

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0519222

Insp Area: 4

Thos Bros: 277C2

Site Address: 3890 TRUXEL RD SAC

Parcel No: 225-0160-091

Sub-Type: TI

Housing (Y/N): N

CONTRACTOR
ACTIVE CONSTRUCTION
PO BOX 295
HAYWARD, CA 94543

OWNER
PHILIP IRIZARRY
1035 HAMAN WY
ROSEVILLE, CA 95678

ARCHITECT

Nature of Work: ADDING NON-STRUCTURAL PARTITION WALLS, 10 OUTLETS, TRACK LIGHTING, UTILITY SINK CASEWORK & FINISHES TO A VACANT RETAIL SPACE

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 A License Number 382937 Date 12-8-05 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 12-8-05 Owner Signature [Signature]
PAID CITY OF SACRAMENTO DEC 08 2005

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 laws 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 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 COMP INSURANCE FUND Policy Number 1516694 Exp Date 06/01/2006

(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 12-8-05 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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
PERMIT SERVICES SECTION
 1231 I Street, Suite 200
 Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7046

ACTIVITY # 05-19222 **Isnp. Area**

Applicant **MUST** complete **ALL Unshaded areas**

ADDRESS 3890 TRUXEL RD.
PARCEL # 225-0160-08K-091 (new)

Bldg 7, Suite 400
aka suite D

| | | | |
|---|--|--|--|
| CONTACT DRAFTSMAN | | LICENSED CONTRACTOR Lic No. # <u>382937</u> | |
| Name <u>LARS LANGBERG</u> | | Name <u>MARTY CLARK</u> | |
| Street Address <u>6053 HUGHES RD</u> | | Address <u>P.O. BOX 295</u> | |
| City/State/Zip <u>FORESTVILLE, CA 95436</u> | | City/State/Zip <u>HAYWARD, CA 94543</u> | |
| Phone <u>707-887-9899</u> FAX <u>707-887-9899</u> | | Phone <u>510-309-8917</u> FAX <u>510-886-2719</u> | |
| E-mail: <u>larslangberg@yahoo.com</u> | | E-mail: <u>ACTIVECONST@AOL.COM</u> | |
| ARCHITECT/ENGINEER | | OWNER | |
| Name _____ | | Name <u>PHILIP IRIZARRY</u> | |
| Address _____ | | Address <u>1035 HAMAN WAY</u> | |
| City/State/Zip _____ | | City/State/Zip <u>ROSEVILLE, CA 95678</u> | |
| Phone _____ FAX _____ | | Phone <u>916-300-3628</u> FAX _____ | |
| E-mail: _____ | | E-mail: <u>PHIL-UP@SUREWEST.NET</u> | |

→ Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** _____

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

NATURE OF WORK IN DETAIL: ADDING NON-STRUCTURAL PARTITION WALLS, SINK, 10 OUTLETS, TRACK LIGHTING, CASEWORK, & FINISHES TO A VACANT (E) RETAIL SPACE

OCCUPANT/TENANT: CARTRIDGE WORLD **VALUATION:** \$ 28,000

| | | | | | | | | | | | |
|-------------------------------|--------------------------|--|--------------------------------|--|---------------------------------|---|---|--|------------------------------|--------------------------------|--|
| FLOOD STATUS | | | | S.C.A.T. | | | | | | | |
| JOB DESCRIPTION | | BLDG <input type="checkbox"/> | SHELL <input type="checkbox"/> | APT <input type="checkbox"/> | TI () <input type="checkbox"/> | REM () <input type="checkbox"/> | SW <input type="checkbox"/> | FIRE <input type="checkbox"/> | ADD <input type="checkbox"/> | OTHER <input type="checkbox"/> | |
| INSPECTION DISCIPLINES | | <input checked="" type="checkbox"/> BLDG | | <input checked="" type="checkbox"/> MECH | | <input checked="" type="checkbox"/> PLUMB | | <input checked="" type="checkbox"/> ELEC | | <input type="checkbox"/> SITE | <input checked="" type="checkbox"/> FIRE |
| # Stories | 1 st flr Area | Total Area | Use Zone | Ocep Group | Const type | Fire Req (Y/N) | | Fed Code | Vio. File | | |
| 1 | 1065 | 1065 | (M) | M | I | <input checked="" type="checkbox"/> SPR | <input checked="" type="checkbox"/> ALARM | | D | PW UTIL | |
| B | (D) | (P) | (M) | E | F | S | | | | | |
| Jerry | Serry | Bob | Bob | B.U | Jim Ted Paul | | | | | | |

COMMENTS:

REGIONAL SANITATION FEES? Yes No **HEALTH DEPARTMENT?** Yes No
WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Yes No

City of Sacramento
Development Services Department
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

| | |
|---|--|
| ADDRESS: 3890 Truxel Rd, Bldg 7, Suite 400 (aka space D) | APN: 225-0160-091 (new; old = 081) <i>225-0160-091 Monica</i> |
| DRPB AREA / PUD / SPD: Coral Business Park PUD | ZONING: EC-50-PUD |
| EXISTING LAND USE: Natomas Village Center (office & retail center) | |
| PROPOSED USE: In Building 7, Suite 400 (a.k.a. Space D), first-time tenant-specific TI for "Cartridge World," sq. footage of tenant space is 1,065. | |
| PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW: | |
| <input type="checkbox"/> | Planning review is NOT required. |
| <input type="checkbox"/> | Use is NOT allowed; applicant CANNOT submit for plan check. |
| <input type="checkbox"/> | Requires APPLICATION(s): PC ZA IR ER DR PB |
| Required Planning application must be approved <i>before</i> project can be submitted for plan check | |
| <input type="checkbox"/> | Application(s) IN PROGRESS: File Number: |
| Application must be approved before project can be submitted for plan check. | |
| <input checked="" type="checkbox"/> | Application(s) COMPLETED: File Number & approval date: P99-072 & Z04-285 |
| Building permit must conform to approved plans and comply with all conditions of approval. Do NOT accept applications for a building permit prior to the end of the 10-day appeal period. | |
| <input checked="" type="checkbox"/> | Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit. |
| <input type="checkbox"/> | Meets setback & lot coverage requirements as shown on site plan provided. |
| <input type="checkbox"/> | Plans to be submitted have been stamped/signed by Planning counter staff. |
| <input type="checkbox"/> | Route to SITE for plan check and inspection. |
| <input type="checkbox"/> | Route to SITE for inspection only , plan check not required. |
| <input type="checkbox"/> | Preliminary review ONLY ; the information on this form must be reviewed again and confirmed at the time of building permit submittal. |
| CONDITIONS AND COMMENTS: This use allowed in zone. No exterior changes. No Planning concerns, and no need to route to Site. | |
| DATE: 12/8/2005 | BY: Monica May <i>mmay</i> 12/8/05 |

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 808-5716

Building Address: 3890 TRUXEL RD #400 Permit No.: 0519222
Building Use: T.I. REMODEL Occupancy: M
Building Owner: PHILIP IRIZARRY Construction Type: VN
Owner Address: ROSEVILLE, CA Sprinkled? Yes No
Portion of Building Occupied: SUITE 400 Area: 1065 Sq. Ft.
1/18/06
Date By: (Print) Carolyn Cooper Sign RON BEEHLER
CHIEF BUILDING OFFICIAL

[Finaled By: MJJ,RLB,CHM,MCM]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE