

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0103196**  
**Insp Area: 1**

**Site Address: 1625 STOCKTON BL SAC**  
Parcel No: 007-0283-002

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

**CONTRACTOR**  
SUNSERI ASSOCIATES  
3104 O ST STE 301  
SAC CA 95816

**OWNER**  
SACRAMENTO MEDICAL FOUNDATION  
1625 STOCKTON BL  
SACRAMENTO CA 95816

**ARCHITECT**

**Nature of Work: INTERIOR 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 AB-C License Number 661062 Date 3-23-01 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 3-23-01 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 WC21239163 Exp Date 03/09/2001

(This section need not be completed if the permit is for 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 3-23-01 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.**

**AIRCO MECHANICAL, INC**  
 5720 Alder Avenue  
 Sacramento, California 95828

**AIR OUTLET  
 TEST REPORT**

PROJECT: Blood Center 21-9830-00-03

VAV 1 & 2

OUTLET MANUFACTURER: Titus

TEST APPARATUS: Flow Hood

AREA SERVED	OUTLET			DESIGN						TEST		FINAL		REMARKS
	NO.	TYPE	SIZE	MIN CFM	MAX CFM	CFM	CFM	CFM	CFM	MIN CFM	MAX CFM			
VAV 1-1	1	SI	10"		125	250	130					130		
MIN 65	2	SI	10"		125	260	135					135		
				TOTAL	250	510	265					265		
VAV 1-2	1	SI	10"		275	330	285					285		
MIN 325	2	SI	10"		275	330	280					280		
	3	SI	10"		200	50	190					190		
	4	SI	10"		275	165	270					270		
				TOTAL	1025	875	1025					1025		

TEST DATE 04/15/01

READINGS BY: Jeff Shaw

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 1625 Stockton Blvd Permit No. 01-03196

Building Use: Office Occupancy: B

Building Owner: Sacramento Medical Foundation Construction Type: II-N

Owner Address: 1625 Stockton Blvd Sprinkled?  Yes  No

Portion of Building Occupied: \_\_\_\_\_ Area: 1,172 Sq. Ft.

6/5/01

Date

By:Print

Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[ Finaled By: GD, JZB, JB, CP ]

*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**

CITY OF SACRAMENTO  
APPLICATION FOR ██████████ BUILDING PERMIT

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

PLAN CHECK # 0103196 Insp. Area

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

ADDRESS 1625 Stockton Blvd, First Floor Suite \_\_\_\_\_  
PARCEL # 007-0283-002

<p align="center"><b>CONTACT</b></p> <p>Name <u>Ralph Fusaro or Dave Lyman</u></p> <p>Address <u>3104 "O" Street, Suite 301</u> <u>Sacramento, CA</u> Zip <u>95816</u> Phone <u>(916) 924-3621</u> FAX <u>924-3805</u></p>	<p align="center"><b>LICENSED CONTRACTOR</b> Lic No. # <u>667664</u></p> <p>Name <u>Suiseri Associates, Inc.</u></p> <p>Address <u>3104 "O" Street, Ste 301</u> <u>Sacramento, CA</u> Zip <u>95816</u> Phone <u>(916) 924-3621</u> FAX <u>924-3805</u></p>
<p align="center"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Hoshida &amp; Reyes</u></p> <p>Address <u>2420 K Street, #230</u> <u>Sacramento, CA</u> Zip <u>95816</u> Phone <u>(916) 444-1480</u> FAX <u>444-1482</u></p>	<p align="center"><b>OWNER</b></p> <p>Name <u>Sacramento Medical Foundation</u></p> <p>Address <u>1625 Stockton Bld</u> <u>Sacramento, ca</u> Zip <u>95816</u> Phone <u>(916) 452-1500</u> FAX _____</p>

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

→ If yes, WORKER'S COMPENSATION POLICY # WC21239163 EXPIRATION DATE: 3/9/02

NAME OF INSURANCE COMPANY: Legion Insurance Company

NATURE OF WORK IN DETAIL: Interior remodel

DBA: \_\_\_\_\_ VALUATION: \$12,000

* FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI( )	REM( )	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	Vio. File		
		<u>1172</u>		<u>B</u>	<u>III N</u>	<u>Y</u>	<u>15</u>			
<u>B</u>	<u>L</u>	<u>MP</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>R</u>		
<u>13 ft</u>	<u>13 ft</u>	<u>13 ft</u>	<u>13 ft</u>	<u>13 ft</u>	<u>13 ft</u>	<u>13 ft</u>	<u>13 ft</u>	<u>13 ft</u>		

COMMENTS:

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No