

CITY OF SACRAMENTO

Permit No: 9809514

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 603 S ST SAC

Sub-Type: NOTHR

Parcel No: 0090061025

ALLEY SIDE

Housing (Y/N): N

CONTRACTOR

RAND MECHANICAL INC
1800 VERNON ST #3
ROSEVILLE CA 95678

OWNER

GROSVENOR INTERNATIONAL
100 PINE ST #3200
SAN FRANCISCO CA 94111

ARCHITECT

RUDMAN BRUCE, AIA
10866 WILSHIRE BL SUITE 905
LOS ANGELES CA 90024-4333

Nature of Work: INSTALL HVAC UNIT ON PAD WITH SCREEN

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 _____ License Number 504915 Date 2-12-99 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 2-12-99 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.

X 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 MID-CENTURY Policy Number A05107260 Exp Date 10-1-99

(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 2-12-99 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

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

PLAN CHECK # 9514X Insp. Area 1C

Applicant **MUST** complete ALL Unshaded areas this page only

ADDRESS 603 "S" STREET Suite ---
 PARCEL # 009-0061-025 Rand Meds

CONTACT
 Name BRUCE RUDMAN, AIA
 Address 10806 WILSHIRE BL. - 905
LOS ANGELES CA Zip 90024-4338
 Phone 310.474.4770 FAX 310.474.7443

LICENSED CONTRACTOR Lic No. #
 Name FOX CONSTRUCTION
 Address 2580 South 1100 West
Salt Lake City Zip 84119
 Phone 801 972 3103 FAX 801 972 3173

ARCHITECT/ENGINEER
 Name BRUCE RUDMAN, AIA
 Address 10806 WILSHIRE BL - 905
LOS ANGELES CA Zip 90024-4338
 Phone 310.474.4770 FAX 310.474.7443

OWNER
 Name TCG
 Address 603 "S" STREET
SACRAMENTO CA Zip 95814
 Phone 916.932.8668 FAX 916.932.8667

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

→ If yes, WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: ADD "NEW" HVAC FROM ORIGINAL PROJECT, SCREEN AND PAD FOR CONDENSER, INTERCONNECT NEW MECH/ELEC. ONLY, (NO PARTITIONS - MECH INSTALL ONLY - FLOOR PLAN IS EXISTING) CONDENSER UNIT WEIGHT IS 607 lbs. MOUNTED TO SLABS PER SHT. A.2.
Install HVAC UNIT ON PAD WITH SCREEN

DBA: AT&T Local Services VALUATION: 50,000

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			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fed Code	16	Vio. File	<input checked="" type="checkbox"/>
				B	THN	Spr	Alarm			
(B)	L	P	(M)	(E)	F	(S)	(D)	R		
						13 @ ch	13 @ ch			

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

CITY OF SACRAMENTO
APPLICATION FOR [REDACTED] BUILDING PERMIT

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

PLAN CHECK _____ **Insp. Area** _____

Applicant MUST complete ALL Unshaded areas this page only

ADDRESS _____ **State** _____
PARCEL # _____

CONTACT	LICENSED CONTRACTOR Lic No. # _____
Name _____	Name _____
Address _____	Address _____
_____ Zip _____	_____ Zip _____
Phone _____ FAX _____	Phone _____ FAX _____
ARCHITECT/ENGINEER	OWNER
Name _____	Name _____
Address _____	Address _____
_____ Zip _____	_____ Zip _____
Phone _____ FAX _____	Phone _____ FAX _____

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

→ If yes, **WORKER'S COMPENSATION POLICY #** _____ **EXPIRATION DATE:** _____

NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: _____

DBA: _____ **VALUATION:** _____

FLOOD STATUS:			S.C.A.T.:						
JOB DESCRIPTION	BLDG	SHEL	APT	TI()	REM()	SW	DRB	ADD	OTH
INSP. DISCIPLINES		BLDG	MECH	PLUMB	ELEC	PIPE			FIRE
Starts	Stop	Total Area	Use Zone	Occp Group	Count type	Fire Dept. No.	Code		Viol. File
B	L	P	M	E	T	S	D		R

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No **HEALTH DEPARTMENT?** Yes No

**City of Sacramento Development Services Division
Planning and Zoning Information Request**

Project Address: 1003 "S" STREET

Assessor's Parcel Number: 009 - 0061 - 025

Current Land Use: TELECOM SWITCH

Description of Request/Proposed Use: SAME (JUST ADDING "FUTURE"

MECH./ELEC.) ADDING MECH. (CONDENSER
W/SCREEN) SAME AS EXISTING

Zoning Designation: C-4

Prior Applications for Project Site(P#,Z#,DRPB#): IR97-012

Comments: Equipment to be screened
from view as per previously
approved photos + project

Are There Any Planning Issues?: (Circle One) YES NO

Site Plan Check Required? (Circle One) YES NO

Design Review/ Preservation Required?: (Circle One) YES NO

Planning Review by/Date: H. Dan Perry 9.25.98

A list of items that must be reviewed by Planning is provided on the reverse side of this form.