

CITY OF SACRAMENTO

Permit No: 9809662

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 3941 J ST SAC

Sub-Type: REM

Parcel No: 0080500001

SPACE #260

Housing (Y/N): N

CONTRACTOR

HUNTINGTON CONSTRUCTION
1329 HOWE AV
SACRAMENTO CA 95825

OWNER

CHEN JONG L/MD/SHU E
POB3034
SACRAMENTO CA 95812

ARCHITECT

Nature of Work: INT OFFICE REMODEL (RECEPTION AREA&FILE ROOM)

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 452208 Date 10/28/98 Contractor 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 10/28/98 Applicant/Agent 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.

X 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 HANSON Policy Number 59WBEN 8211 Exp Date 01/01/99

(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 10/28/98 Applicant 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**  
**APPLICATION FOR BUILDING PERMIT**  
**DEPARTMENT OF PLANNING AND DEVELOPMENT**  
**BUILDING INSPECTION DIVISION**  
 1231 I Street, Room 200  
 Sacramento, CA 95814  
 (916) 264-7619 FAX 264-7046

**RECEIVED**

SEP 30 1998

Building Inspector Division

P.C. # 1C  
 SUITE # 260  
 AREA # \_\_\_\_\_

9809662X

ADDRESS 3941 J Street, Sacramento, CA 95814  
 PARCEL # 008 - 0500 - 001

**CONTACT**

NAME Gerhardt N. Olsen  
 ADDRESS 1481 River Park Drive, #100  
Sacramento, CA ZIP 95815-4501  
 PHONE (916) 564-7305

**LICENSED CONTRACTOR**

NAME Huntington Construction  
 ADDRESS 1481 River Park Drive, #100  
Sacramento, CA ZIP 95815-4501  
 PHONE (916) 564-7305

**ARCH./ENG.**

NAME Breschi + Patterson  
 ADDRESS 914 Douglas Boulevard  
Roseville, CA ZIP 95678  
 PHONE (916) 773-6000

**OWNER/TENANT**

NAME Regional Cardiology  
 ADDRESS 3941 J Street, Suite 260  
Sacramento, CA ZIP 95819  
 PHONE (916) 736-0620

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE?  YES  NO

NATURE OF WORK IN DETAIL: Office interior remodel, including non-structural framing, electrical, HVAC and relocation of fire spray pendants.

NOT OFFICE REMODEL (RELOCATION AREA & FILE REVIEW)  
Office Remodel

D.B.A. REGIONAL CARDIOLOGY  VALUATION \$86,000.00

FLOOD STATUS NA  S.C.A.T.

JOB DESCR. BLDG SHEL APT TK ( ) REM (X) SW FIRE ADD OTH

INSP. DISCIPLINES  BLDG  MECH  PLUMB  ELEC  SITE  FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	USE ZONE	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FED CODE	VIO. FILE
		<u>2309</u>		<u>B</u>	<u>VP</u>	<u>Y</u>	<u>19</u>	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>R</u>

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

\_\_\_\_\_

Verify occupancy

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CITY OF SACRAMENTO**  
**APPLICATION FOR [REDACTED] BUILDING PERMIT**

**DEVELOPMENT SERVICES DIVISION**  
**PERMIT SERVICES SECTION**

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

IN CHECK # _____	Insp. Area _____
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**Applicant MUST complete ALL Unshaded areas this page only**

ADDRESS 3991 J. ST. Suite 260  
 PARCEL # \_\_\_\_\_

<b>CONTACT</b> Name <u>GERARD [REDACTED]</u> Address <u>1421 [REDACTED] DR. #100</u> <u>SACRAMENTO, CA</u> Zip <u>95815-4001</u> Phone <u>564-7305</u> FAX <u>618-7491</u>		<b>LICENSED CONTRACTOR</b> Lic No. # <u>463208</u> Name <u>HUNTERED CONSULTING</u> Address <u>1987 [REDACTED] DR. #100</u> <u>SACRAMENTO, CA</u> Zip <u>95815-4501</u> Phone <u>564-7305</u> FAX <u>564-7491</u>	
<b>ARCHITECT/ENGINEER</b> Name <u>BAERNE + [REDACTED]</u> Address <u>514 DOUBLEDAY BLVD.</u> <u>ROSEVILLE, CA</u> Zip <u>95678</u> Phone <u>773-6000</u> FAX <u>773-6006</u>		<b>OWNER</b> Name <u>REBECCA CARROLL ASSOC.</u> Address <u>3991 J. ST. #260</u> <u>SACRAMENTO, CA</u> Zip <u>95819</u> Phone <u>736-2323</u> FAX <u>736-0620</u>	

→ Will the permittee have any employees on the job?  Yes  No HARRISON FEAR INS. CO.  
 → If yes, WORKER'S COMPENSATION POLICY # 5900008211 EXPIRATION DATE: 1/01/99  
 NAME OF INSURANCE COMPANY: HARRISON FEAR INS. CO.

NATURE OF WORK IN DETAIL:  
Renovate

DBA: REBECCA CARROLL ASSOC. VALUATION: 86,000

FLOOD STATE		S.C.		SW		FIRE		ADD		OTH	
JOB DESCRIPTION		APT		REM		SW		FIRE		ADD	
INSP. DISCIPLINES		MECH		PLUMB		ELEC		SITE		FIRE	
# Stories		Int. Dr. Area		Const type		Fire Res. Y/N		Fed Code		Vib. File	
B		L		F		S		D		R	

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

REGIONAL SANITATION DISTRICT?  Yes  No HEALTH DEPARTMENT?  Yes  No

**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: REGIONAL CARDIOLOGY Phone: 564-7305  
 Site Address: 3541 J. ST. Suite: 260  
(Street)  
 Business Owner/Representative: GERHARDT N. OLSEN Phone: 564-7305  
(Zip)  
 Nature of Business: MEDICAL  
 Property Owner: CHEN JONG L/M.D Phone: 564-7305  
 Address: 3541 J. ST. Suite: 260  
(Street)  
Sacramento CA 95815  
(City) (State) (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: GERHARDT N. OLSEN  
(Print)  
[Signature] 10/28/98  
(Signature) (Date)

BID Use Only: Plan Ck# <u>7662</u> Permit # <u>98-09662</u>
OK to issue prmt? <u>Yes</u> <u>10-28-98</u> F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
init date
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Fire Dept. Use Only:
OK to issue permit? ini' <input type="checkbox"/> date <input type="checkbox"/>
OK to issue Certificate of Occupancy? init <input type="checkbox"/> date <input type="checkbox"/>

ATTACH WITH 1 1/2" SCREWS AT 24" O.C.

3 5/8" X 25 GA. STEEL STUDS AT 16" O.C.

SUSPENDED ACOUST. CLG. AT 9'-0"

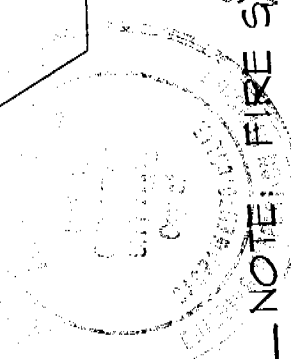
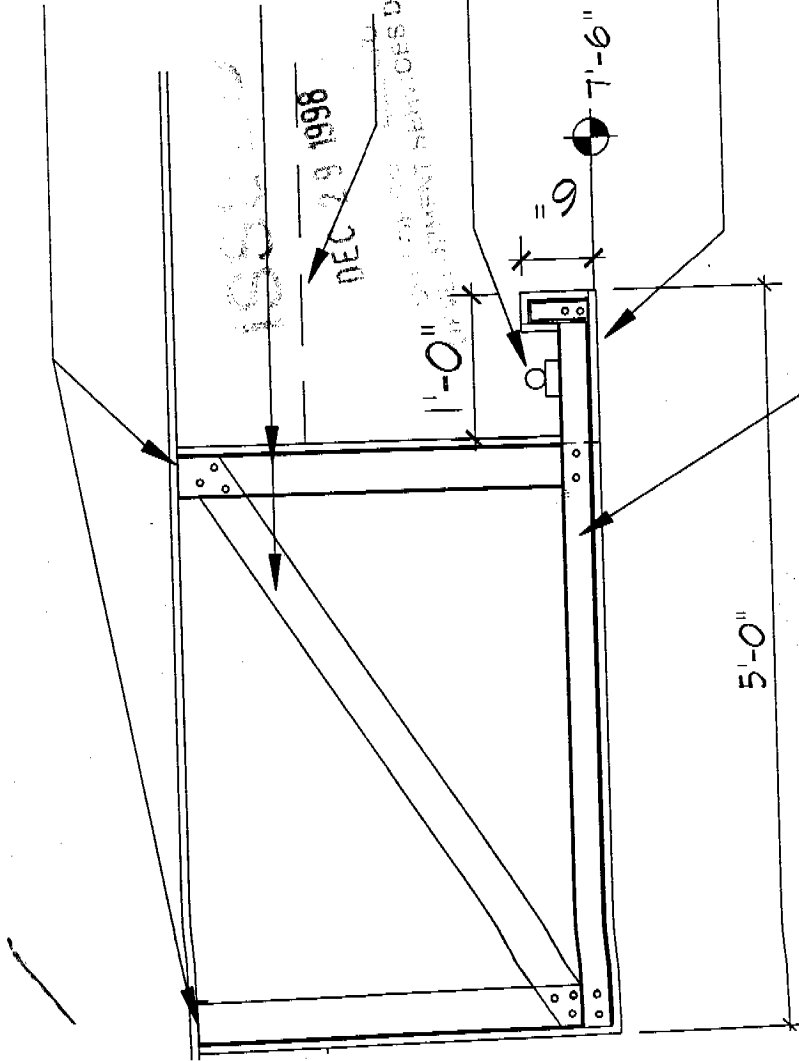
FLUORESCENT LIGHT FIXTURE

Permit No. 9809662C

Address: 3941 J St. Suite 260

5/8" GYP. BD. TYPICAL REV  $\Delta$  12/29/98

2 1/2" X 20 GA. STEEL JOISTS AT 16" O.C.



NOTE: FIRE SEAL ALL PENETRATIONS AT EXISTING ONE HOUR WALL

NOTE: OTHER COMPONENTS MAY BE 25 GA. ALL INTERSECTIONS TO BE SCREWED TOGETHER

NOTE: THIS DETAIL OCCURS AT THE EAST AND WEST SIDES OF ROOM 200

② SECTION @ SOFFIT SCALE: 3/4" = 1'-0"

REGIONAL CARDIOLOGY  
3941 J STREET  
SACRAMENT, CA

ATTACH WITH 1 1/2" SCREWS AT 24" O.C.

1 1/2" OR 3 5/8" X 25 GA. STEEL STUDS AT 16" O.C.

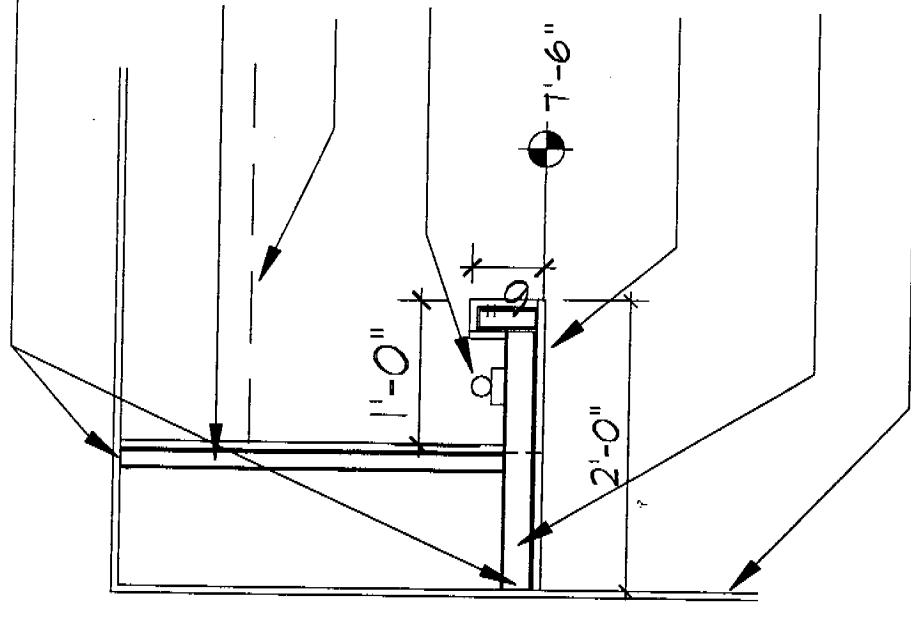
SUSPENDED ACOUST. CLG. AT 9'-0"

FLUORESCENT LIGHT FIXTURE

5/8" GYP. BD. TYPICAL

2 1/2" X 20 GA. STEEL JOISTS AT 16" O.C.

EXIST. WALL

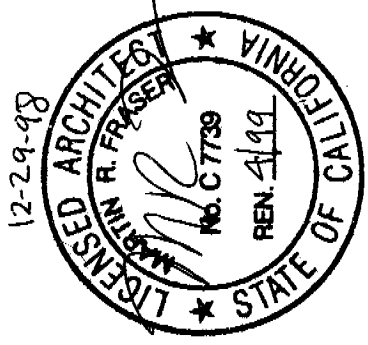


NOTE: FIRE SEAL ALL PENETRATIONS AT EXISTING ONE HOUR WALL

NOTE: OTHER COMPONENTS MAY BE 25 GA. ALL INTERSECTIONS TO BE SCREWED TOGETHER

NOTE: THIS DETAIL OCCURS AT THE SOUTH AND NORTH SIDES OF ROOM 200

① SECTION @ SOFFIT SCALE: 3/4" = 1'-0"



REGIONAL CARDIOLOGY  
3941 J STREET  
SACRAMENT, CA