fed Code	Vio. File	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	SPR	ALARM	<u>15</u>	[H] [Quad]
						<u>S</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>

COMMENTS: 1997 U.B.C.

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

Date of Request: 8/6/99  
By: DD

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 3651 A Truxel Rd

Assessor's Parcel Number: 225-0104-018.

Previous Use: Natomas Mkt. Place.

Description of Request/Proposed Use: Roof top HVAC

Is This a Change of Use? \_\_\_\_\_

Prior Applications for Project Site(P#, Z#, DRPB#): \_\_\_\_\_  
Zoning Designation: SCPUD  
P96-0576 P95074

Comments: HVAC must be screened from roads and  
freeways. See attached POD guideline

*screened  
see elevations  
sheet A-1*

Are There Any Planning Issues?: (circle one) YES  NO  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: D. Decker 8/6/99

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

MICROFILM AFTER FINAL

# CITY OF SACRAMENTO

## APPLICATION FOR COMMERCIAL BUILDING PERMIT

**DEVELOPMENT SERVICES DIVISION**  
**PERMIT ENGINEERING SECTION**  
 1231 L Street, 2nd Floor  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # _____	Occ. Area _____
------------------	-----------------

**Applicant MUST complete shaded areas**

ADDRESS \_\_\_\_\_

PARCEL # \_\_\_\_\_

<p><b>CONTACT</b></p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____ FAX _____</p> <p>E-mail _____</p>	<p><b>LICENSED CONTRACTOR</b></p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>E-mail _____</p>
<p><b>ARCHITECT/ENGINEER</b></p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____ FAX _____</p> <p>E-mail _____</p>	<p><b>OWNER</b></p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>E-mail _____</p>

Is this project being developed on the site?  No  Yes → **INSURANCE CO.** \_\_\_\_\_

**WORKER'S COMPENSATION POLICY #** \_\_\_\_\_

**NATURE OF WORK IN DETAIL:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OCCUPANT/TENANT:** \_\_\_\_\_ **VALUATION:** \_\_\_\_\_

REGD. STATE				S.C.A.T.					
JOB DESCRIPTION		BLDG	SHELL	APT	TK ( )	ROW ( )	SW	ADD	OTH
INSULATION/PIPELINES		BLDG	MECH	PLUMB	ELEC			EIRE	
# Stories	Int. Area	Total Area	Use Zone	Occp Group	Constr type	Spec. Req.	Ver	Alt	Vio. File
									[H] [Quad]
		P	M	E	F	S			PW UTIL

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REGIONAL CONTAMINATION FEES:**  Yes  No      **HEALTH DEPARTMENT:**  Yes  No

**WATER MAINS FOR NEW BUILDINGS OR ADDITIONS:**  Yes  No