

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0113498

Insp Area: 1

Thos Bros: 297 D4

Site Address: 1100 J ST SAC

Parcel No: 006-0105-013

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

PARTITION SPECIALTIES INC
860 SOUTH RIVER ROAD
WEST SACRAMENTO CA 95691

OWNER

LYCETTE COMPANY
1100 J ST SUITED 100
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: INTERIOR REMODEL INCLUDING DEMOLITION, NEW ROOMS, FIRE ALARM, ELECTRICAL

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 763121 Date 10-29-01 Contractor Signature Tracy Barrow

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 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 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 10-29-01 Applicant/Agent Signature Tracy Barrow

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 COMPENCATION INSR Policy Number 713 8160 01 Exp Date 10/01/2002

(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 those provisions.

Date 10-29-01 Applicant Signature Tracy Barrow

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

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 1100 J ST #700 Permit No. 0113498

Building Use: OFFICE DBA: LEGISLATIVE DATA CENTER Occupancy: B

Building Owner: LYCETTE CO. Construction Type: II-1HR

Owner Address: 1100 J ST 100 SACRAMENTO Sprinkled? [] Yes [X] No

Portion of Building Occupied: SUITE 700 Area: 4682 Sq. Ft.

1/7/02 Walter Harris DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By:DP,LLS,RB,CP]

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 15 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

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

ADDRESS 1109 J STREET

PARCEL # 006-0105-013

ACTIVITY # <u>0113498</u>	Insp. Area <u>10</u>
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Applicant **MUST** complete ALL Unshaded areas

Suite SUITE 700

CONTACT Name <u>PARTITION SPECIALTIES</u> Street Address <u>860 SOUTH RIVER ROAD</u> City/State/Zip <u>WEST SACRAMENTO</u> Phone <u>(916) 373-0700</u> FAX <u>(916) 373-7525</u> E-mail:		LICENSED CONTRACTOR Lic No. # Name <u>PARTITION SPECIALTIES INC</u> Address <u>860 SOUTH RIVER ROAD</u> City/State/Zip <u>WEST SACRAMENTO</u> Phone <u>(916) 373-0700</u> FAX <u>(916) 373-7525</u> E-mail: <u>STILL @ PARTITION SPECIALTIES.COM</u>	
ARCHITECT/ENGINEER Name <u>LIONELIS BEAUMONT DESIGN GROUP</u> Address <u>1919 19TH STREET</u> City/State/Zip <u>SACRAMENTO CA 95814</u> Phone <u>(916) 558-1900</u> FAX <u>558-1919</u> E-mail:		OWNER Name <u>THE LYCETT COMPANY</u> Address <u>1100 J STREET SUITE 100</u> City/State/Zip <u>SACRAMENTO CA 95814</u> Phone <u>(916) 448-1234</u> FAX E-mail:	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: ROYAL SURPLUS LINES
 → WORKER'S COMPENSATION POLICY # KZB518252 EXPIRATION DATE: 10/1/02

NATURE OF WORK IN DETAIL: DEMOLITION, NEW WALLS, ELECTRICAL, MECHANICAL, FIRE ALARM - HORN AND STROBE INSTALLED

OCCUPANT/TENANT: LEGISLATIVE DATA CENTER VALUATION: \$ 80,000

FLOOD STATUS:		SCAT. 100, 207									
JOB DESCRIPTION		BLDG	SHELL	APT	II ()	(REMO)	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE				
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Reg. Y <input checked="" type="checkbox"/>	Fed Code	Vio. File			
<u>6 + 89th</u>		<u>4682</u>		<u>B</u>	<u>11-1H</u>	SPR	ALARM	[H]	[Quad]		
<u>(B)</u>	<u>(L)</u>	<u>P</u>	<u>(M)</u>	<u>(B)</u>	<u>(R)</u>	<u>S</u>	<u>(D)</u>	PW	UTIL		

COMMENTS:

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

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 # _____	Insp. Area _____
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS _____ Suite _____
 PARCEL # _____

<p style="text-align: center;">CONTACT</p> Name _____ Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;">OWNER</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ 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: _____

OCCUPANT/TENANT: _____ VALUATION: \$ _____

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

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed