

**CITY OF SACRAMENTO**

**1231 I Street, Sacramento, CA 95814**

**Permit No: 9905208**

**Insp Area: 1**

**Site Address: 6151 H ST SAC**

**Parcel No: 005-0232-003**

**Sub-Type: ACOM**

**Housing (Y/N): N**

**CONTRACTOR**

**OWNER**

SCOTTISH RITE TEMPLE  
SACRAMENTO CA  
95819

**ARCHITECT**

**Nature of Work: CONSTRUCT AUDIO/VIDEO BOOTH IN EXISTING SOFFITT**

**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 \_\_\_\_\_ License Number \_\_\_\_\_ Date \_\_\_\_\_ 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 \_\_\_\_\_ 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 \_\_\_\_\_ Policy Number \_\_\_\_\_ Exp Date \_\_\_\_\_

(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 \_\_\_\_\_ 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 COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION

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

ACTIVITY # 9905208 Insp. Area 1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 6151 H STREET Suite \_\_\_\_\_  
 PARCEL # 005-0232-0030000

|  |  |
|--|--|
| <p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Ron Lichau</u><br/>                 Address <u>11820 Enterprise, Auburn</u><br/>                 Phone <u>(530) 885-7178</u> FAX <u>(530) 885-5405</u><br/>                 E-mail <u>NA</u> <span style="float: right;"><u>885-9505</u></span></p> | <p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name <u>TBD</u><br/>                 Address _____<br/>                 Phone _____ FAX _____<br/>                 E-mail _____</p>   |
| <p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Lichau &amp; Associates Arch.</u><br/>                 Address <u>11820 Enterprise, Auburn</u><br/>                 Phone <u>(530) 885-7178</u> FAX <u>(530) 885-5405</u><br/>                 E-mail <u>NA</u></p>                      | <p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>Sacramento Scottish Rite Temple, Inc</u><br/>                 Address <u>6151 H, SACTO</u><br/>                 Phone <u>(916) 452-5881</u> FAX <u>(916) 452-3628</u><br/>                 E-mail <u>NA</u></p> |

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: NA  
 → WORKER'S COMPENSATION POLICY # NA EXPIRATION DATE: NA

NATURE OF WORK IN DETAIL: Construct Audio/Video technical booth in existing auditorium soffit. Access by new courtyard stairs and attic wall door from roof.

OCCUPANT/TENANT: Building Owner VALUATION: \$ 65,000

|                                       |                                       |                            |  |  |                                |  |                                       |  |                             |                               |
|---------------------------------------|---------------------------------------|----------------------------|--|--|--------------------------------|--|---------------------------------------|--|-----------------------------|-------------------------------|
| FLOOD STATUS: _____                   |                                       |                            |  | S.C.A.T. <input checked="" type="checkbox"/> |                                |  |                                       |  |                             |                               |
| JOB DESCRIPTION                       |                                       | BLDG                       | SHELL                                    | APT  | TI( )                          | REM( )                                   | SW                                    | FIRE                                     | ADD                         | OTH                           |
| INSPECTION DISCIPLINES                |                                       |                            | <input checked="" type="checkbox"/> BLDG | <input checked="" type="checkbox"/> MECH     | <input type="checkbox"/> PLUMB | <input checked="" type="checkbox"/> ELEC | <input type="checkbox"/> SITE         | <input checked="" type="checkbox"/> FIRE | <input type="checkbox"/>    | <input type="checkbox"/>      |
| # Stories                             | 1st firArea.                          | Total Area                 | Use Zone                                 | Occp Group                                   | Const type                     | Fire Req. Y/N                            |                                       | Fed Code                                 | Vio. File                   |                               |
|                                       |                                       |                            |  |  |                                | SPR                                      | ALARM                                 |  | [H]                         | [Quad]                        |
| <input checked="" type="checkbox"/> B | <input checked="" type="checkbox"/> L | <input type="checkbox"/> P | <input checked="" type="checkbox"/> M    | <input checked="" type="checkbox"/> E        | <input type="checkbox"/> F     | <input type="checkbox"/> S               | <input checked="" type="checkbox"/> D | <u>Bld</u>                               | <input type="checkbox"/> PW | <input type="checkbox"/> UTIL |

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

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

**CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION**

# EXPRESS PLAN REVIEW

| SUBMITTAL DATES |     |            |     |            |     |
|-----------------|-----|------------|-----|------------|-----|
| First Review    |     | 2nd Review |     | 3rd Review |     |
| IN              | OUT | IN         | OUT | IN         | OUT |
| 5/26/99         | / / | / /        | / / | / /        | / / |

PLAN CHECK # 9905208  
 ADDRESS: 6151 H ST  
 Commercial     Residential

ACCEPTED by (Staff):  
BK

| DISCIPLINE          | 1ST REVIEW |       |         | 2ND REVIEW |       |         | 3RD REVIEW |       |         |
|---------------------|------------|-------|---------|------------|-------|---------|------------|-------|---------|
|                     | Status     | Staff | Date    | Status     | Staff | Date    | Status     | Staff | Date    |
| LIFE SAFETY         | 13         | BYL   | 6/16/99 | 13         | BYL   | 6/16/99 |            |       |         |
| STRUCTURAL          | 13         | BYL   | 6/16/99 | 13         | BYL   | 6/16/99 |            |       |         |
| MECHANICAL/PLUMBING |            |       |         |            |       | 6/16/99 |            |       |         |
| ELECTRICAL          | 3          | JM    | 5/24/99 |            |       |         | 13         | JM    | 7-27-99 |
| FIRE                |            |       |         |            |       |         |            |       |         |
| PLANNING            |            |       |         |            |       |         |            |       |         |

STAFF COMMENTS:

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OWNER-BUILDER VERIFICATION  
ATTENTION PROPERTY OWNER

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed improvement (yes or no) \_\_\_\_\_
2. I (have/have not) \_\_\_\_\_ signed an application for a building permit for the proposed work.
3. I have contracted with the following person (firm) to provide the proposed construction:

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Telephone \_\_\_\_\_  
Contractors License No. \_\_\_\_\_

4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise, and provide the major work.

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Telephone \_\_\_\_\_  
Contractors License No. \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the work indicated:

| Name | Address | Phone | Type of Work |
|------|---------|-------|--------------|
|      |         |       |              |
|      |         |       |              |
|      |         |       |              |
|      |         |       |              |
|      |         |       |              |
|      |         |       |              |
|      |         |       |              |

Signed \_\_\_\_\_  
Job Address \_\_\_\_\_  
Permit No.: \_\_\_\_\_ Date 8/4/99