

CITY OF SACRAMENTO

Permit No: 9811336

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 2450 VENTURE OAKS WY SAC
Parcel No: 2740320040 SUITE 120

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

CONTRACTOR
VALLEY COMERCIAL CONTRACTORS

OWNER
1029 J ST #LL-7
SACRAMENTO CA 95814

ARCHITECT
EVERGREEN TUSTIN VENTURES

3841 N. FREEWAY BL
SACRAMENTO, CA 95834

1029 J ST #LL-7
SACRAMENTO CA 95814

Nature of Work: REMODEL EXISTING OFFICE SPACE

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 none 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 734378 Date 12/4/98 Contractor Signature D Paul Deuk

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 12/4/98 Applicant/Agent Signature D Paul Deuk

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 Compensation Insurance Fund Policy Number 046-98 unit 0004854 Exp Date 1/1/99

(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 12/4/98 Applicant Signature D Paul Deuk

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.

9811336

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

1231 I Street, Rm. 200  
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # \_\_\_\_\_ Insp. Area \_\_\_\_\_

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

ADDRESS 2450 VENTURE OAKS WAY Suite 120  
PARCEL # 279-0320-046

<b>CONTACT</b> Name <u>PAUL THOMAS</u> Address _____ _____ Zip _____ Phone <u>916-417-4177</u> FAX _____		<b>LICENSED CONTRACTOR</b> Lic No. # <u>739378</u> Name <u>VALLEY COMMERCIAL CONT</u> Address <u>3017 DOUGLAS BLD</u> <u>ROSEVILLE CA</u> Zip <u>95661</u> Phone <u>916 781 8116</u> FAX <u>916 781 8127</u>	
--	--	--	--

<b>ARCHITECT/ENGINEER</b> Name <u>STAFFORD SPACE PLANNING</u> Address <u>7585 GOLD DRN.</u> <u>LOOMIS</u> Zip <u>95650</u> Phone <u>916 852-3400</u> FAX _____		<b>OWNER</b> Name <u>EVERGREEN CO.</u> Address <u>920 9TH STR</u> <u>SACRAMENTO</u> Zip <u>95814</u> Phone <u>916 447 9605</u> FAX <u>447 9605</u>	
--	--	--	--

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

→ If yes, WORKER'S COMPENSATION POLICY # 046-97 UNIT 0004854 EXPIRATION DATE: 1-1-99

NAME OF INSURANCE COMPANY: STATE COMPENSATION INSURANCE FUND

NATURE OF WORK IN DETAIL: REMODEL  
~~DEMOLITION OF 70 LF OF WALL~~  
~~A REMOVAL OF CARPET. REMODEL EXISTING~~  
~~TENANT IMPROVEMENTS~~  
Office Remodel

DBA: VALIC VALUATION: \$29,520

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI( )	REM(X)	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	PLUMB	<u>ELEC</u>	SITE	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req <u>YAN</u>	Fed Code	Viol. File		
		<u>3818</u>		<u>B</u>	<u>II FR</u>	<u>Spr</u>	<u>15</u>			
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>R</u>		

COMMENTS: REMODEL EXISTING OFFICE SPACE

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

**CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION**

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
11/13/98	1 / 1	11/23/98	1 / 1	1 / 1	1 / 1

PLAN CHECK # 981133P  
 ADDRESS: 2480 Venture Oaks  
 Commercial     Residential

ACCEPTED by (Staff):  
 \_\_\_\_\_

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	13	JT	11/18/98						
STRUCTURAL	<del>NONE</del>								
MECHANICAL/PLUMBING	13	JMT	11/18/98						
ELECTRICAL	3	DM	11/18/98	13	DM	11/24/98			
FIRE	3	DW	11/18/98	13	DW	11/25/98			
PLANNING									

STAFF COMMENTS:  
1st Cycle - int office & I  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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: Volic Phone: 646-3004  
 Site Address: 2450 Venture Oaks suite 120 Suite: 120  
 Business Owner/Representative: Paul Dickson (Street) (Zip) Phone: (916) 417-4177  
 Nature of Business: office  
 Property Owner: Evergreen Prop. Phone: 447-9600  
 Address: 920 11th Suite: \_\_\_\_\_  
Sac. (City) Ca. (State) 95814-2805 (Zip)

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

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

4. Does/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.**

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: Paul Dickson  
D. Paul Dickson (Print) 12/4/98 (Date)  
 (Signature)

BID Use Only: Plan Ck# _____		Permit # <u>9811336</u>	
OK to issue prmt? <input checked="" type="checkbox"/>	<u>12-4-98</u> init date	F.D. Appr Req'd? Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Hold on Certificate of Occupancy? Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
Fire Dept. Use Only:			
OK to issue permit? init	_____	date	_____
OK to issue Certificate of Occupancy? init	_____	date	_____

# MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 12-10-98

From: Gordon Duncan,  
Fire Marshal

Subject: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

2450 VENTURE OAKS WAY #120

has been conducted by Inspector C. PACK

on 12-9-98.

98-11336-C

Permit Number

3818  $\phi$

Square Footage

Remodel

Type Inspection

The system is acceptable by this department.

R Woodman

By: Ross L. Woodman,  
Fire Prevention Officer II

TI-218

F. D. Reference Number

CITY OF SACRAMENTO  
**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address 2450 VENTURE OAKS WAY #120 Permit No. 98-11336

Building Use Office/Remodel DBA: VALLE Occupancy B

Building Owner Evergreen Company Construction Type II-FR

Owner Address 920 9th St Sacramento, CA 95814 Sprinkled  Yes ( ) No

Portion of Building Occupied Suite 120 Area 3,818 Sq. Ft.

Date Issued 01/23/99 By RON BECKETT Sign [Signature] City Building Official CHIEF BUILDING INSPECTOR

Henry/Melavic/Grenn/Spack

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 9 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**

30

# CITY OF SACRAMENTO DAY TEMPORARY CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-7619

98-11336

Building Address 2450 VENTURE OAKS WAY #120 Permit No. \_\_\_\_\_

Building Use Office remodel Occupancy B

Building Owner Evergreen Company Construction Type II Rr

Owner Address 920 9th Street, Sacramento, CA 95814 Sprinkled (X) Yes ( ) No

Portion of Building Occupied Suite 120 Area 3,818 Sq. Ft.

Date Issued 01/08/99 Expiration Date 02/08/99 Sign RON PECCI City Building Official

### CBC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

## POST IN A CONSPICUOUS PLACE

**CITY OF SACRAMENTO**  
**DEVELOPMENT SERVICES DIVISION**  
**Policy on Issuance of a Temporary Certificate of Occupancy (Effective 09/01/98)**

---

**CODE REQUIREMENTS UBC 109.4**

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary certificate of occupancy (Temporary C of O) may be issued for the use of a portion or portions of a building or structure prior to the completion of the entire building or structure.

**APPLICANT PROCEDURE**

- I. The applicant must file a written request, addressed to the Chief Building Official for a Temporary C of O, using an official business letterhead, and signed by both the Business Owner and Construction Company. *Allow one week of processing time* for such a request and include the following details:
- 1) Name of Business.
  - 2) Name and address of the project.
  - 3) Building Permit Number
  - 4) Number of days requested for the Temporary C of O, generally, no longer than 30 days. Other time periods are considered based on conditions and on a case-by-case basis.
  - 5) Effective date, ending date.
  - 6) The reason for needing occupancy prior to final approval, and the specific area(s) to be occupied.
  - 7) ***A NON-REFUNDABLE fee of \$350.00 must be submitted with the request for a Temporary C of O.***
  - 8) The request must include a detailed list of all items that will not be completed at the time of the Temporary C of O.
  - 9) The applicants must stipulate in their request that if the conditions of the agreement are not met prior to expiration of the Temporary C of O, they will terminate the occupancy and vacate the premises.
  - 10) Verify and state that the City water meter is installed and operational at the time of Temporary C of O.
- II. An advanced copy can be faxed to us at (916) 264-7046, but we must receive the ORIGINAL letter with both signatures prior to issuance of a Temporary C of O.
- III. The applicant must request inspections for each trade (Building, Mechanical/Plumbing, Electrical, Fire, Site) with the Development Services Division (916-264-5191) to confirm that the remaining items stipulated in the request for temporary occupancy are correct. A copy of the Temporary Occupancy Request letter must be on the site to insure verification of the listed items by the inspectors.
- IV. Additionally, a copy of the Fire Inspection Record must be included with the request for a Temporary C of O.

**For further information and instructions, contact Val Brown at (916) 264-8272.**



SAMPLE LETTER

JAN. 7, 1998

City of Sacramento  
Development Services Division  
1231 I Street, Room 200  
Sacramento, CA 95814

Attn: Brad Boehm, P.E., Chief Building Official

Re: (Business Name) VALIC (Bldg. Permit #) 9811336  
(Address) 2450 venture Oaks  
Suite 120

We request that a Temporary Certificate of Occupancy be issued at the above noted business location to be in effect on 1/8/99 and expire at 12:00 p.m. on 1/22/99  
(Effective Date) (Ending Date)

for the purpose of:  stocking  employee training  other: start moving in  
(Be specific)

Portion of the building to be occupied: Suite 120

❖ WE ACKNOWLEDGE THAT ONLY THE FOLLOWING LIST OF ITEMS WILL NOT BE COMPLETED AT THE TIME OF TEMPORARY C OF O.

ITEMS TO BE COMPLETED:	
1	System Furniture
2	
3	
4	
5	
6	

Prior to the expiration of the Temporary Certificate of Occupancy, we will schedule inspections to insure that all issues as stated in the above list are resolved to the full satisfaction of both the Development Services Division and Fire Department. It is hereby acknowledged that upon the expiration of the Temporary Certificate of Occupancy, if a permanent Certificate of Occupancy has not been obtained, the continued occupancy of the subject premises shall constitute a violation of applicable Building, Housing and Dangerous Building Codes, subject to criminal sanctions, civil penalties, and/or administrative penalties pursuant to such Codes.

The undersigned certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Deborah Williams  
(Signature of Business Owner)  
(Print Signature Name) Deborah Williams  
(Title) Marketing Admin. Manager  
(Business Name) VALIC  
(Phone #): (Fax #): 916-646-3004  
916-646-3856

D. Paul Dickson  
(Signature of Construction Company)  
(Print Signature Name) D. Paul Dickson  
(Title) Superintendent  
(Business Name) Vally Commercial Contractor L.P.  
(Phone #): (Fax #): (916) 781-8116  
fax (916) 781-8127

Note: Fax a copy of the letter to (916) 264-7046 for review. An original letter must be mailed or delivered to the Development Services Division, Room 200, prior to issuance of the temporary occupancy.

(20M)

*TO DO  
Call for post fees*

INSPECTION REQ'D  
PRIOR TO SIGNOFF

**NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL PLUMBING OR MECHANICAL WORK WITHOUT INSPECTORS SIGNATURE IN PROPER PLACE.**

INSPECTION	INSPECTOR	DATE
B10 FOUNDATION FORMS		
E60B11 UFER GROUND		
B12 CONCRETE SLAB FORMS		
P40 PLUMB. UNDERFLOORS/SLAB		
M30 MECH. UNDERFLOORS/SLAB		
E61 ELECT. UNDERGROUND		
E62 ELECT. CONDUIT-SLAB		
B13 FLOOR JOISTS OR GIRDERS		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B14B INSULATION/WALL/FLOOR		
DO NOT INSTALL SUB FLOOR UNTIL ABOVE HAS BEEN SIGNED		
P41 TOP PLUMBING		
M31 TOP MECHANICAL/WALL/CEILING		
E63 ROUGH ELECTRICAL/WALL/CEILING		
B19 FRAME		
B17 ROOF FLYWOOD NAIL, COMM. & APPTS		
B18 EXTERIOR LATH/SIDING		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
B22 INT. LATH OR WALL BD. NAILING		
DO NOT TAPE PLASTER OR TOP UNTIL ABOVE HAS BEEN SIGNED		
E66 SERVICE UNDERGRD CONDUIT		
P43 SEWER SERVICE		
P42 WATER SERVICE		
P46 SPRINKLER SYSTEM		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
P47 GAS TEST		
P48 TEMP GAS ISSUED		
E68 POWER POLE EXPRES		
E67 TEMP. POWER #		
<b>SWIMMING POOLS ONLY</b>		
P47 GAS TEST		
P51 PLUMBING PRE-GUNITE		
P52 PLUMBING PRE-DECK		
E70 ELECTRICAL PRE-GUNITE		
E71 ELECTRICAL PRE-DECK		
E72 ELECTRICAL UNDERGRD		
DO NOT COVER UNTIL INSTALLATION ABOVE HAS BEEN SIGNED		
ENERGY COMPLIANCE CERTIFICATE TO BE ON FILE PRIOR TO FINAL APPROVAL.		
DATE: _____ SIGNED: _____		
B28 BUILDING	FINAL INSP. NO.	FINAL APPROVALS
E79 ELECTRICAL		
P59 PLUMBING		
M39 MECHANICAL		

DO NOT OCCUPY BUILDING UNTIL ALL OF THE ABOVE HAVE BEEN SIGNED AND CERTIFICATE OF OCCUPANCY ISSUED

BUILDING SITE ADDRESS:

2450 VENTURE OAKS WAY

SUITE #120

INSP. AREA 4C

ASSESSOR PARCEL NO. 274-0320-046

NAME OF APPLICANT: VALLEY COMMERCIAL CONTRACTOR

LICENSED CONTRACTOR: EVERGREEN CO.

PROPERTY OWNER: EVERGREEN CO.

ARCH ENGR: STAFFORD SPACE PLANNING

NO. OF STORIES: 1

NO. OF ROOMS: 7385

ROOF COVERING: AREA 1ST FLOOR

TOTAL AREA: 3818

IS FOR:  BUILDING  MECHANICAL  PLUMBING  ELECTRICAL  SITE  FIRE

NATURE OF WORK IN DETAIL: OFFICE RENOVEL

ADDRESS: 3017 DOUGLAS BLVD, 920 9TH STREET, SACRAMENTO, CA

COMMUNITY PLAN NO. 95661

ZIP CODE 95814

PHONE NO. 781-8116

LICENSE NO. 95650

USE ZONE 652-3400

STREET WIDTH

OCCUP GROUP 3

CITY OF SACRAMENTO SPECIAL CONDITIONS: DRA: VALIC

BUILDING INSPECTION DIVISION ATTACHMENTS: 264-5191

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 is: \_\_\_\_\_

Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

DATE ISSUED: 12-4-98

ISSUED BY: [Signature]

VALUATION: \$ 29,520.00

DATE ISSUED: 12-4-98

BUILDING PERMIT FEE: \$

PLAN CHECK/PROC. FEE: \$

S.M.L. FEE: \$

CONST. EXCISE TAX: \$

CITY BUS LICENSE: \$

TECH. FEE: \$

WATER DEV. FEE: \$

CITY SEWER DEV. FEE: \$

REG. SEWER FEE: \$

RESIDENTIAL CONST. TAX: \$

FED. CODE 15

FIRE SP. Y

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS AS PROVIDED FOR IN SECTION 3700 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEES.

Date: \_\_\_\_\_ Applicant: \_\_\_\_\_ (Signature)

NEIGHBORHOOD PLANNING AND DEVELOPMENT SERVICES

TOTAL FEES	\$ 721.33
	3
	3
	6

PERMIT NO.

98113364

CITY OF SACRAMENTO  
1231 I ST. ROOM 200  
BUILDING INSPECTIONS DIVISION

AREA NO.

4C

**CORRECTION NOTICE**

WHEN CORRECTIONS HAVE BEEN MADE, CALL 264-5191 FOR REINSPECTION OF WORK.

JOB LOCATION

2450 Venture Oaks Way

INSPECTION REQUESTED

Final

THE UNDERSIGNED  BUILDING  PLUMBING  MECHANICAL  ELECTRICAL  
INSPECTOR THIS DAY INSPECTED THIS STRUCTURE FOR THE REQUESTED INSPECTION AND FOUND THE FOLLOWING VIOLATIONS OF CITY AND/OR STATE LAWS GOVERNING SAME:

(1) Install Furniture Partitions

(2) OK to apply for Temp (O.F.O.)

INSPECTOR

*[Signature]* 264-5941

DATE

1/17/99

BUILDING INSPECTIONS 264-5716

JOB COPY

**DO NOT REMOVE THIS TAG**

POST THIS CARD IN A CONSPICUOUS PLACE!

SACRAMENTO CITY FIRE DEPARTMENT

1231 I STREET, SUITE 401

SACRAMENTO, CA 95814-2979

FIRE PREVENTION DIVISION

INSPECTION SERVICES

FOR INSPECTIONS CALL (916) 264-5480

NOTICE OF 48 HOURS REQUIRED FOR INSPECTIONS

PERMIT # 98-113362 APPROVED BY Joe Wang  
 PROJECT Office Remodel  
 ADDRESS 2450 Venture Oaks Way #120  
 OWNER Evergreen Co.

NOTE

1) DO NOT COVER WALLS, CEILINGS OR PIPING UNTIL THE FOLLOWING ITEMS ARE SIGNED OFF.

2) ALL-WEATHER EMERGENCY ACCESS ROADWAYS AND FIRE HYDRANTS (IN SERVICE) SHALL BE PROVIDED PRIOR TO ANY COMBUSTIBLE CONSTRUCTION OR STORAGE ON SITE.

SITE

INSPECTIONS

INITIALS DATE

		UNDERGROUND WATER MAINS/THRUST BLOCKS
		HYDROSTATIC TEST OF WATER MAINS
		FLUSHING OF WATER MAINS
		REFLECTIVE MARKERS
		PAINTING OF EQUIPMENT
		MARKING OF FIRE LANES
		ADDRESS POSTED
		EMERGENCY ACCESS KEY BOX (KNOX)
		FIRE HYDRANTS

FIRE & LIFE SAFETY

		EXITING SYSTEMS
		FIRE DOORS
		SMOKE VENTING
		HIGH PILED STOCK
		FLAMMABLE LIQUIDS
		HAZARDOUS MATERIALS
		SPECIAL HAZARDS
		INTERIOR FINISH
		POSTED SIGNS FOR OCCUPANT LOAD

EQUIPMENT

		FIRE SPRINKLER WELDED OUTLETS
		FIRE SPRINKLER SYSTEM PIPING
		FIRE SPRINKLER HYDROSTATIC TEST
		STANDPIPES
		FIRE ALARMS/TESTING CONTRACT
		KITCHEN HOOD & DUCT SYSTEM
		SPECIAL EXTINGUISHING SYSTEM
		FIRE EXTINGUISHERS
		PRIVATE WATER SYSTEM

SPECIAL REQUIREMENTS

		Temp. of approval
		in the future
		approved
		1/5/99

FINAL APPROVAL

		APPROVED FIRE FLOW
		OCCUPANCY GRANTED/FD APPROVAL

NOTICE: FAILURE TO COMPLY WITH AN ORDER OF THE FIRE DEPARTMENT MAY RESULT IN THE

ISSUANCE OF A CITATION AND/OR DISCONTINUED USE OF THE BUILDING OR PREMISES.

1994 UFC SECTIONS 103.4.3.1, 103.4.3.2, 103.4.4.

KEEP THIS CARD FOR REFERENCE

THIS IS YOUR RECORD OF FIELD INSPECTIONS