

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

**Permit No: 0009091**  
**Insp Area: 1**

**Site Address: 1201 K ST SAC**  
Parcel No: 006-0111-016 STE 720

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

CONTRACTOR  
HMH BUILDERS INC  
8589 THYS CT  
SAC 95828

OWNER  
ASSOCIATES HEALTH PROPERTY  
3426 AMERICAN RIVER DR  
SACRAMENTO CA 95864

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 A+B License Number 280934 Date 8-23-00 Contractor Signature Robert Margum

**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 with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

CALL  
SACRAMENTO  
AUG 23 2000  
NEIGHBORHOODS, PLANNING  
AND DEVELOPMENT SERVICES

**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 8-23-00 Applicant/Agent Signature Robert Margum

**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.

JM 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 LAMBERSON KOSTER Policy Number WBN-68608-A Exp Date 04/01/2001

(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 8-23-00 Applicant Signature Robert Margum

**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.**

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
**DEVELOPMENT SERVICES DIVISION**  
**PERMIT SERVICES SECTION**

City Hall, Suite 300  
 1500 Capitol Mall, Sacramento, CA 95833  
 Phone: (916) 224-2881 Fax: (916) 264-7619

ACTIVITY # 0009091

Insp. Area \_\_\_\_\_

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1500 Capitol Mall, Ste 720 Suite 720  
 PARCEL # 009-011-013

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name _____ Arch., Inc.</p> <p>Street Address _____ #A</p> <p>City/State/Zip _____ CA 95825</p> <p>Phone _____ FAX _____</p> <p>E-mail _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name <u>HARISON-Mahoney-HIGGINS (HMH)</u></p> <p>Address <u>8587 Thys Ct.</u></p> <p>City/State/Zip <u>SACRAMENTO, CA 95828</u></p> <p>Phone <u>(916) 283-4825</u> FAX <u>383 6012</u></p> <p>E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name _____ Architects, Inc.</p> <p>Address _____ #A</p> <p>City/State/Zip _____ CA 95825</p> <p>Phone _____ FAX _____</p> <p>E-mail: <u>lan@hpa-architects.com</u></p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>COMMERCIAL ASSN. OF ROUND BAY AREA</u></p> <p>Address <u>200 K St. #1511</u></p> <p>City/State/Zip <u>SACRAMENTO, CA 95828</u></p> <p>Phone <u>418-6106</u> FAX _____</p> <p>E-mail: _____</p>

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

NATURE OF WORK IN DETAIL: Interior Remodel of Office Space.

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 49,400

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( <input checked="" type="checkbox"/> )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC		SITE	FIRE	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Fed Code	Vio. File	
		<u>1542</u>				SPR	ALARM	<u>15</u>	[H]	[Quad]
B	L	P	M	E	F	S		D	PW	UTIL

COMMENTS: \_\_\_\_\_

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

**CITY OF SACRAMENTO**  
**BUILDING INSPECTION DIVISION**  
**APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY**

**4: Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form**

Business Name \_\_\_\_\_ Phone: 708 972 5000

Address \_\_\_\_\_ Suite: \_\_\_\_\_

Street \_\_\_\_\_ (Zip) \_\_\_\_\_

Business Owner Representative \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Business \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ Suite: \_\_\_\_\_

Street \_\_\_\_\_

City: \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

3. Are you developing an undetermined tenant space? Yes  No  Is this permit for a shell building? Yes  No

4. As the lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials

5. Will your business generate hazardous waste? Yes  No

6. Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes  No

**CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.**

7. If you answered \*YES\* to questions #3 and/or #4 above, continue on to questions 5 - 8.

8. Will 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

9. Will you handle, store or transport any amount of acutely hazardous materials? Yes  No

10. Will your business be located within 1,000 feet of a school? Yes  No

11. If you answered \*yes\* to questions #6 and/or #7, complete the RMPP informational sheet.

12. 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 TENTH 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 \_\_\_\_\_ (Print)

\_\_\_\_\_  
 (Signature) \_\_\_\_\_ (Date)

BID Use Only: Rlan Ck# <u>00070410</u> Permit # <u>00059071</u> OK to issue prmt? <input checked="" type="checkbox"/> <u>1/23/11</u> F.D. Appr Req'd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____ init date	
Hold on Certificate of Occupancy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Dept. Use Only: OK to issue permit? init _____ date _____ OK to issue Certificate of Occupancy? init _____ date _____	