

CITY OF SACRAMENTO

Permit No: 9812542

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 501 J ST SAC

Sub-Type: ACOM

Parcel No: 0060026018

Housing (Y/N): N

CONTRACTOR

SANDSTROM COMPANY THE
4200 SOUTH LAND PARK DR
SACRAMENTO CA

OWNER

SACRAMENTO CORPORATE CENTER L P
1075 HOLLY JILL LN #300
GREENWICH CT 06830

ARCHITECT

Nature of Work: MINOR COMMERCIAL REMODEL

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 296493 Date 1-4-99 Contractor 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 abovementioned property for inspection purposes.

Date 1-4-99 Applicant/Agent 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 1536656-98 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 1-4-99 Applicant 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 [REDACTED] BUILDING PERMIT**

**DEVELOPMENT SERVICES DIVISION**  
**PERMIT SERVICES SECTION**

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

**PLANS CHECK** [REDACTED] Insp. Area [REDACTED]

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

ADDRESS 501 J ST Suite 200, 210  
 PARCEL # 004-000-010-000

<b>CONTACT</b> Name <u>STAFFORD SPACE PLANNING</u> Address <u>7585 GOLD DR</u> <u>LOOMIS</u> Zip <u>95650</u> Phone (916) <u>652-3400</u> FAX (916) <u>652-7805</u>		<b>LICENSED CONTRACTOR</b> Lic No. # <u>29049</u> Name <u>SANDSTROM CO.</u> Address <u>501 J ST STE 615</u> <u>SACRTO</u> Zip <u>95814</u> Phone <u>492-2800</u> FAX <u>492-9477</u>	
<b>ARCHITECT/ENGINEER #1219</b> Name <u>STAFFORD SPACE PLANNING</u> Address <u>7585 GOLD DR</u> <u>LOOMIS</u> Zip <u>95650</u> Phone (916) <u>652-3400</u> FAX (916) <u>652-7805</u>		<b>OWNER</b> [REDACTED] Name <u>SACRAMENTO CORPORATE CENTER</u> Address <u>501 J ST</u> <u>SR 605</u> <u>SACRTO</u> Zip <u>95814</u> Phone <u>492-9430</u> FAX <u>492-9477</u>	

→ 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: MINOR REMODEL, DEMO, ONE NEW WALL & DOOR  
NO NEW LIGHTING, HVAC OR POWER & TELEPHONE

DBA: \_\_\_\_\_ VALUATION: \$ 7500.00

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. Y/N	Fed Code	Vio. File		
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>I</u>	Spr <u>N</u> Alarm <u>Y</u>	<u>5</u>		<u>D</u>	<u>R</u>
		<u>N/A</u>	<u>N/A</u>							

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
12/22/98	1/1	1/1	1/1	1/1	1/1

PLAN CHECK # 982542  
 ADDRESS: 501 - J St  
 Commercial     Residential

ACCEPTED by (Staff):  
[Signature]

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	13	JT	12/30/98						
STRUCTURAL		NONE							
MECHANICAL/PLUMBING									
ELECTRICAL	13	DW	12/30						
FIRE	13	DW	30 Dec 98	03	DW	4 Dec 98			
PLANNING									

STAFF COMMENTS:

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FAX (916) 264-8130

XXXXXXXXXXXXXX

REF: 01-03

January 12, 1999

California Department of Forestry and Fire Protection  
Office of the State Fire Marshal  
P.O. Box 944246  
1131 S Street  
Sacramento, CA 94244-2460

ATTENTION: Jeff Dragilia

Dear Jeff:

On October 20, 1998, we discussed the recent amending of California Health and Safety Code Section 13108. The amending provides that the SFM is now the AHJ for all state occupied buildings. It is understood by this department that the SFM has replaced the local fire department and assumes all fire inspection jurisdiction for new construction in state leased buildings after these buildings have been through the local building department plan review and inspection process.

During this transition period, while the SFM prepares staffing and budgeting to accommodate the new code requirement, a local fire department may be granted temporary jurisdiction in each specific case for inspections under 13108 (c), if a written request is made to (and accepted by) the SFM.

Please accept this letter as a written request to perform the fire inspections for the new construction acceptance at 501 J Street-Suites 200, 206, 210 and 230--Department of Corrections, a state leased building in Sacramento. These inspections will be in support of the Sacramento City Building Department's request for fire inspections in order to grant a certificate of occupancy.

Sincerely,

Gordon Duncan, Fire Marshal  
Sacramento City Fire Prevention Division

GD:to'c

cc: Bryon Nakashima, Sr. Engineer  
Jim Krantz, Sr. Fire Prevention Officer  
Ross Woodman, Fire Prevention Officer II ✓



**CITY OF SACRAMENTO**  
 BUILDING INSPECTION DIVISION  
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

**As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form**

1. Business Name Department of Corrections Phone: (916) 327-1793  
 Site Address: 501 J St Suite: 200, 200, 210, 230  
(Street) (Zip)  
 Business Owner/Representative: Debra Kamara Phone: (916) 327-1793  
 Nature of Business: Planning & Construction of Correctional Facilities  
 Property Owner SACRAMENTO CORPORATE CENTER Phone: (916) 492-9430  
 Address: 501 J St Suite: 605  
(Street)  
SACRAMENTO CA 95814  
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes \_\_\_ No X Is this permit for a shell building? Yes \_\_\_ No X

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes \_\_\_ No X  
 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No X

**CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.**

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes \_\_\_ No \_\_\_  
 6. Do you handle, store or transport any amount of acutely hazardous materials? Yes \_\_\_ No \_\_\_  
 7. Is/Will your business be located within 1,000 feet of a school? Yes \_\_\_ No \_\_\_

If you answered "yes" to questions #6 and/or #7, complete the RMPP Informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes \_\_\_ No \_\_\_

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

**Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.**

**PENALTY:** Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: Jill M. Condon Per conversation by Debra Kamara by phone 10:45  
(Print)  
Jill M. Condon 12 22 98  
(Signature) (Date)

BID Use Only: Plan Ck# <u>2542</u> Permit # <u>9812542</u>	
OK to issue prmt? Y <u>1-4-99</u> F.D. Appr Req'd? Yes <u>No</u>	init date
Hold on Certificate of Occupancy? Yes <u>No</u>	
Fire Dept. Use Only:	
OK to issue permit? init ___ date ___	
OK to issue Certificate of Occupancy? init ___ date ___	

# MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 1-15-99

From: Gordon Duncan,  
Fire Marshal

Subject: **FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

501 J ST # 200, 204, 210, 230

has been conducted by Inspector C. Pack

on 1-15-99.

98-12542-C

Permit Number

5000 sq

Square Footage

Remodel

Type Inspection

The system is acceptable by this department.

R. Woodman

By: Ross L. Woodman,  
Fire Prevention Officer II

TI-228

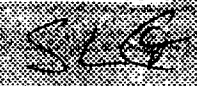
F. D. Reference Number

5000 sq

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
12/24/98	1/1	1/1	1/1	1/1	1/1

PLAN CHECK # 982542  
 ADDRESS: 501 J St  
 Commercial     Residential

ACCEPTED by (Staff):  


DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	13	HT	12/30/98						
STRUCTURAL		NONE							
MECHANICAL/PLUMBING									
ELECTRICAL	13	DH	12/30						
FIRE	13	DW	30 Dec 98	03	4 Dec 98				
PLANNING									

STAFF COMMENTS:

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CITY OF SACRAMENTO  
BUILDING INSPECTION DIVISION  
APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Site Address: 501 J St Suite: 200, 206, 210, 230  
(Street) (Zip)  
Business Owner/Representative: \_\_\_\_\_ Phone: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_  
Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes \_\_\_ No  Is this permit for a shell building? Yes \_\_\_ No   
Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.  
3. Does/Will your business generate hazardous waste? Yes \_\_\_ No   
4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ No

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Applicant's Name: \_\_\_\_\_  
(Print)  
\_\_\_\_\_  
(Signature) (Date)

BID Use Only: Plan Ck# _____ Permit # _____
OK to issue prmt? Y <u>1-4-99</u> F.D. Appr Req'd? Yes No init date
Hold on Certificate of Occupancy? Yes No
Fire Dept. Use Only:
OK to issue permit? ini' _____ date _____
OK to issue Certificate of Occupancy? ini' _____ date _____