

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0010357
Insp Area: 1

Site Address: 2800 L ST SAC
Parcel No: 007-0173-001 STE 450

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

CONTRACTOR
*UNGER CONSTRUCTION
2112 SUTTERVILLE RD
SACRAMENTO CA 95822

OWNER
SUTTER HOSP OF SACTO
2801 L ST
SACRAMENTO CA 95816

ARCHITECT

Nature of Work: MINOR INT. REMODEL STE 450(WALL&SINK)

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.

X License Class B,A License Number 301690 Date 9-11-00 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.

X Date 9-11-00 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 STATE FUND **PAID** **CITY OF SACRAMENTO** Policy Number 692-98 UNIT 0002442 Exp Date 10/01/2000

____ (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.

X Date 9-11-00 Applicant/Agent 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 COMMERCIAL BUILDING PERMIT**

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

ACTIVITY # 000357 Insp. Area 1

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2500 L St Suite 450

PARCEL # _____

CONTACT		LICENSED CONTRACTOR Lic No. # <u>3016510</u>	
Name <u>_____</u>		Name <u>Long Construction Co.</u>	
Address <u>2112 _____ Rd</u>		Address <u>2112 Sutterville Rd.</u>	
Phone <u>_____</u> FAX <u>_____</u>		Phone <u>916 452-1454</u> FAX <u>452-2612</u>	
E-mail _____		E-mail _____	
ARCHITECT/ENGINEER		OWNER	
Name <u>_____</u>		Name <u>Sutter Health</u>	
Address <u>_____</u>		Address <u>2500 L St</u>	
Phone <u>_____</u> FAX <u>_____</u>		Phone _____ FAX _____	
E-mail _____		E-mail _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Farm
 → WORKER'S COMPENSATION POLICY # 012 99 2412 EXPIRATION DATE: 10-1-00

NATURE OF WORK IN DETAIL: addition of wood deck - 220 sq ft addition

OCCUPANT/TENANT: _____ VALUATION: \$ 3,500

FLOOD STATUS:		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(✓)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	MECH	<u>PLUMB</u>	<u>ELEC</u>	SITE	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. (Y/N)	Fed Code	Vio. File		
		<u>220</u>			<u>SPR</u>	<u>Y</u>	<u>15</u>	[H] [Quad]		
<u>B</u>	<u>L</u>	<u>P</u>	M	<u>E</u>	<u>F</u>	S	<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

**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION**

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
9/5/00	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # _____
 ADDRESS: _____
 Commercial Residential

ACCEPTED by (Staff): _____

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
FIRE SAFETY	13	JT	9/4/00						
STRUCTURAL	13	JT	"						
MECHANICAL/PLUMBING			9/6/00						
ELECTRICAL	13	JM	9/6/00						
FIRE	3		9/6/00						
PLANNING									

STAFF COMMENTS: _____

