

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0111844

Insp Area: 1

Thos Bros: 297C4

Site Address: 555 CAPITOL ML SAC

Parcel No: 006-0145-025

15TH FLOOR LOBBY

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

HMH BUILDERS INC
8589 THYS CT
SAC 95828

OWNER

DOWNTOWN PLAZA TWRS ASSOC
555 CAPITOL ML
SACRAMENTO CA 95814

ARCHITECT

CJA
10304 PLACER LN
SACRAMENTO, CA 95827

Nature of Work: LOBBY - INTERIOR REMODEL 984 SF

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 A, B, C License Number 780999 Date 10-19-01 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 & 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 10-19-01 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 INS CO OF TH STATE OF PA Policy Number 7083206/07 Exp Date 08/01/2003

(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 10-19-01 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.

REQUEST FOR PLANNING STAFF REVIEW

..... to be filled out by Building staff

CUSTOMER NAME: Comstock Johnson Architects (Judy Watson)
PROJECT ADDRESS: 555 Capital Mall - 15th Floor
PROJECT DESCRIPTION: Lobby Renodel Interior

DOES THE PROJECT INCLUDE ANY OF THE FOLLOWING TYPES OF WORK ?

- | | | |
|--|-----|-------------------------------------|
| New Buildings OR Exterior Work to Existing Buildings | YES | <input checked="" type="radio"/> NO |
| Site Work (changes to Parking, outdoor Equipment, etc) | YES | <input checked="" type="radio"/> NO |
| Change in Use OR Expansion of Existing Use | YES | <input checked="" type="radio"/> NO |

If customer answers "YES" to any of the above questions, application requires Planning review. Planning staff to fill out reverse side of this form.

If customer answers "NO" to ALL of the above questions, do not send application to Planning.

Confirmed by Building staff: _____ DATE: 9/13/01 BY: AR

If, in reviewing the project plans for Building Permit application, there are any issues identified by Building staff that appear to require Planning staff review, please indicate those issues below and send the customer to Planning.

BUILDING STAFF COMMENTS: _____

DATE: _____ BY: _____

Fire - New Smoke Fire Damper

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 # 0111844	Insp. Area 1C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 555 CAPITOL MALL - 15th floor LOBBY Suite _____
 PARCEL # _____

<p style="text-align: center;">CONTACT</p> Name <u>Comstock Johnson Arch., Inc.</u> Street Address <u>10304 Placer Ln., #A</u> City/State/Zip <u>Sacramento, CA 95827</u> Phone <u>(916)362-6303</u> FAX <u>(916)362-5841</u> E-mail: <u>@cja-architects.com</u>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>Comstock Johnson Architects, Inc.</u> Address <u>10304 Placer Ln., #A</u> City/State/Zip <u>Sacramento, CA 95827</u> Phone <u>(916)362-6303</u> FAX <u>(916)362-5841</u> E-mail: <u>@cja-architects.com</u>	<p style="text-align: center;">OWNER</p> Name <u>Plaza Towers</u> Address <u>555 Capitol Mall #290</u> City/State/Zip <u>Sacramento 95814</u> Phone <u>781-6543</u> FAX _____ E-mail: <u>(CHRISTINE)</u>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: LOBBY Remodel INTERIOR - 984 S.F.

OCCUPANT/TENANT: _____ VALUATION: \$ 7,500^e

FLOOD STATUS:			S.C.A.T.							
JOB DESCRIPTION			SHELL	APT	TI()	REM(✓)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<u>BLDG</u>	<u>MECH</u>	PLUMB	<u>ELEC</u>	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>I-FR</u>	SPR	ALARM	<u>15</u>	[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>13 ft</u>	<u>13 ft</u>		<u>13 JMT</u>	<u>13 T.L.M.</u>	<u>13 ft</u>			<u>B</u>		

COMMENTS: _____

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