

CITY OF SACRAMENTO

Permit No: 9811339

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 601 UNIVERSITY AV SAC

Sub-Type: ACOM

Parcel No: 2950030006

SUITE 255

Housing (Y/N): N

CONTRACTOR

VALLEY COMMERCIAL CONT'S
3017 DOUGLAS BL STE 220
ROSEVILLE CA 95661

OWNER

SPIEKER PROPERTIES L P
575 UNIVERSITY AVE #16
SACRAMENTO CA 95825

ARCHITECT

Nature of Work: 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 739378 Date 12-7-98 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 has identified 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 12-7-98 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.

X 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 046-97 UNIT 0004854 Exp Date 01/01/1999

(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 12-7-98 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.

~~CONFIDENTIAL~~
 CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

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

PLAN CHECK # 9811339
 ADDRESS: 601 University Ave
 Commercial Residential



ACCEPTED by (Staff):

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY			8/22/98	13	STL	12/4/98			
STRUCTURAL	13	AM	1/15/98						
MECHANICAL/PLUMBING									
ELECTRICAL	13	AM	1/15/98						
FIRE									
PLANNING									

STAFF COMMENTS: _____

Applicant **MUST** complete ALL Unshaded areas on this page only

ADDRESS 250 University Avenue Suite 255
 PARCEL # _____

CONTACT Name <u>Allen Comm. Cont.</u> Address _____ Zip _____ Phone _____ FAX _____		LICENSED CONTRACTOR Lic No. # <u>739378</u> Name <u>VALLEY COMMERCIAL CONT.</u> Address <u>3017 DOUGLAS BLVD</u> <u>ROSEVILLE CA</u> Zip <u>95661</u> Phone <u>916 781 8116</u> FAX <u>916 781 8127</u>	
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ARCHITECT/ENGINEER Name <u>J. Johnson & Assoc.</u> Address <u>250 Howe Ave.</u> <u>Sacramento</u> Zip <u>95825</u> Phone <u>916-25-0333</u> FAX _____		OWNER Name <u>Spieker Properties</u> Address <u>575 University 160</u> <u>Sacramento</u> Zip <u>95825</u> Phone <u>916-640-6000</u> FAX _____	
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→ Will the permittee have any employees on the jobsite? Yes No

→ If yes, WORKER'S COMPENSATION POLICY # 056-97 UNIT 0004854 EXPIRATION DATE: 1-99

NAME OF INSURANCE COMPANY: STATE COMPENSATION INSURANCE FUND

NATURE OF WORK IN DETAIL:
Remodel + improvements within existing space
2776

DBA: _____ VALUATION: \$ 9556.00

FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM()	SW	FIRE	ADD	OTH	
ENSP. 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	Vio. File		
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>B</u>	<u>V-N</u>	Spe	Alarm		<u>D</u>	<u>R</u>	

COMMENTS:
Remodel existing TB space

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

BUDGET: _____

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: Western International Medical Valley Commercial Contractors Phone: 916-781-5116
 Site Address: 601 University Avenue Suite: 200 255
 (Street) Valley Commercial (Zip) Cent.
 Business Owner/Representative: Leica Riley Phone: 916-781-5116
 Nature of Business: General Contractor
 Property Owner: Spicker Properties Phone: 916-646-6000
 Address: 601 University Avenue Suite: _____
 (Street) _____ (City) _____ (State) _____ (Zip)

2. Are you developing an undetermined tenant space? Yes ___ No X Is this permit for a shell building? Yes ___ No X
 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 X
 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No X

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: Leica Riley for Valley Commercial
 (Print)
Leica Riley 12798
 (Signature) (Date)
Valley Commercial

BID Use Only: Plan Ck# <u>1339</u> Permit # <u>98-11339</u>
OK to issue prmt <u>YES</u> <u>12-7-98</u> F.D. Appr Req'd? Yes <u>(No)</u> init date
Hold on Certificate of Occupancy? Yes <u>(No)</u>
Fire Dept. Use Only: OK to issue permit? init _____ date _____ OK to issue Certificate of Occupancy? init _____ date _____

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 CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 9811339 #255
 ADDRESS: 601 University Ave
 Commercial Residential

ACCEPTED by (Staff):

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY				13	SM	12/4/98			
STRUCTURAL			11/18/98						
MECHANICAL/PLUMBING									
ELECTRICAL	13	SM	11/18/98						
FIRE									
PLANNING									

STAFF COMMENTS: part office remodel non sprinklered
