

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 9902583

Insp Area: 1

Site Address: 2801 CAPITOL AV SAC

Parcel No: 007-0173-004

Sub-Type: ACOM

Housing (Y/N): N

CONTRACTOR

ERIC ANDERSON
PO BOX 163622
SACRAMENTO CA

95816

OWNER

SUTTER COMMUNITY HOSPITALS
1481 RIVERPARK DR #100
SACRAMENTO CA

95815

ARCHITECT

Nature of Work: CONCRETE SLAB FOUNDATION MODIFICATIONS

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 621700 Date 3/19/99 Contractor Signature Shannon J. McLean

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 3/19/99 Applicant/Agent Signature Shannon J. McLean

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 Payment Indemnity Policy Number W1986147670E Exp Date 10/01/99

(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 3/19/99 Applicant Signature Shannon J. McLean

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 BUILDING PERMIT**

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

→ Applicant must complete ALL Unshaded areas ←

PC # 2 AREA # _____

ADDRESS 2801 CAPITOL AVE Suite _____
PARCEL # 007-0173-004

<p align="center">CONTACT</p> <p>Name <u>ACF CONSTRUCTION, INC.</u> Address <u>P.O. BOX 103622</u> <u>SACTO</u> Zip <u>95816</u> Phone <u>392-5076</u> FAX <u>392-0734</u></p>	<p align="center">LICENCED CONTRACTOR Lic No. # <u>511900</u></p> <p>Name <u>ACF CONSTRUCTION</u> Address <u>P.O. BOX 103622</u> <u>SACTO</u> Zip <u>95816</u> Phone <u>392-5076</u> FAX <u>392-0734</u></p>
<p align="center">ARCHITECT/ENGINEER</p> <p>Name <u>BOULDER ASSOCIATES</u> Address <u>4747 TABLE MESA DR. #202</u> <u>BOULDER CO</u> Zip <u>80303</u> Phone <u>(800) 499-7796</u> FAX <u>(303) 499-7767</u></p>	<p align="center">OWNER/TENANT</p> <p>Name <u>RADIOLOGICAL ASSOC.</u> Address <u>1800 I ST.</u> <u>SACTO</u> Zip <u>95814</u> Phone <u>444-0645</u> FAX <u>444-8523</u></p>

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

→ If yes, WORKER'S COMPENSATION POLICY # WN 980476705 EXPIRATION DATE: 10/01/99

NAME OF INSURANCE COMPANY: Fremont Indemnity

NATURE OF WORK IN DETAIL: concrete slab foundation modifications

DBA: OLD TAVERN IMAGING CENTER VALUATION: \$6300

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI ()	REM ()	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE		FIRE	
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
						Spr	Alarm			
<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>	

COMMENT: 3/19/99

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No