

CITY OF SACRAMENTO

Permit No: 9901536

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 1601 RESPONSE RD SAC #210
Parcel No: 277-0272-014 2ND FLOOR CORRIDOR

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

CONTRACTOR: DPR CONSTRUCTION INC, 1451 RIVER PARK DR, SACRAMENTO CA 95815
OWNER: EXPOSITION CENTRE ASSOCIATES, 2929 SAN MATEO CA 95815
ARCHITECT:

Nature of Work: INT OFFICE 1 HR CORRIDOR&LIGHTING.SOME DEMO INTERIOR.

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 599846 Date 3-5-99 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 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 3-5-99 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.

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: RELIANCE INSURANCE CO Policy Number WD8546721 Exp Date 02/01/2000

(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 3-5-99 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 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 **[REDACTED]** BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION
1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # 990153 Insp. Area 7

Applicant **MUST** complete ALL Unshaded areas this page only

ADDRESS 1601 Response Road Suite 210
PARCEL # 277-0272-014

CONTACT Name <u>Jill Condon, SSP</u> Address <u>7585 Gold Drive</u> <u>Loomis Ca</u> Zip <u>95650</u> Phone <u>652-3400</u> FAX <u>652-7805</u>		LICENSED CONTRACTOR Lic No. # <u>599864</u> Name <u>DPR Construction, Inc.</u> Address <u>1451 Riverpark Dr Ste 210</u> <u>Sacto Ca</u> Zip <u>95815</u> Phone <u>568-3434</u> FAX <u>568-3442</u>	
ARCHITECT/ENGINEER Name <u>Stafford Space Planning #121A</u> Address <u>7585 Gold Drive</u> <u>Loomis Ca</u> Zip <u>95650</u> Phone <u>652-3400</u> FAX <u>652-7805</u>		OWNER <u>[REDACTED]</u> Name <u>Wilson Cornerstone Properties</u> Address <u>400 Capitol Mall Ste. 670</u> <u>Sacto Ca</u> Zip <u>95814</u> Phone <u>448-0400</u> FAX <u>448-4440</u>	

→ Will the permittee have any employees on the jobsite? Yes No
 → If yes, WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____
 NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: Demolition, new int partitions, new power & telephone, new lights & new plumbing.
INT OFFICE REMODEL.

DBA: ADVOC (advertising firm) VALUATION: \$65,000

FLOOD STATUS:				S.C.A.T.					
JOB DESCRIPTION	BLDG	SHEL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSP. DISCIPLINES	<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File	
<u>3</u>		<u>2720</u>		<u>B</u>	<u>I</u>	Spr <input checked="" type="checkbox"/> Alarm <input checked="" type="checkbox"/>	<u>15</u>	<u>OK</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: Provide contractor's copy certificate
Provide CFPA Listing Sheet & Manufacturer's Data Sheet for
1) Smoke/Heat Detector + 2) Door Detection

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION**

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
1/28/99	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 99-01536C X 210
 ADDRESS: 1201 Reservoir
 Commercial Residential

ACCEPTED by (Staff):
BL

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	3			13	JT	2/24/99			
STRUCTURAL									
MECHANICAL/PLUMBING	(13)	MT	2/19/99	13	MT	2/24/99			
ELECTRICAL			4/7/99						
FIRE				13	AW	3/14/99			
PLANNING									

STAFF COMMENTS:
Provid. worker's copy. City.

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: Corridor remodel Phone: N/A
 Site Address: 1401 Response Road Suite: N/A
(Street) (Zip)
 Business Owner/Representative: Margie Monsoon Phone: _____
 Nature of Business: Public Corridor
 Property Owner: Wilson Cornerstone Properties Phone: 448-0400
 Address: 400 Capitol Mall Suite: 670
Sacramento Ca 95814
(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: Jill M. Condon per conversation w/ Margie Monsoon 2/16/99
(Print)
Jill M Condon 2-16-99
(Signature) (Date)

BID Use Only: Plan Ck# <u>19015204</u> Permit # _____
OK to issue prmt? Y _____ F.D. Appr Req'd? Yes No _____
init date _____
Hold on Certificate of Occupancy? Yes No _____
Fire Dept. Use Only:
OK to issue permit? ini' _____ date _____
OK to issue Certificate of Occupancy? init _____ date _____

MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 4-13-99

From: Gordon Duncan,
Fire Marshal

Subject: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

1601 Response #210

has been conducted by Inspector D. DeMello

on 4-9-99.

99-01533C

Permit Number

600 ± 4

Square Footage

Remodel

Type Inspection

The system is acceptable by this department.



By: Ross L. Woodman,
Fire Prevention Officer II

99-43

F. D. Reference Number

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address 1601 RESPONSE RD Suite 210 Permit No. 99-01536

Building Use Office Remodel DBA: AVDO Occupancy B

Building Owner Wilson Cornerstone Prop. Construction Type I

Owner Address 400 Capitol Mall, Ste. 670 Sprinkled () Yes (X) No

Portion of Building Occupied Suite 210 Area 2726 Sq. Ft.

Date Issued 04/16/99

By Print

RON PEPPER

Sign

City Building Official

CHIEF BUILDING INSPECTOR

Henry/Roche/Green/Davetlko
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 9 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 City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE