Sub-Type: **REM** Site Address: 1107 9TH ST SAC Housing (Y/N): N 006-0102-001 Parcel No: **ARCHITECT** OWNER CONTRACTOR FORUM BUILDING LTD ALLIED FIRE PROTECTION 1610 ARDEN WAY STE #242 SSS HIGH ST SACRAMENTO CA 95815-4028 DAKEAND CA 94601 Nature of Work: MODIFY FIRE SPRINKLER SYSTEM 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'sAddress_ a cader's Name 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. ocense Classe 16 License Number 25/700 Date 9.15.59 Contractor Signature OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the tollowing reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair an 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); . 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. 2044, 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 said. It 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 ins but d or improve for the purpose of sale.) , 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) beensed pursuant to the Contractors License Law) am exempt under Sec. _____ B & PC for this reason:_____ ___ Owner Signature Date 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 and improvement or the violation of any private agreement relating to location of improvements. exertify 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 together upon the abovementioned property for inspection purposes. Applicant/Agent Signature WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations: 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. 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: Exp Date 7. / . 0 0 Policy Number N 2059535.A arrier CACIFORNIA INVENTINITY 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 somest to the workers' compensation provisions of Section 3700 of the Labory Code, I shall forthwith comply with those provisions. Applicant Signature Applicant Date WARNING HAILURE TO SECURE WORKER'S COMPENSATION COVERÂGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

9908542

Permit No:

Insp Area:

KIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF

OMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE

CITY OF SACRAMENTO APPLICATION FOR COMMERCIAL BUILDING PERMIT

Well permittee have any employees on the jobsite? No Yes → INSURANCE CO: CALIFORNIA INDEMNIY WORKER'S COMPENSATION POLICY # N 20 5 9 5 35 A RAPPRINTED OF WORK IN DETAIL: MONEY CALIFORNIA FIRE SPELNEIRE SYSTEM FOR NEW TENANT OCCUPANT/TENANT: GST VALUATION: \$ 15,000.9° FLOOD STATUS: JOB DESCRIPTION BLDG SHELL APT TI() REM() SW FIRE ADD OTH INSPECTION DISCIPLINES BLDG MECH PLUMB ETEC SITE FIRE # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea. Total Area Use Zone Occop Group Const type # Stories Ist firArea Use Zone		DEVELOPMENT SERVICES DIVISION			ACT	ACTIVITY # 7908S47 Insp. Area 10					
CONTACT Name DOUG DEWOLF Address \$555 High 5/ OFICIAND 74601 Phone \$0.537.5716 FAX \$19.533.673 Phone \$10.537.5716 FAX \$19.533.673 Phone \$10.537.6716 Phone \$10.537.5716 Phone \$10.537.5716 Phone \$10.537.6716 Phone \$10.537.6	11.31 Street Sacramento. ADDRESS _	, Rm. 200 CA 95814 (1107 9	916) 264-7019 TH ST	(@3)	7						
Name Doug Dewolf Address S55 High S1 Oficiand 74601 Address S55 High S1 Oficiand 2.94601 Phone S10.537.5116 FAX S10.537.973 Email Affine C Accisorae .com ARCHITECT/ENGINER Name Address Address Phone FAX FIRE FAX FIRE FAX FOR NEW VALUATION: \$ 15,000.95* FLOOD STATUS: S.C.A.T. JOB DESCRIPTION BLDG SHELL APT TI() REM() SW FIRE ADD OTH INSPECTION DISCIPLINES BLDG MECH PLUMB FIRE FIRE FIRE FIRE FIRE FIRE FIRE FIRE	ARCED#_	<u> </u>			[,,	CENCED (CONTEDACTOR	Lie No. # C	25/700		
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E-mail AFFINC® ALLEDFIGE.COM ARCHITECT/ENGINEER Name Address Address Phone FAX Phone FAX Phone FAX Phone F-mail Well permittee have any employees on the jobsite* No 2 yes + INSURANCE CO: CALIFORNIA INDEMNIY WORKER'S COMPENSATION POLICY # N 20595 35A EXPIRATION DATE: 7/1/00 NATURE OF WORK IN DETAIL: MOREY EXIGEING FIRE SPRINGLE SYSTEM FOR NEW TENAM OCCUPANT/TENAM: 967 VALUATION: \$ 15,000.2° FLOOD STATUS: S.C.A.T. JOB DESCRIPTION BLDG SHELL APT TI() REM() SW FRE ADD OTH INSPECTION DISCIPLINES BLDG MECH PLUND ELEC SITE FIRE # Stories 1st firarea. Total Area Use Zone Ocep Group Const type Fire Rec(2) N Fed Code Vio. File B L P) M E P) S D PW UTIL COMMENTS: REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No					- 1	Phone 510 . \$33.5516 FAX \$10.533. 0913					
ARCHITECT/ENGINER Name Address Phone FAX Phone FAX Phone FAX Bemail Will permittee have any employees on the jobsite No Yes → INSURANCE CO: CALIFORNIA INDEMNTY WORKER'S COMPENSATION POLICY # N 20595 35A EXPIRATION DATE: 7/1/00 NATURE OF WORK IN DETAIL: MOWAY EXISTING FIRE SPELLERE SYSTEM FOR NEW TENANT OCCUPANT/TENANT: 957 VALUATION: \$ 15,000.9° FLOOD STATUS: S.C.A.T. JOB DESCRIPTION BLDG SHELL APT TI() REM() SW FIRE ADD OTH INSPECTION DISCIPLINES BLDG MECH PLUND ELEC SITE FIRE # Stories Ist firarea. Total Area Use Zone Occop Group Const type Fire Rec(Y) N Fed Code Vio. File # Stories Ist firarea. TOTAL P M E F) S D PW UTIL COMMENTS: REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No											
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Address Phone FAX Phone FAX E-mail Will permittee have any employees on the jobsite' Now Yes > INSURANCE CO: CALIFORNIA INDEMNITY WORKER'S COMPENSATION POLICY # N 20595 35A EXPIRATION DATE: 7/1/00 NATURE OF WORK IN DETAIL: MODELY EXISTING FIRE SPRINKIPE SYSTEM FOR NEW TENANT OCCUPANT/TENANT: 95T VALUATION: \$ 15,000.9° FLOOD STATUS: JOB DESCRIPTION BLDG SHELL APT TI() REM() SW FIRE ADD OTH INSPECTION DISCIPLINES BLDG MECH PLUMB ELEC SITE FIRE # Stories Ist firares. Total Area Use Zone Ocep Group Const type Fire Rect Y N Fed Code Vio. File B L P M E F S D PW UTIL COMMENTS: REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No	Name				N	Name					
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dssulf rms/commercialapp. [re : 04/26/99]

TO:	BUILDING DEPARTMENT	DATE: / - 0 - 0 7
10.		
FROM:	Troy Malaspino Fire Marshal	
SUBJECT:	FIRE SYSTEM INSPECTION	
A final inspec	ction of the newly installed fire system at:	
i i illiur mopos	1107 92 57	
Has been con	ducted by Inspector	
	C. PARK	_
On		
_//	-19-99	
99-08	Square Footage	O # 5 PR 4 xT Type of Inspection
Permit Numb	er Square Footage	Type of Inspection ORY - Aerrow
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iney system	is acceptable by this department.	
phr	ndun	
	L. Woodman, revention Officer II	
99 – F.D. Reference	376 ce Number	