

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0507786  
Insp Area: 4  
Thos Bros: 298A1

Site Address: 1545 RIVER PARK DR SAC St: #320  
Parcel No: 277-0286-031 3RD FLOOR STE. #320

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

CONTRACTOR  
ANTHONY & SONS  
1790 TERMINAL ST.  
WEST SACRAMENTO CA

OWNER  
THE BOURN FAMILY LLC  
1610 ARDEN WAY STE. #250  
SACRAMENTO, CA 95815

ARCHITECT

Nature of Work: 1,571 SF INTERIOR REMODEL OF EXIST. OFFICE SPACE-PARTITIONS/MODIF. OF HVAC, ELEC, & FIRE SPRINKLERS

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.

X License Class B C 61/D 63 C-9 License Number 360117 Date 7/31/06 Contractor Signature Kari Hamilton

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.

X Date 6/2/05 Applicant/Agent Signature Kari Hamilton

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 713-02 UNIT 0000126 Exp Date 10/01/2005

(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.

X Date 6/2/05 Applicant Signature Kari Hamilton

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.

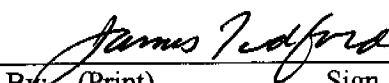
PAID  
CITY OF SACRAMENTO  
JUN 02 2005



CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 808-5716

Building Address:	<u>1545 RIVER PARK DRIVE 3<sup>RD</sup> FLOOR, SUITE 320</u>	Permit No.:	<u>0507786</u>
Building Use:	<u>OFFICE</u>	Occupancy:	<u>B</u>
Building Owner:	<u>THE BOURN FAMILY LLC</u>	Construction Type:	<u>II-1HR</u>
Owner Address:	<u>SACRAMENTO, CALIF 95815</u>	Sprinkled?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Portion of Building Occupied:	<u>ENTIRE</u>	Area:	<u>1571</u> Sq. Ft.
07/07.2005		<b>RON BEEHLER</b>	
Date	By: (Print)	Sign	<b>CHIEF BUILDING OFFICIAL</b>

[ Finaled By: DSP, SKM THK, MMc ]

*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 Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.*

**POST IN A CONSPICUOUS PLACE**

**APPLICATION FOR COMMERCIAL BUILDING PERMIT**

**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DEPARTMENT**  
**PERMIT SERVICES SECTION**  
 1231 I Street, Suite 200  
 Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7046

<b>ACTIVITY #</b> 0507780	<b>Isnp. Area</b> 4
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Applicant **MUST** complete ALL Unshaded areas

**ADDRESS** 1545 River Park Drive, Sac, CA 95815 Suite 320  
**PARCEL #** 277-0286-031

<b>CONTACT</b>		<b>LICENSED CONTRACTOR</b> Lic No. # <u>360117</u>	
Name <u>Joel Anzalc</u>	Street Address <u>1790 Terminal Street</u>	Name <u>ASI-Anthony &amp; Sons General Contr. Inc</u>	Address <u>1790 Terminal Street</u>
City/State/Zip <u>W. Sacramento, CA 95691</u>	Phone <u>(916) 373-0707</u> FAX <u>(916) 373-1523</u>	City/State/Zip <u>W. Sacramento, CA 95691</u>	Phone <u>(916) 373-0707</u> FAX <u>(916) 373-1523</u>
E-mail:		E-mail:	
<b>ARCHITECT/ENGINEER</b>		<b>OWNER</b>	
Name <u>Nielsen &amp; Associates Architects</u>	Address <u>1231 E. Roseville Parkway, Ste. 250</u>	Name <u>The Bourn Family OWNER LLC</u>	Address <u>1610 Arden Way, Ste 250</u>
City/State/Zip <u>Roseville, CA 95661</u>	Phone <u>(916) 781-6800</u> FAX <u>(916) 781-6966</u>	City/State/Zip <u>Sac, CA 95815</u>	Phone <u>(916) 614-8844</u> FAX
E-mail:		E-mail:	

→ Will permittee have any employees on the jobsite?  No  Yes → **INSURANCE CO:** State Fund  
 → **WORKER'S COMPENSATION POLICY #** 126-2004 **EXPIRATION DATE:** 10/1/05

**NATURE OF WORK IN DETAIL:** Demo walls, Build new offices/walls, cabinets  
AVAC, Fire, Elec.

**OCCUPANT/TENANT:** No tenant Boden & G. **VALUATION:** \$ 18,000

<b>FLOOD STATUS</b>					<b>S.C.A.T.</b>					
<b>JOB DESCRIPTION</b>		BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TI ( ) <input type="checkbox"/>	REM ( ) <input type="checkbox"/>	SW <input type="checkbox"/>	FIRE <input type="checkbox"/>	ADD <input type="checkbox"/>	OTHER <input type="checkbox"/>
<b>INSPECTION DISCIPLINES</b>		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1 <sup>st</sup> flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
						SPR	ALARM			
<u>1</u>	<u>(L)</u>	<u>P</u>	<u>(M)</u>	<u>(E)</u>	<u>(F)</u>	<u>S</u>		<u>6</u>	<u>PW</u>	<u>UTIL</u>
<u>BTN</u>			<u>AP JMT</u>	<u>RLB</u>	<u>AP JMT</u>			<u>SAS</u>		

**COMMENTS:**

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

51609