

**CITY OF SACRAMENTO**

**Permit No: 0204331**

**1231 I Street, Sacramento, CA 95814**

**Insp Area: 2**

**Site Address: 6600 BRUCEVILLE RD SAC**

**Thos Bros:**

**Sub-Type: NCOM**

**Parcel No: 117-0170-072**

**MOB2, 1ST FLOOR, SUITE 1535**

**Housing (Y/N): N**

**CONTRACTOR**

KAISER FOUNDATION HOSPITALS  
1780 2ND ST  
BERKELEY CA 94710

**OWNER**

KAISER FOUNDATION HOSPITALS  
6600 BRUCEVILLE RD  
SACRAMENTO CA 95823

**ARCHITECT**

**Nature of Work: REPLACE EXISTING UV BOOTH WITH NEWER MODEL, PULL NEW WIRE & INSTALL NEW BREAKERS**

**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 B License Number 187350 BC10 Date 4-5-02 Contractor Signature DR Hildebrandt

**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: APR 11 2002

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 4-5-02 Applicant/Agent Signature DR Hildebrandt

**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: DEPT OF INDUSTRIAL RELATIONS

Policy Number 1054

Exp Date \_\_\_\_\_

(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 4-5-02 Applicant Signature DR Hildebrandt

**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 (\$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**

29055

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

ACTIVITY #	Insp. Area
0204331	2C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 6600 Bruceville Road, Sacramento, CA 95823 Suite MOB2

PARCEL # 117-0170-072

<p align="center"><b>CONTACT</b></p> Name <u>Steven P. Johnson, AIA</u> Street Address <u>3540 Folsom Blvd.</u> City/State/Zip <u>Sacramento, CA 95816</u> Phone <u>916-453-1234</u> FAX <u>916-453-1236</u> E-mail: <u>sjohnson@db-arch.com</u>		<p align="center"><b>LICENSED CONTRACTOR</b> Lic No. # <u>167350</u></p> Name <u>Kaiser Foundation Hospitals</u> Address <u>1780 2<sup>nd</sup> Street</u> City/State/Zip <u>Berkeley, CA 94710</u> Phone <u>510-559-5310</u> FAX <u>510-559-5037</u> E-mail: _____	
<p align="center"><b>ARCHITECT/ENGINEER</b></p> Name <u>Dreyfuss &amp; Blackford Architects</u> Address <u>3540 Folsom Blvd.</u> City/State/Zip <u>Sacramento, CA 95816</u> Phone <u>916-453-1234</u> FAX <u>916-453-1236</u> E-mail: <u>sjohnson@db-arch.com</u>		<p align="center"><b>OWNER</b></p> Name <u>Kaiser Foundation Hospitals</u> Address <u>1950 Franklin Street</u> City/State/Zip <u>Oakland, CA 94612</u> Phone _____ FAX _____ E-mail: _____	

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: Self-insured (see attached)

→ WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: UV THERAPY BOOTH - Provide interior finishes and electrical service for a new UV Therapy Booth in Room 1535, replacing an existing UV therapy booth already in use within this room.

OCCUPANT/TENANT: MEDICAL OFFICE (DERMATOLOGY) VALUATION: \$ 7,000<sup>00</sup>

FLOOD STATUS:			S.C.A.T.:								
JOB DESCRIPTION			BLDG	SHELL	APT	TI( )	REM(X)	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. Y/N		Fed Code	Vio. File		
				B	II, I-HR	SPR	ALARM		[H]	[Quad]	
B	L	P	M	E	F	S		D	PW	UTIL	
								SUB			

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

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

DEPARTMENT OF INDUSTRIAL RELATIONS & CONSTRUCTION  
SELF-INSURANCE PLANS SERVICES  
2265 Watt Avenue, Suite 1  
Sacramento, CA 95825  
Phone (916) 483-3392  
FAX (916) 483-1535



May 3 2 26 PM '94

CERTIFICATION OF SELF-INSURANCE  
OF WORKERS' COMPENSATION


TO WHOM IT MAY CONCERN:

This certifies that Certificate of Consent to Self-Insure  
No. 1054 was issued by the Director of Industrial Relations  
to:

KAISER FOUNDATION HOSPITALS

under the provisions of Section 3700, Labor Code of  
California, on January 1, 1965. The Certificate is now and  
has been in full force and effective since that date.

Dated at Sacramento, California  
This 3rd day of May, 1994

  
MARK B. ASHER, Director  
Self-Insurance Plans

cc: Joanna Davison  
KAISER FOUNDATION HOSPITALS  
1780 Second Street  
Berkeley, CA 94710  
(Self-Insurance)