

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0011417**  
**Insp Area: 4**

**Site Address: 310 COMMERCE CR SAC**  
Parcel No: 275-0251-022

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

**CONTRACTOR**  
\*UNGER CONSTRUCTION  
2112 SUTTERVILLE RD  
SACRAMENTO CA 95822

**OWNER**  
NORTH SACRAMENTO LAND CO  
400 SLOBE AV  
SACRAMENTO CA 95815

**ARCHITECT**

**Nature of Work: REPLACE STRUCTUAL ROOF MEMBERS**

**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 CA License Number 30000 Date 10/25/00 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.

Date 10/25/00 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 policy number and policy number are:

Carrier STATE FUND Policy Number 692-98-UNIT 0002442 Exp Date 10/01/2000  
692-00 10/01/2001

(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 business or occupation 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 10/25/00 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.**

# 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 #

0011417

Insp. Area

4c

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 310 Commerce Circle Suite \_\_\_\_\_

PARCEL # 275-0251-022

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Sean Olsen</u></p> <p>Street Address <u>2112 Sutterville Rd</u></p> <p>City/State/Zip <u>Sacramento, CA 95822</u></p> <p>Phone <u>916 452-1458</u> FAX <u>452-2612</u></p> <p>E-mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>301690</u></p> <p>Name <u>Unger Construction Co.</u></p> <p>Address <u>2112 Sutterville Rd.</u></p> <p>City/State/Zip <u>Sacramento CA 95822</u></p> <p>Phone <u>452-1458</u> FAX <u>452-2612</u></p> <p>E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Crawford &amp; Associates</u></p> <p>Address <u>4401 Hazel Ave #125</u></p> <p>City/State/Zip <u>Fair Oaks, CA 95628</u></p> <p>Phone <u>916 967-4510</u> FAX <u>967-4917</u></p> <p>E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>WorldPac Building</u></p> <p>Address <u>310 Commerce Cir.</u></p> <p>City/State/Zip <u>Sacramento CA</u></p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: State Fund

→ WORKER'S COMPENSATION POLICY # 692-00 2442 EXPIRATION DATE: 10-1-01

NATURE OF WORK IN DETAIL: Replacement of structural supports due to a partial roof collapse  
Structural Roof Repair.

OCCUPANT/TENANT: WorldPac VALUATION: \$ 15,000

FLOOD STATUS:		S.C.A.T. <u>X1, 2, 3</u>							
JOB DESCRIPTION	BLDG	SHELL	APT	TI ( )	REM ( <input checked="" type="checkbox"/> )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> MECH	<input type="checkbox"/> PLUMB	<input type="checkbox"/> ELEC	<input type="checkbox"/> SITE	<input type="checkbox"/> FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Fed Code	Vio. File	
				<u>B</u>	<u>III-N</u>	SPR <input type="checkbox"/> ALARM <input type="checkbox"/>	<u>10</u>	[H]	[Quad]
<input checked="" type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> P	<input type="checkbox"/> M	<input type="checkbox"/> E	<input type="checkbox"/> F	<input type="checkbox"/> S	<input checked="" type="checkbox"/> D	PW	UTIL

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

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

Date of Request: \_\_\_\_\_

By: \_\_\_\_\_

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST**

Project

Address: 310 Commerce Circle

Assessor's Parcel Number: 275-0251-022

Previous Use: warehouse

Description of Request/Proposed Use: warehouse

Is This a Change of Use? No

Zoning Designation: M1

Prior Applications for Project Site(P#, Z#, DRPB#): \_\_\_\_\_

Comments: Interior work only

Are There Any Planning Issues?: (circle one) YES NO

- \* Staff Site Plan Check Required? (Circle one) YES NO
- \* Field Inspection Required? (Circle one) YES NO
- \* Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: [Signature]

01-26-00

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

# CRAWFORD AND ASSOCIATES

Consulting Structural Engineers  
4401 Hazel Avenue, Suite 125  
Fair Oaks, CA 95628  
(916) 967-4510 FAX (916) 967-4917

28 November 2000

Mr. Gary Tinseth  
UNGER CONSTRUCTION COMPANY  
2112 Sutterville Road  
Sacramento, CA 95820

Reference: World-Pac Warehouse, 310 Commerce Circle, Sacramento, CA

Dear Mr. Tinseth:

Please refer to the above project and the repair to the roof performed by your firm according to my structural drawings. The purpose of this letter is to inform you that I have inspected the glued-laminated beam hinge connection questioned by the County Inspector. The connection utilized the original steel hinge in the repair. In re-joining the two beams, a gap occurred at the joint. I instructed the workmen to shim the gap solid with wood and to install a new steel strap across the joint each side each beam with 3 bolts each end. The hinge was reinstalled satisfactorily during the operation. The finished joint condition has been completed as required and is approved as constructed.

The anchor bolts for the new steel tube columns have been installed correctly and were tested to the required 5000 pound pull-out capacity. The tests of the in-place bolts as directed performed satisfactorily and are approved.

Please send one copy of this letter to the County Inspector for their records. If you have any questions, please call. Thank you.

Very truly yours,

CRAWFORD & ASSOCIATES

  
Robert J. Crawford, Owner  
Structural Engineer

RJC/gw

