

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0402104

Insp Area: 1

Thos Bros: 298A5

Site Address: 5151 F ST SAC

Parcel No: 004-0010-006

BLDG D

Sub-Type: REP

Housing (Y/N): N

CONTRACTOR

MARK III ENGINEERING
5101 FLORIN PERKINS RD.
SACTO. CA. 95826

OWNER

SUTTER COMMUNITY HOSPITALS
2800 L ST
SACRAMENTO CA 95816

ARCHITECT

Nature of Work: REPLACE 15 KW GENERATOR

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 574134 Date 2/11/04 Contractor Signature John Gallian

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 2/11/04 Applicant/Agent Signature John Gallian

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 STATE FUND Policy Number 692-02 UNIT 0002087 Exp Date 10/01/2004

(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 2/11/04 Applicant Signature John Gallian

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.

PAID
CITY OF SACRAMENTO
FEB 11 2004
RECEIVED
ENTER

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
 1231 I Street, Suite 200 or 2101 Arena Bl., 200
 Sacramento, CA 95814 Sacramento, CA 95834
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY #

Insp. Area

Applicant to complete all areas down to valuation

ADDRESS 5151 F street Bld D Suite _____
PARCEL # 004-0010-006

CONTACT

Name John Galliani
 Street Address 5101 Florin Perkins Rd
 City/State/Zip SA CA 95826
 Phone (916) 381-8080 FAX 386-0363
 E-mail: JGalliani@M3EC.COM

ARCHITECT/ENGINEER

Name Mark III
 Address _____
 City/State/Zip _____
 Phone _____ FAX _____
 E-mail: _____

LICENSED CONTRACTOR

Lic No. # 574134

Name Mark III Engineering Cont.
 Address 5101 Florin Perkins Rd
 City/State/Zip SA CA 95826
 Phone (916) 381-8080 FAX 386-0363
 E-mail: _____

OWNER

Name Sutter Medical Group
 Address 5151 F street Bld A
 City/State/Zip SA CA
 Phone _____ FAX _____
 E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** State Fund
 → **WORKER'S COMPENSATION POLICY #** 0002087-2003 **EXPIRATION DATE:** 10-1-04

NATURE OF WORK IN DETAIL: Replace 15 KW Generator with New one

OCCUPANT/TENANT: _____ **VALUATION: \$** 7000⁰⁰

FLOOD STATUS				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI	REM	SW	FIRE	ADD	OTHER
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEG	SITE	FIRE			
# Stories	1 st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Reg. Y/N		Fed Code	Vio. File	
						SPR	ALARM		PW	UTIL
B	L	P	M	E	F	S		D		

COMMENTS:

REGIONAL SANITATION FEES? Yes No
WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Yes No

HEALTH DEPARTMENT? Yes No