

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0105628
Insp Area: 1

Site Address: 1100 J ST SAC
Parcel No: 006-0105-013 SUIT 300

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

CONTRACTOR
PARTITION SPECIALTIES INC
860 SOUTH RIVER ROAD
WEST SACRAMENTO CA 95691

OWNER
STATE OF CALIFORNIA
1100 J ST
SAC CA 95814

ARCHITECT

Nature of Work: INT.OFFICE REMODEL. 1500 SQFT.

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 5-11-01 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 & P 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 5/11/01 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 LEGION INSURANCE CO Policy Number WC40074969 Exp Date 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 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 5/11/01 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.

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 1100 J ST # 300 Permit No. 0105628

Building Use: OFFICE Occupancy: B

Building Owner: STATE OF CALIF Construction Type: II-1HR

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

Portion of Building Occupied: SUITE 300 Area: 1500 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

6/21/01 *Dennis Richardson* DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[TCO approvals:DRP,JZB,MJS,AW]

BC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

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

ACTIVITY # <u>0105628</u>	Insp. Area <u>1</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1100 J. STREET Suite 300
 PARCEL # 006-0105-013

<p style="text-align: center;">CONTACT</p> <p>Name <u>JAMES COSTANZA</u> Street Address <u>860 S. RIVER RD</u> City/State/Zip <u>WEST SACRAMENTO, CA</u> Phone <u>373-0773</u> FAX <u>373-7525</u> E-mail:</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>763121</u></p> <p>Name <u>Partition Specialties</u> Address <u>860 S. RIVER RD</u> City/State/Zip <u>W. SACRAMENTO 95641</u> Phone <u>373-0773</u> FAX <u>373-7525</u> E-mail:</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>LIONAKIS BEAUMONT</u> Address <u>1919 19th St</u> City/State/Zip <u>SACRAMENTO, CA 95814</u> Phone _____ FAX _____ E-mail:</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>STATE OF CALIFORNIA</u> Address <u>1100 J Street</u> City/State/Zip <u>SACRAMENTO, CA 95814</u> Phone _____ FAX _____ E-mail:</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: Am Risk Services
 → WORKER'S COMPENSATION POLICY # WC40074969 EXPIRATION DATE: 10/1/01

NATURE OF WORK IN DETAIL: Tenant improvement to build out 4 new offices. Reconfigure <E> HVAC. Add outlet & switches to new office areas. 1500 sq ft scope of work

OCCUPANT/TENANT: Legislative Data Center VALUATION: \$ 44,000

FLOOD STATUS: <u>N/A</u>		S.C.A.T.								
JOB DESCRIPTION		BLDG <input checked="" type="checkbox"/>	SHELL	APT	TI()	REM(<input checked="" type="checkbox"/>)	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 / <input checked="" type="checkbox"/> N	Fed Code	Vio. File		
				B	II-1H	SPR	ALARM	[H]	[Quad]	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	PW	UTIL	
<u>1300</u>	<u>1300</u>		<u>13UMT</u>	<u>2, 11, 13BR</u>						

COMMENTS: Don't forget to send to FIRE! THANKS.

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

CITY OF SACRAMENTO
 BUILDING INSPECTION DIVISION
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1 Business Name: STATE OF CALIFORNIA Phone: 445-4965
 Site Address: 1100 J. STREET Suite: 300
(Street) (Zip)
 Business Owner/Representative: JEZZI CHOYAN Phone: 445-9565
 Nature of Business: LEGISLATURE DATA CENTER
 Property Owner: STATE OF CALIFORNIA Phone: 445-9565
 Address: 1100 J. STREET Suite: _____
SACRAMENTO CA 95814
(City) (State) (Zip)

2 Are you developing an undetermined tenant space? Yes ___ No Is this permit for a shell building? Yes ___ No

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3 Does/Will your business generate hazardous waste? Yes ___ No

4 Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5 Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes ___ No ___

6 Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No ___

7 Is/Will your business be located within 1,000 feet of a school? Yes ___ No ___

If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.

8 Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes ___ No ___

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: JAMES CUSTANCA
(Print)
James Custanca 5/11/01
(Signature) (Date)

BID Use Only: Plan Ck# <u>0105628</u> Permit # <u>0105628</u> OK to issue prmt? <u>YES</u> <u>5-11-01</u> F.D. Appr Req'd? Yes No <small>init date</small>	
Hold on Certificate of Occupancy? Yes <input checked="" type="checkbox"/> No	
Fire Dept. Use Only: OK to issue permit? init ___ date ___ OK to issue Certificate of Occupancy? init ___ date ___	



Cal-State Mechanical

Consultants, Inc.

Air Conditioning Heating
Refrigeration

- ◆ Design
- ◆ Installation
- ◆ Service

Commercial & Residential

TO: PSI

11 June 2001

PROJECT: Balance Report
3rd Floor T.I.
100 J St

#1	8X8	Supply register	Design 190f	Set 185f
#2	10X10	" "	" 240f	Set 245f
#3	8X8	Return Register	Return air Plenum	No OBD
#4	10X10	" "	" " " "	" "

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 1100 J ST #300 Permit No. 0105628

Building Use: OFFICE DBA: STATE OF CALIF Occupancy: B

Building Owner: STATE OF CALIFORNIA Construction Type: II-1HR

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

Portion of Building Occupied: SUITE 300 Area: 1500 Sq. Ft.

7/6/01 Willie Harris DENNIS RICHARDSON
Date By-Print Sign CITY BUILDING OFFICIAL

[Finaled By: DP,KLH,JZB AW]

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