

CITY OF SACRAMENTO

Permit No: 9811044

1231 I Street, Sacramento, CA 95814

Insp Area: 2

Site Address: 7248 SOUTH LAND PARK DR SAC

Sub-Type: REM

Parcel No: 0310122018

Housing (Y/N): N

CONTRACTOR

SPARKS CONSTRUCTION
11880 RISING RD
WILTON CA 95693

OWNER

SECURITY SYND. #2 MED CENTER
1481 RIVER PARK DR #100
SACRAMENTO CA 95815

ARCHITECT

MARTIN R FRASER
914 DOUGLAS BLVD
ROSEVILLE CA 95678

Nature of Work: MEDICAL OFFICE REMODEL

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 426414 Date 11-10-98 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 11-10-98 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 Policy Number 1022170-78 Exp Date 7-1-99

(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 11-10-98 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
APPLICATION FOR [REDACTED] BUILDING PERMIT

9811044

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

PLAN CHECK # 1044 X **Insp. Area** 2

Applicant MUST complete ALL Unshaded areas this page only

ADDRESS 7248 SOUTH LAND PARK DR. SAC. CA 95831 Suite 205
PARCEL # 031-0122-018-0000

| | |
|---|---|
| <p align="center">CONTACT</p> <p>Name <u>MARTIN R. FRASER</u> Address <u>914 DOUGLAS BLVD.</u> <u>ROSEVILLE CA.</u> Zip <u>95678</u> Phone <u>773-6000</u> FAX <u>773-6006</u></p> | <p align="center">LICENSED CONTRACTOR Lic No. # <u>42644</u></p> <p>Name <u>SPARKS CONSTRUCTION</u> Address <u>11880 RISING RD</u> <u>WILTON, CA</u> Zip <u>95693</u> Phone <u>916-687-7800</u> FAX _____</p> |
| <p align="center">ARCHITECT/ENGINEER</p> <p>Name <u>MARTIN R. FRASER</u> Address <u>914 DOUGLAS BLVD.</u> <u>ROSEVILLE CA.</u> Zip <u>95678</u> Phone <u>773-6000</u> FAX <u>773-6006</u></p> | <p align="center">OWNER [REDACTED]</p> <p>Name <u>O'BRIEN INTERESTS</u> Address <u>120 COUNTRY CLUB DR ST. 204</u> <u>INCLINE VILLAGE NV</u> Zip <u>89451</u> Phone _____ FAX _____</p> |

→ Will the permittee have any employees on the jobsite? Yes No

→ If yes, WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: DEMOLITION, NEW PARTITIONS, PLUMBING
(RELOCATE SINK.) FIRE SPRINKLERS (CHANGE HEADS IN CORRIDOR)

Medical Office Remodel
Riverbend Family Physicians

DBA: 3468 SAFT VALUATION: \$5,500

| | | | | | | | | | |
|-------------------|--------------|-------------|----------|------------|------------|-----------------------|-----------|------------|-----|
| FLOOD STATUS: | | | | S.C.A.T. | | | | | |
| JOB DESCRIPTION | BLDG | SHEL | APT | TR | REM (X) | SW | FIRE | ADD | OTH |
| INSP. DISCIPLINES | BLDG | MECH | PLUMB | ELEC | SITE | FIRE | | | |
| # Stories | 1st flr Area | Total Area | Use Zone | Occp Group | Const type | Fire Req (Y/N) | Fed Code | Viol. File | |
| | | <u>3468</u> | | <u>B</u> | <u>V-N</u> | <u>Y</u> Spr Alarm | <u>15</u> | | |
| <u>B</u> | <u>L</u> | <u>P</u> | <u>M</u> | <u>E</u> | <u>F</u> | <u>S</u> | <u>D</u> | <u>R</u> | |

COMMENTS:

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

BLDGFRM. (REV 05/98) WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS Yes No

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: Garcia, Lee and Concepcion Medical Group, Inc Phone: 916 392 4000
 Site Address: 7248 S. Land Park Drive, Sacto, CA 95831 Suite: 205
 (Street) (Zip)
 Business Owner/Representative: Denice Edgar/ Administrator Phone: 392 4000 x 213

Nature of Business: Healthcare
 Property Owner: O'Brien Interests, Inc. Phone: 702 831 5245

Address: 120 Country Club Drive Suite: 20L
 (Street) (Zip)
Incline Village, NV 89451
 (City) (State)

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

MEDICAL BIOHAZARD

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes No
 O2 and LIQUID NITROGEN

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.
 264-7125 - Jim Kientz 264-7070 - Ed Buzza

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.

Garcia, Lee and Concepcion Medical Group

Applicant's Name: _____

(Print)

(Signature)

(Date)

11/2/98

| |
|---|
| BID Use Only: Plan Ck# <u>1044X</u> Permit # <u>9811044</u> |
| OK to issue permit? <input checked="" type="checkbox"/> <u>11-10-98</u> F.D. Appr Req'd? Yes No |
| init date _____ |
| Hold on Certificate of Occupancy? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Fire Dept. Use Only: |
| OK to issue permit? init _____ date _____ |
| OK to issue Certificate of Occupancy? init _____ date _____ |

CITY OF SACRAMENTO CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address 7248 SOUTH LAND PARK DRIVE Permit No. 98-11044

Building Use Medical Office Remodel (DSA) Riverbend Family Pract Occupancy B

Building Owner O'Brien Interests Construction Type VN

Owner Address 120 Country Club Dr. Incline Village, NV Sprinkled Yes () No

Portion of Building Occupied 100% Area 3,468 Sq. Ft.

Date Issued 1/15/99 By RON PROCT Sign [Signature] City Building Official CHEFF BUILDING INSPECTOR

Beala/McDonald/Green/Lee

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 9 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

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

7817044

| SUBMITTAL DATES | | | | | |
|-----------------|-----|------------|-----|------------|-----|
| First Review | | 2nd Review | | 3rd Review | |
| IN | OUT | IN | OUT | IN | OUT |
| 11/4/98 | 1/1 | 1/1 | 1/1 | 1/1 | 1/1 |

PLAN CHECK # 1044X
 ADDRESS: 7248 S-LAND PARK
 Commercial Residential



ACCEPTED by (Staff):


| DISCIPLINE | 1ST REVIEW | | | 2ND REVIEW | | | 3RD REVIEW | | |
|---------------------|---------------|-------|----------|------------|-------|------|------------|-------|------|
| | Status | Staff | Date | Status | Staff | Date | Status | Staff | Date |
| LIFE SAFETY | 13 | YL | 11/4/98 | | | | | | |
| STRUCTURAL | 13 | YL | 11/6/98 | | | | | | |
| MECHANICAL/PLUMBING | 13 | JMT | 11/6/98 | | | | | | |
| ELECTRICAL | 13 | AM | 11/4/98 | | | | | | |
| FIRE | 13 | DW | 5 NOV 98 | | | | | | |
| PLANNING | | | | | | | | | |

STAFF COMMENTS:

(3) SETS - START LOT CIRCLES