

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

**Permit No: 0003467**  
**Insp Area: 4**

**Site Address: 2180 HARVARD ST SAC**  
Parcel No: 277-0153-010 SUITE 360

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

CONTRACTOR  
GHMD ARCHITECTS

OWNER  
SACRAMENTO CALIFORNIA PLAZA ASS  
2180 HARVARD ST #475  
SACRAMENTO CA 95815

ARCHITECT  
2150 CAPITOL AVE # 200  
SAC, CA.

**Nature of Work: INTERIOR ALTERATION/ DEMO EXISTING WALLS**

**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 525704 Date 4-12-00 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 4-12-00 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 \_\_\_\_\_ Policy Number 2000 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 will comply with those provisions.

Date 4-12-00 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

Applicant **MUST** complete ALL Unshaded areas

ACTIVITY # 0003467C Insp. Area

ADDRESS 2180 Harvard Street  
PARCEL # 277-6153-010

**CONTACT**  
Name: Bret Hogg  
Street Address: 11333 Sunco Dr. #103  
City/State/Zip: Rancho Cordova, CA. 95742  
Phone: 635 4440 FAX 635 2084  
E-mail:

**ARCHITECT/ENGINEER**  
Name: CHMD  
Address: 2150 Capitol Ave.  
City/State/Zip: Sacramento, CA. 95816  
Phone: 446 7741 FAX 446 0457  
E-mail:

**LICENSED CONTRACTOR**  
Lic No: # 525204  
Name: Cimorilli Construction  
Address: 11333 Sunco Dr. #103  
City/State/Zip: Rancho Cordova, CA. 95742  
Phone: 635 4440 FAX 635 2084  
E-mail:

**OWNER**  
Name:  
Address:  
City/State/Zip:  
Phone:  
FAX:  
E-mail:

Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: Legion Ins. Co.  
WORKER'S COMPENSATION POLICY # WC 3118737  
EXPIRATION DATE: 2-00  
NATURE OF WORK IN DETAIL: Interior alteration

OCCUPANT/TENANT: *Nextel*  
VALUATION: \$ 15,500.00

FLOOD STATUS: S.C.A.T.  
JOB DESCRIPTION: BLDG SHELL APT ( ) REM ( ) SW FIRE ADD OTH  
INSPECTION DISCIPLINES: BLDG MECH PLUMB ELEC SITE FIRE  
# Stories: 3 & S  
1st flr Area:  
Total Area: 3371  
Use Zone:  
Occp Group: B  
Const type: I  
Fire Reg: V/N  
SPR ALARM  
Fed Code: 15  
Via. File: [H] [Quad]

COMMENTS:

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

STAFF COMMENTS:

*Fire may want to look at exit signs and sprinklers*

DISCIPLINE			1ST REVIEW			2ND REVIEW			3RD REVIEW		
Status	Staff	Date	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date

ACCEPTED by (Staff):

PLAN CHECK # 0003467  
 ADDRESS: 2180 HARVARD ST, #360  
 Commercial  Residential

**SUBMITTAL DATES**

First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
6/10/00	/ /	/ /	/ /	/ /	/ /

**EXPRESS PLAN REVIEW**  
 CITY OF SACRAMENTO  
 DEVELOPMENT SERVICES DIVISION