

CITY OF SACRAMENTO

Permit No: 9809104

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 2710 GATEWAY OAKS DR SAC # 360  
Parcel No: 2250230077

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

CONTRACTOR  
VALLEY COMERCIAL CONTRACTORS

OWNER

ARCHITECT  
METRO CENTER FIDELITY ASSOCIATES

3841 N. FREEWAY BL  
SACRAMENTO, CA

95834

1 MARKET PZ SPEAR ST  
SN FRANCISCO CA

94105

Nature of Work: INTERIOR 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 739578 Date 10-12-98 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 abovementioned property for inspection purposes.

Date 10-12-98 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 1-99 046-47 00048524

(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 10-12-98 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.

**CITY OF SACRAMENTO**  
**APPLICATION FOR [REDACTED] BUILDING PERMIT**

9809104

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

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

**PLAN CHECK #** 6389X **Insp. Area** 4

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

**ADDRESS** 2710 ~~3077~~ Gateway Oaks Drive **Suite** 360  
**PARCEL #** 225-0230-077

<p align="center"><b>CONTACT</b></p> <p>Name <u>Valley Commercial Cent.</u>                  Address <u>3077 Douglas Blvd Ste 200</u>  <u>Roseville</u> Zip <u>95661</u>                  Phone <u>916-781-8116</u> FAX <u>916-781-8127</u></p>	<p><b>LICENSED CONTRACTOR</b> Lic No. # <u>739378</u></p> <p>Name <u>Valley Commercial Cent.</u>                  Address <u>3077 Douglas Blvd #200</u>  <u>Roseville</u> Zip <u>95661</u>                  Phone <u>916-781-8116</u> FAX <u>916-781-8127</u></p>
<p align="center"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Stanford Space Planning</u>                  Address <u>720 Cold River Terrace</u>  <u>Rocklin</u> Zip <u>95650</u>                  Phone <u>916-255-3400</u> FAX</p>	<p align="center"><b>OWNER</b></p> <p>Name <u>Light Street Partners</u>                  Address <u>2710 Gateway Oaks Dr #125</u>  <u>Sacramento</u> Zip <u>95833</u>                  Phone <u>916-925-8965</u> FAX</p>

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

→ If yes, WORKER'S COMPENSATION POLICY # 916-97 004854 EXPIRATION DATE: 1-1-99

NAME OF INSURANCE COMPANY: State Fund

NATURE OF WORK IN DETAIL: Tenant Improvement

(600 sq ft ±) Office Remodel

DBA: Saturn VALUATION: 4,000.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI( )	REM(X)	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>5188</u>		<u>B</u>	<u>II-1HR</u>	<input checked="" type="checkbox"/> Spr	<input checked="" type="checkbox"/> Alarm	<u>15</u>		
<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>	

COMMENTS:

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

# REVISION ON ACTIVE PERMIT

NEW PLAN CHECK NO: 9809104

DATE: 11-18-98

● 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  No

JOB ADDRESS 2710 N. Gateway Oaks SUITE: 360 PERMIT NO. 98-09104

AREA: \_\_\_\_\_ DBA: Saturn

DESCRIPTION OF REVISIONS Relocate one (1) furniture  
power pole (New 1AV)

DISCIPLINE	B	L	P	M	<u>E</u>	F	S	R	D
CHECKED BY					<u>Ger</u>				
ROUTE TO									
CODE					<u>13</u>				
HOURS SPENT					<u>1/2</u>				

CONTACT: Valley Commercial Contractors

ADDRESS: 3017 Douglas Blvd., Suite 220  
Roseville, CA 95661

PHONE: 916-781-8116 Contact: Rich Neal

# OF PLANS SUBMITTED: 0 SUBMITTED TO: AS

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.

Anna Boag 11-18-98  
Applicant Signature Date  
for Valley Comm. Cont.

DATE NOTIFIED	PLAN BIN

APPLIC. FEE	PD.
	<u>42.50</u>

AGENCY	TOT. HRS.	TOTAL FEES
BID		
PW		
PLEASE PAY THIS AMOUNT <input checked="" type="checkbox"/>		<u>42.50</u>

# MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 11-20-98

From: Gordon Duncan,  
Fire Marshal

Subject: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

2710 GATEWAY OAKS DR #360

has been conducted by Inspector R. Robles

on 11-20-98.

98-09104-C

Permit Number

1529 sq

Square Footage

Remodel

Type Inspection

The system is acceptable by this department.



By: Ross L. Woodman,  
Fire Prevention Officer II

TI-188

F. D. Reference Number

~~CITY OF SACRAMENTO~~  
CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
1/15/98	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 6389 X  
 ADDRESS: ~~XXXX~~ 2716 GATEWAY CTR  
 Commercial     Residential



ACCEPTED by (Staff):  
JACK

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY									
STRUCTURAL									
MECHANICAL/PLUMBING									
ELECTRICAL	3	AM	9/16/95	13	TM	10/8/98			
FIRE	03	J7	2/14/98						
PLANNING									

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

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

# EXPRESS PLAN REVIEW

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IN	OUT	IN	OUT	IN	OUT
9/15/98	1/1	1/1	1/1	1/1	1/1

PLAN CHECK # 6389 X  
 ADDRESS: ~~1111~~ 2710 GATEWAY OAKS  
 Commercial     Residential

ACCEPTED by (Staff):  
JACK

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	2	STL	9/16/98	13	STL	10/9			
STRUCTURAL									
MECHANICAL/PLUMBING	13	STL	10/1						
ELECTRICAL	3	AM	9/16/98	13	TM	10/8/98			
FIRE	03	STL	9/16/98	13	STL	10/7			
PLANNING									

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

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Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # 6389X Insp. Area 4

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

ADDRESS 2710 ~~W~~ Gateway Oaks Drive Suite 360  
PARCEL # 225-0230-077

<p align="center"><b>CONTACT</b></p> <p>Name <u>Valley Commercial Cent.</u> Address <u>3017 Douglas Blvd #220</u> <u>Roseville</u> Zip <u>95661</u> Phone <u>916-781-8116</u> FAX <u>916-781-8127</u></p>	<p align="center"><b>LICENSED CONTRACTOR</b> Lic No. # <u>739378</u></p> <p>Name <u>Valley Commercial Cent.</u> Address <u>3017 Douglas Blvd #220</u> <u>Roseville</u> Zip <u>95661</u> Phone <u>916-781-8116</u> FAX <u>916-781-8127</u></p>
<p align="center"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Stafford Space Planning</u> Address <u>7585 Gold River Drive</u> <u>Lisicola</u> Zip <u>95650</u> Phone <u>916-652-3400</u> FAX</p>	<p align="center"><b>OWNER</b> <u>[REDACTED]</u></p> <p>Name <u>Light Street Partners</u> Address <u>2710 <del>W</del> Gateway Oaks Dr #125</u> <u>Sacramento</u> Zip <u>95833</u> Phone <u>916-925-8965</u> FAX</p>

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INSP. DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE		FIRE	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req <u>YN</u>		Fed Code	Vio. File	
		<u>5188</u>		<u>B</u>	<u>II-1#R</u>	<u>(Spr)</u>	<u>Alarm</u>	<u>15</u>		
<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>	

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DISCIPLINE	B	L	P	M	E	F	S	R	D
CHECKED BY									
ROUTE TO									
CODE									
HOURS SPENT									

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Amanda Bragg 11-18-98  
Applicant Signature for Valley Comm. Cont. Date

DATE NOTIFIED	PLAN BIN

APPLIC. FEE	PD.
	42.50

AGENCY	TOT. HRS.	TOTAL FEES
BID		
PW		
PLEASE PAY THIS AMOUNT <input checked="" type="checkbox"/>		42.50