

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0513047

Insp Area: 1
Thos Bros: 297C4

Site Address: 455 CAPITOL ML SAC St: #135
Parcel No: 006-0143-039 SUITE 135

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

CONTRACTOR
GORMAN CONSTRUCTION
8440 BELVEDERE AVE #5
SACRAMENTO CA

OWNER
JOHN SACA
77 CADILAC DR
SACRAMENTO, CA 95825

ARCHITECT

Nature of Work: 2300 sf interior remodel. Permit can not be finialed without building inspector verifies the common accessible restrooms being permitted on separatly.

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 589881 Date _____ 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. The 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 8/25/05 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 229-0014066 Exp Date 01/01/2006

(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 8/25/05 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.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

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 # 0513047	Isnp. Area 1C
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Applicant MUST complete ALL Unshaded areas

ADDRESS 455 CAPITOL MALL Suite 115

PARCEL # _____

CONTACT Name <u>GREG SCHUBERT</u> Street Address <u>77 CADILLAC DRIVE</u> City/State/Zip <u>SAC CA 95825</u> Phone <u>920-0400</u> FAX <u>641-0400</u> E-mail: <u>GREG@SACA.BIZ</u>		LICENSED CONTRACTOR Lic No. # _____ Name <u>owner builder</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
ARCHITECT/ENGINEER Name <u>MILVANNY GZ</u> Address <u>1110 112RD AVE SUITE 500</u> City/State/Zip <u>ORANGE BELLEVUE WA</u> Phone <u>425</u> FAX _____ E-mail: _____		OWNER Name <u>JOHN SAGA</u> Address <u>77 CADILLAC DRIVE</u> City/State/Zip <u>SAC CA 95825</u> Phone <u>920-0400</u> FAX <u>641-0400</u> E-mail: <u>GREG@SACA.BIZ</u>	

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

NATURE OF WORK IN DETAIL: 2300 IP T-F - NO NEW HVAC
OWNER BUILDER

OCCUPANT/TENANT: THE TOWERS SHOWROOM **VALUATION:** \$ ~~16000~~ 16000

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					MECH		ELEC		SITE	
# Stories	1 st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code		Vio. File
						SPR	ALARM			
<u>13</u>	<u>1300</u>		<u>P</u>	<u>M</u>	<u>E</u>		<u>S</u>		<u>D</u>	<u>PW</u> <u>UTIL</u>

COMMENTS: free sprinkler + alarm plans

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

9/13/05

Jim Zimmerman
Building Inspector
City of Sacramento
Development services Dept.
1231 I Street
Suite 200
Sacramento, CA 98814

**Re: The Towers on Capital Mall Sales Showroom
455 Capitol Mall, Suite 135
Sacramento, CA 95814-4405
Project Number: 04-1217-02-06**

Subject: Saca Sales Showroom - Tenant Wall Permit revision

Mr. Zimmerman:

In regards to the project referenced above on the permit documents dated 7/22/05, we would like to provide a clarification and revision to the documents based on a conversation you had with Contractor Jim Polety on 9/13/05.

The 7/2205 permit documents currently show the west wall of the tenant space as a type 1A (1 hour fire rated) wall. It was not our intent to require this tenant separation wall to be a 1 hour fire wall. Due to the fact that tenant separation walls are not required to have a 1 hour fire rating, we would like to recommend that the WEST wall be constructed as a non-rated wall similar to wall type 3A as called out in our drawings.

Should you require any additional information regarding this matter, please contact me at 425-463-1532.
Thank you.

Sincerely,



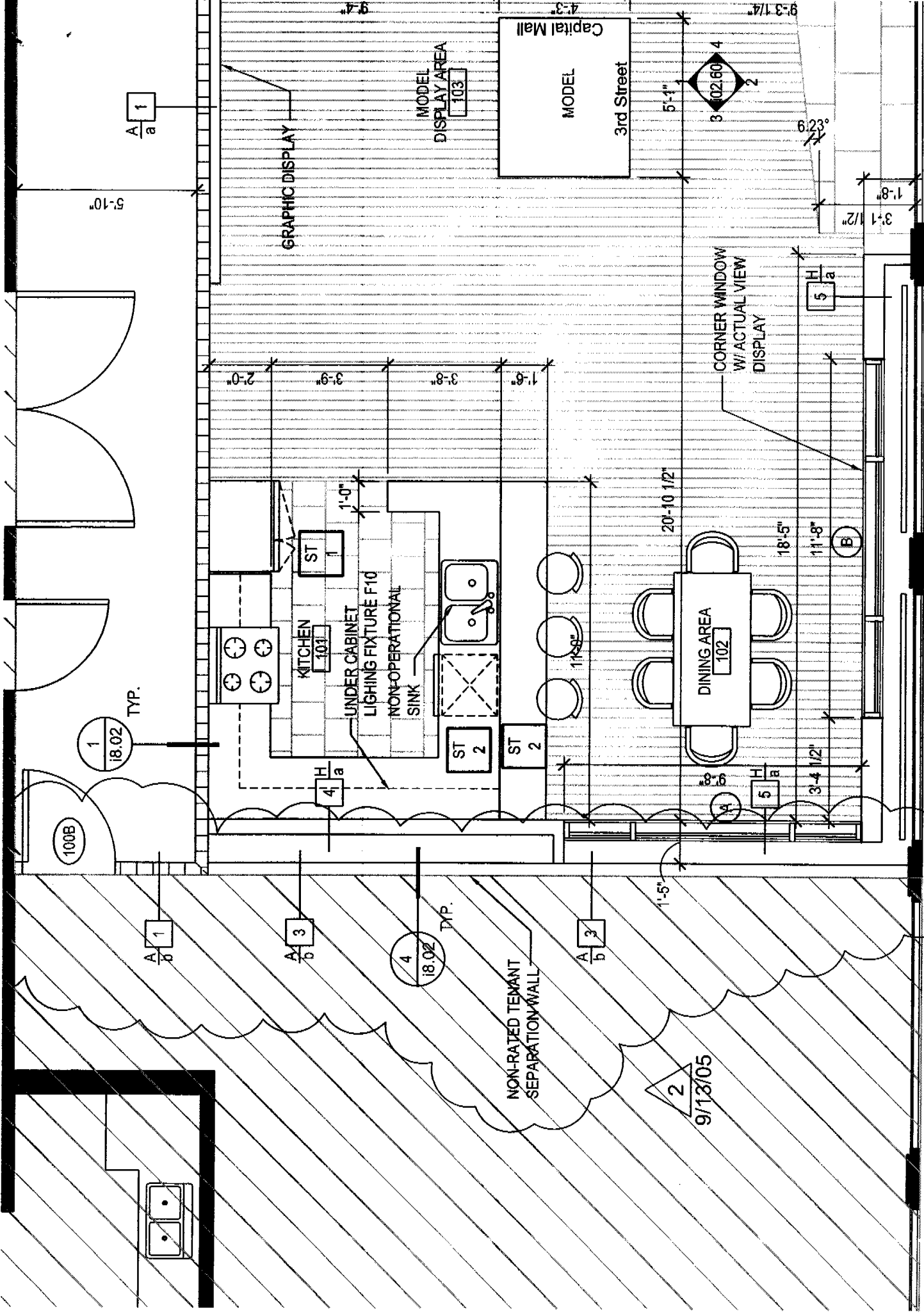
Jason Dardis, AIA
Project Manager

h:\saca development\04-1217-02\02corresp\202client\saca sales showroom\2005-0913 permit revision letter.doc

ATTACHED 9/13/05 SKETCH REVISION.

425.463.2000
425.463.2002

1110 112TH AVENUE NE | SUITE 500 | BELLEVUE, WA | 98004
MulvannyG2.com



TENANT SEP. WALL REVISION.

9/13/05

FLOOR PLAN

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

ACTIVITY # 0513047	Isnp. Area 1C
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Applicant MUST complete ALL Unshaded areas

ADDRESS 455 CAPITAL MALL Suite 115
PARCEL # _____

CONTACT Name <u>GREY SCHUBERT</u> Street Address <u>77 CADILLAC DRIVE</u> City/State/Zip <u>SAC CA 95825</u> Phone <u>920-0400</u> FAX <u>641-0400</u> E-mail: <u>GREY@SACA.BIZ</u>		LICENSED CONTRACTOR Lic No. # _____ Name <u>owner builder</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
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 → **WORKER'S COMPENSATION POLICY#** _____ **EXPIRATION DATE:** _____

NATURE OF WORK IN DETAIL: 2300IP T-F - NO NEW HVAC
OWNER BUILDING

OCCUPANT/TENANT: THE TOWERS SHOWROOM VALUATION: \$ ~~200000~~ 6000

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		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1 st flr Arca.	Total Area	Use Zone	Occp Group	Coast type	Fire Req. Y / N		Fed Code	Vio. File	
						SPR	ALARM		PW	UTIL
<u>134</u>	<u>134</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>		<u>S</u>	<u>D</u>		

COMMENTS: fire sprinkler + alarm plans

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