

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9911587
Insp Area: 2

Site Address: 7707 RUSH RIVER DR SAC
Parcel No: 031-1440-023 **ADMINISTRATION BLDG**

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

CONTRACTOR
MARK III ENGINEERING
5101 FLORIN PERKINS RD
SACRAMENTO CA 95826

OWNER
DOUGLAS N POPE ET ALL
5101 FLORIN PERKINS RD
SACRAMENTO CA 95831

ARCHITECT

Nature of Work: INSTALL FIRE ALARM

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.

X License Class: CC License Number: 577134 Date: 10/13/99 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.

Y Date: 10/13/99 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: STATE FUND Policy Number: 692-98 UNIT 0002087 Exp Date: 10/01/2000 [Signature]

(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.

X Date: 10/13/99 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.

**CITY OF SACRAMENTO
APPLICATION FOR COMMERCIAL BUILDING PERMIT**

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

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

ACTIVITY # 9911587 Insp. Area 2

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1701 RUSH T. COLLETT Suite ADMINISTRATIVE

PARCEL # 08-1440-023

CONTACT		LICENSED CONTRACTOR Lic No. # <u>574134</u>	
Name <u>Tom STEELE</u>		Name <u>MARK III ENGINEERING CONSULTING</u>	
Address <u>5101 FLORIN PERKINS ROAD</u>		Address <u>5101 FLORIN PERKINS ROAD</u>	
Phone <u>916-381-9080</u> FAX <u>916-381-0663</u>		Phone <u>916-381-2080</u> FAX <u>381-0663</u>	
E-mail <u>DATAcom@M3EE.com</u>		E-mail <u>DATAcom@M3EE.com</u>	
ARCHITECT/ENGINEER		OWNER	
Name _____		Name _____	
Address _____		Address _____	
Phone _____ FAX _____		Phone _____ FAX _____	
E-mail _____		E-mail _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: STATE COMP. INSURANCE FUND

→ WORKER'S COMPENSATION POLICY # 692-98 UNIT 0002087 EXPIRATION DATE: 10/1/2000

NATURE OF WORK IN DETAIL: FIRE DETECTION SYSTEM

OCCUPANT/TENANT: PREMISE VALUATION: \$ 11,000.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	SW	<u>FIRE</u>	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File		
						SPR	ALARM	<u>14</u>	[H]	[Quad]
B	L	P	M	E	<u>35</u>	S	<u>D</u>	PW	UTIL	
					<u>13 10/12/99</u>		<u>SR</u>			

COMMENTS:

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

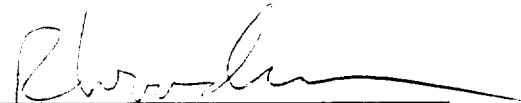
DATE: 11-12-99FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

7707 RUSH RIVERhas been conducted by Inspector DEMELOon 11-10-99.99-11587
Permit Number-
Square FootageF. ALARM
Type of Inspection

The system is acceptable by this department.


By: Ross L. Woodman,
Fire Prevention Officer II99-438
F. D. Reference Number

REVISION ON ACTIVE PERMIT

NEW PLAN CHECK NO#:

DATE: 10-15-99

OLD PLAN CHECK NO#: 9911587

This sheet is to be used only when a permit has been issued, is still active, and the applicant wishes to make changes to the existing approved plans.

All revisions clouded? YES X NO _____

JOB ADDRESS 7707 Rust River Dr SUITE _____ PERMIT NO 9911587

AREA: _____ DBA: _____

DESCRIPTION OF REVISIONS SITE GRAPHIC ANNUNCIATOR ADDD
-DONS AT COUNTER

DISCIPLINE	B	L	P	M	E	<u>F</u>	S	R	D
CHECKED BY						<u>BJF</u>			
ROUTE TO									
CODE									
HOURS SPENT						<u>.5</u>			

CONTACT: TOM SHEELY

ADDRESS: _____

PHONE#: 381-8080

OF PLANS SUBMITTED 2

SUBMITTED TO [Signature]

I understand that I am responsible for all plan check fees that I incur during the course of this additional plan check and that any approved plans not claimed and paid for within 3 months of notification will be disposed of and an invoice procedure for the amount due will be initiated. I further understand that an unclaimed revision may result in delay of final approval for the subject project.

DATE NOTIFIED	PLAN BIN

APP FEE	PAID

[Signature] 10/15/99
Applicant signature Date

AGENCY	TOTAL HRS	TOTAL FEES
BLDG		
PW		
PLEASE PAY THIS AMOUNT		<u>42.50</u>