

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0319484

Insp Area: 1
Thos Bros: 298 A5

Site Address: 5151 F ST SAC St: SUITE D
Parcel No: 004-0010-024 BUILDING D

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

CONTRACTOR
UNGER CONSTRUCTION
2112 SUTTERVILLE RD
SACRAMENTO CA 95822

OWNER
SUTTER COMMUNITY HOSPITALS
2800 L ST
SACRAMENTO CA 95816

ARCHITECT
SILVA STRONG ARCHITECTS
2200 21ST STREET
SACRAMENTO 95818

Nature of Work: REMODEL-ENCLOSING TELECONFERENCE AREA & ADDING (N)
LIGHTING, OUTLETS, & RELOCATING HVAC REGISTERS.

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 301690 Date _____ 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 above-mentioned property for inspection purposes.

Date 3-19-04 Applicant 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 policy number is:

Carrier STATE FUND Policy Number 692-02 UNIT 000244 Exp Date 10/01/2004

(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 3-19-04 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 Planning Division
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 5151 F St Bldg D (aka 5275 F Street)	APN: 004-0010-024
DRPB AREA / PUD / SPD: NA	ZONING: H
EXISTING LAND USE: Sutter Memorial Hospital	
PROPOSED USE: Remodel interior open conference room into closed walled videoconference room accessible by hallway.	
<p><u>PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:</u></p> <p><input type="checkbox"/> Planning review is NOT required.</p> <p><input type="checkbox"/> Use is NOT allowed; applicant CANNOT submit for plan check.</p> <p><input type="checkbox"/> Requires APPLICATION(s): PC ZA IR ER DR PB</p> <p style="padding-left: 40px;">Required Planning application must be submitted <i>before</i> project can be submitted for plan check.</p> <p><input type="checkbox"/> Application(s) IN PROGRESS:</p> <p style="padding-left: 40px;">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.</p> <p><input type="checkbox"/> Application(s) COMPLETED:</p> <p style="padding-left: 40px;">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.</p> <p><input checked="" 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.</p> <p><input type="checkbox"/> Meets setback & lot coverage requirements as shown on site plan provided.</p> <p><input type="checkbox"/> Plans to be submitted have been stamped/signed by Planning counter staff.</p> <p><input type="checkbox"/> Route to SITE for plan check and inspection.</p> <p><input type="checkbox"/> Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.</p>	
COMMENTS: Use not changing. Okay with planning.	
DATE: 12-17-2003	BY: SShore

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 #	Insp. Area
0319484	1C

Applicant to complete all areas down to valuation

ADDRESS 5151 F St. Building D Sac. CA 95819 Suite D
 PARCEL # 004-0010-024

CONTACT Name <u>John Nunan</u> Street Address <u>910 X Street</u> City/State/Zip <u>Sacramento, CA 95818</u> Phone <u>916-325-5500</u> FAX <u>916-325-5460</u> E-mail:		LICENSED CONTRACTOR Lic No. # <u>301690</u> Name <u>Unger Construction Co</u> Address <u>910 X St.</u> City/State/Zip <u>Sacramento, CA 95818</u> Phone <u>916-325-5500</u> FAX <u>916-325-5460</u> E-mail:	
ARCHITECT/ENGINEER Name <u>Silva Strong</u> Address <u>910 X Street Suite 200</u> City/State/Zip <u>Sacramento, CA 95818</u> Phone <u>916-736-3100</u> FAX <u>916-736-3003</u> E-mail:		OWNER Name <u>Sutter Medical Center</u> Address <u>2800 L Street</u> City/State/Zip <u>Sacramento, CA 95818</u> Phone <u>916-733-8533</u> FAX <u>916-733-3089</u> E-mail:	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Fund
 → WORKER'S COMPENSATION POLICY # 642-2442 EXPIRATION DATE: 10/1/04

NATURE OF WORK IN DETAIL: enclosing an existing teleconference area, Adding lights and plugs HVAC registers relocated

OCCUPANT/TENANT: VALUATION: \$ 20,000

FLOOD STATUS				S.C.A.T.						
JOB DESCRIPTION		BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TI () <input type="checkbox"/>	REM (X) <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. File	
						SPR	ALARM			
<u>13</u>	<u>1500</u>	<u>408</u>	<u>(M)</u>	<u>(B)</u>	<u>(F)</u>	<u>X</u>	<u>X</u>	<u>D</u>	<u>PW</u>	<u>NTL</u>

COMMENTS: Make Return air / Fire sprinkler plan. Provide branch circuits. For New Elect. (2/2/03 J.H.H.) provide fire alarm / fire sprinkler plans
- Fire Alarm Plans - additional notification device required in new video conf rm -> provide voltage calcs

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

PBF10038

Need fire alarm plans including circuits, data sheets, CFM listings, battery calcs (complete plans)
 GREG LEDERMAN 808 5936 *check for code 5D*
 1) ICSS to review fire
 2) call up Peter for Elec review