

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0510796

Insp Area: 4

Thos Bros: 277H6

Site Address: 2419 DEL PASO BL SAC

Parcel No: 263-0252-022

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR
TAURUS CONST
15260 BEAR VALLEY LN.
AUBURN CA 95603

OWNER
RITE AID (TENANT)
PO BOX 1169
CAMP HILL PA. 17001

ARCHITECT
MUSSEY ARCHITECTS
3190 AIRPORT LOOP STE FIRVINE CA
IRVINE CA 92626

Nature of Work: INSTALL NEW ADA COMPLIANT UNISEX BATHROOM

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 640911

Date 9-27-05

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, alter, improve, demolish, or repair any structure, and who contracts for such projects with a contractor(s) 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 _____

PAID

CITY OF SACRAMENTO

SEP 27 2005

NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICE

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 9-27-05

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 _____

Policy Number _____

Exp Date _____

(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 9-27-05

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 # 0510296	Insp. Area 4
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Applicant **MUST** complete ALL Unshaded Areas

ADDRESS: 2419 Del Paso Blvd Sae 95814 Suite: _____

PARCEL #: 263 0252 022

<p style="text-align: center;">CONTACT</p> <p>Name: <u>Bill Stephenson</u> Street Address: <u>P.O. Box 882</u> City/State/Zip: <u>Madras, OR 97222</u> Phone: <u>(916) 956-6545</u> E-Mail: <u>Taurus08@Paubell.net</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>640911</u></p> <p>Name: <u>Taurus Const Co</u> Street Address: <u>15260 Pear Valley Ln</u> City/State/Zip: <u>Auburn CA 95603</u> Phone: <u>(530) 878-0469 Cell (916) 956-6545</u> E-Mail: <u>taurus08@paubell.net</u> Fax: <u>530 878-0631</u></p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name: <u>Musser Architects</u> Street Address: <u>3190 Airport Loop Suite F</u> City/State/Zip: <u>Irvine, CA 92626</u> Phone: <u>714 241 8944</u> E-Mail: <u>Dmusser@Musserarchitects.com</u> Fax: <u>714 241-8797</u></p>	<p style="text-align: center;">OWNER</p> <p>Name: <u>Rite Aid Corporation</u> Street Address: <u>P.O. Box 1169</u> City/State/Zip: <u>Camp Hill PA 17001</u> Phone: <u>717 730-8286</u> E-Mail: <u>Dmeyers@riteaid.com</u></p>

⇒ Will permittee have any employees on the jobsite? No Yes ⇒ Insurance Co.: _____

⇒ WORKER'S COMPANSATION POLICY # Ø EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: Install new ADA compliant
unisex bathroom

OCCUPANT/TENANT: Rite Aid Corp VALUATION: \$6200.00

FLOOD STATUS:			SCAT								
JOB DESCRIPTION	BLDG	SHELL	MECH	PLUMB	EL	TR	REM	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES:			BLDG	MECH	PLUMB	ELEC		SW	FIRE	FIRE	
# Stories	1 st Flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Reg. Y/N	Sec Code	Yio	File		
						SPR	ALARM			PW	UTIL
<u>1301</u>	<u>1301</u>	<u>TMR</u>	<u>EL</u>	<u>PRR</u>		<u>S</u>		<u>D</u>			

COMMENTS: Fax comments to architect & Contractor

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT: Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed