

CITY OF SACRAMENTO

Permit No: 0108732

1231 I Street, Sacramento, CA 95814

Insp Area: 1
Thos Bros: 297D4

Site Address: 1303 J ST SAC

Parcel No: 006-0054-024 3RD FLOOR

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

CONTRACTOR

DATA PROCESSING AIR CORP
5673 W. LAS POSITAS BLVD
PLEASANTON, CA 94588

OWNER

PRUDENTIAL BACH/EQUITEC REAL ESTATE PT
7677
OAKLAND CA 94614

ARCHITECT

Nature of Work: INSTALL STEEL STAND TO SUPPORT UPS. 8/10/2001TLM Added UPS SYSTEM ON 3RD FLOOR.

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 C10 License Number 799757 Date 11-9-01 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 above-mentioned property for inspection purposes.

Date 11-9-01 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 AMERICAN HOME INS Policy Number WC1026458 Exp Date 02/01/2002

(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 11-9-01 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.

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 # <u>0108732</u>	Insp. Area <u>C1</u>
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Applicant MUST complete ALL Unshaded areas

ADDRESS 1303 J ST 3rd FLOOR Suite _____

PARCEL # _____

<p style="text-align: center;">CONTACT</p> <p>Name <u>JOHN SWATRICE</u> Street Address <u>5673 W. LAS POSITAS</u> City/State/Zip <u>CA PLEASANTON CA 94588</u> Phone <u>925-250-1165</u> FAX _____ E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>C-205140411</u></p> <p>Name <u>DATA PROCESSING KTR CORP</u> Address <u>5673 W. LAS POSITAS BLVD</u> City/State/Zip <u>PLEASANTON CA</u> Phone <u>925-463-3234</u> FAX <u>925-463-315</u> E-mail: _____</p>
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<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>RONALD E MARTINSON</u> Address <u>820 JOHN ST</u> City/State/Zip <u>SEATTLE WASHINGTON</u> Phone <u>206-622-4580</u> FAX <u>206-622-0472</u> E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>GLOBAL CROSSING COMMUNICATIONS</u> Address <u>1303 J ST</u> City/State/Zip <u>SACRAMENTO CA</u> Phone _____ FAX _____ E-mail: _____</p>
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→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: AMERICAN HOME INS
 → WORKER'S COMPENSATION POLICY # WC1026458 EXPIRATION DATE: 2-01-02

NATURE OF WORK IN DETAIL: TO INSTALL STEEL STAIR TO SUPPORT UPS ON 3rd FLOOR

OCCUPANT/TENANT: _____ VALUATION: \$ 20,000

FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM ()	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		
						SPR	ALARM	<u>20</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>	<u>PW</u>	<u>UTIL</u>	

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION
 1231 I Street, Rm. 200
 Sacramento, CA 95814 ☎ 916-241-3115 FAX 916-241-3046

ACTIVITY # 110872	Insp. Area C1
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1303 J St 2nd Floor Suite _____

CONTRACTOR		Lic No. # <u>514041</u>	
Name	<u>DATA PROCESSING AIR CORP</u>		
Address	<u>5673 W. HIG POSITIVE BLVD</u>		
City/State/Zip	<u>PLEASANTON CA 94588</u>		
Phone	<u>925-467-7274</u>	FAX	<u>925-463-2113</u>
E-mail:			
ARCHITECT/ENGINEER		OWNER	
Name	<u>GEORGE CROSSING COMMUNICATION</u>		
Address	<u>1303 J St</u>		
City/State/Zip	<u>SACRAMENTO, CA</u>		
Phone		FAX	
E-mail:			

Will permittee have any insurance? No Yes INSURANCE CO: _____ EXPIRATION DATE: _____

WORKER'S COMPENSATION POLICY: _____

NATURE OF WORK IN DETAIL: INSTALL WIRE TO SUPPORT UPS ON 2ND FLOOR

OCCUPANT/TENANT: _____ VALUATION: \$70,000.00

FLOOD STATUS:		S.D.		REMARKS		SW		FIRE		ADD		OTH	
JOB DESCRIPTION		APT		PLUMB		ELEC		SITE		FIRE			
INSPECTION DISCIPLINES		MECH		Const type		Fire Req. Y/N		Fed Code		Vio. File			
# Stories	1st Fl. Area	Occup. Area	Const type	Fire Req. Y/N	SPR	ALARM	Fed Code	Vio. File	(H)	(Quad)			
<u>B</u>	<u>L</u>	<u>M</u>	<u>P</u>	<u>S</u>			<u>D</u>	<u>FW</u>	<u>UTIL</u>				

REMARKS: _____

HEALTH DEPARTMENT? Yes No

PERMITTED FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed