

CITY OF SACRAMENTO

Permit No: 9802109

1231 I Street, Sacramento, CA 95814

Insp Area: I

Site Address: 770 L ST SAC

Sub-Type: REM

Parcel No: 0060153015

Housing (Y/N): N

CONTRACTOR

ASI - ANTHONY & SONS
1790 TERMINAL ST
WEST SACRAMENTO, CA
Phone: 916-373-0707

OWNER

CITY CENTRE PARTNERS, AN ILLINOIS GEN PAR
1717 I ST
SACRAMENTO CA 95814
Phone:

ARCHITECT

Phone:

Nature of Work: INTERIOR REMODEL. 7428 SF

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 360117 Date 3/17/98 Contractor Signature Mei Gerety

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 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 or 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 or 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.

Date 3/17/98 Applicant/Agent Signature Mei Gerety

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 713-96-126

(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 3/17/98 Applicant Signature Mei Gerety

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.

WORKER'S COMP POLICY # 713-96-126
 COMPANY STATE FUND EXPIR. DATE 10/1/98

CITY OF SACRAMENTO
APPLICATION FOR BUILDING PERMIT
DEPARTMENT OF PLANNING AND DEVELOPMENT
BUILDING INSPECTION DIVISION

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

9802109

ADDRESS 770 "L" ST
 PARCEL # 006-0153-015

P.C. # _____
 SUITE # 1000
 AREA # 1C

CONTACT
 NAME MERRIN GERETY (ASI)
 ADDRESS 1790 TERMINAL ST
W-SACRAMENTO ZIP 95691
 PHONE 916/373-0707 FAX: 916 373 0523

LICENSED CONTRACTOR
 NAME ASI
 ADDRESS 1790 TERMINAL ST
W-SACRAMENTO ZIP 95691
 PHONE 916/373-0707

ARCH./ENG.
 NAME RMW
 ADDRESS 1718 3RD ST #101
SACRAMENTO ZIP 95814
 PHONE 916/449-1400

OWNER/TENANT
 NAME CA. MEDICAL ASSISTANCE
 ADDRESS 770 "L" ST #1000
SACRAMENTO ZIP 95814
 PHONE 916/447-6300

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE? YES NO
 NATURE OF WORK IN DETAIL: INTERIOR OFFICE REMODEL.
7428 #

D.B.A. CA. MEDICAL ASSISTANCE VALUATION \$25,000
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS COST X S.C.A.T.

JOB DESCR. BLDG SHEL APT TI() REM(✓) SW FIRE ADD OTH
 INSP. DISCIPLINES BLDG MECH PLUMB ELEC SITE FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	USE ZONE	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FED CODE	VIO. FILE
				B	I	yes	15	
B	L <i>13 BTN</i>	P	M <i>BA 13</i>	E <i>13 BL</i>	F <i>13 EHC 3.17</i>	S	D	R

COMMENTS: Need Calc's or rev. detail connection to framing above.
Need to check accessibility.

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: CA. MEDICAL ASSISTANCE COMM. Phone: 916/447-6300
 Site Address: 770 "L" STREET Suite: 1000
(Street) (Zip)
 Business Owner/Representative: GLENN ELTON Phone: 916/447-6300
 Nature of Business: OFFICE
 Property Owner: HENMAN PROPERTIES, LTD. Phone: 916/447-6300
 Address: 300 CAPITOL MALL Suite: 120
SACRAMENTO CA. 95814
(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

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: MERRIN GERETY
(Print)
Merrin Gerety 3/12/98
(Signature) (Date)

BID Use Only: Plan Ck#	Permit # <u>9802109</u>
OK to issue prmt? Y <u>3-17-98</u>	F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	init date
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Fire Dept. Use Only:	
OK to issue permit? init	date
OK to issue Certificate of Occupancy? init	date