

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

Permit No: 0101925

Insp Area: 4

Site Address: 1650 TRIBUTE RD SAC  
Parcel No: 277-0285-007 4C

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

**CONTRACTOR**  
RAMPART ENTERPRISES  
9276 BEATTY DR  
SAC CA

**OWNER**  
TRIBUTE ROAD ASSOC LLC  
1901 AVENUE OF THE STARS #20  
SAC CA

**ARCHITECT**

**Nature of Work:**  
2 NEW UPS UNITS AND LIEBERT UNIT FOR COMPUTER RM

**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 STATE COMPENSATION INS FUND Policy Number 162530901 Exp Date 03/01/2002

(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.**

Date of Request: \_\_\_\_\_

By: \_\_\_\_\_

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 1650 Tribute Rd.

Assessor's Parcel Number: 277-0285-007

Previous Use: Telephone equip. room

Description of Request/Proposed Use: adding A/C equip. on roof &

more telecommunications equip.

inside (T.I.)

Is This a Change of Use? NO

Zoning Designation: OB-R-PC-PUD

Prior Applications for Project Site(P#, Z#, DRPB#): N/A

Comments: Not subject to Design Review or Special Permit

Modification approval.

Are There Any Planning Issues?: (circle one) YES  NO

- \* Staff Site Plan Check Required? (Circle one) YES NO
- \* Field Inspection Required? (Circle one) YES  NO
- \* Design Review/Preservation Required?: (Circle one) YES  NO

Planning Review by/Date: Phil Reed 2/12/01

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

## Form of Tenant Estoppel Certificate

ESTOPPEL CERTIFICATE

TO: Pat Sullivan

RE: Lease Dated: January 8, 1999  
Landlord: TRIBUTE ROAD ASSOCIATES, LLC  
Tenant: INNOVISIONS, LLC  
Premises: Approximately 27,500  
square feet located at 1650 Tribute  
road Sacramento, CA. 95815

Ladies and Gentlemen:

The undersigned hereby certifies to  
("Buyer") as of the date hereof as follows:

1. The undersigned is the "Tenant" under the above-referenced lease ("Lease"), covering the above-referenced Premises ("Premises"). A true, correct and complete copy of the Lease (including all addenda, riders, amendments, modifications and supplements thereto) is attached hereto.
2. The Lease constitutes the entire agreement between landlord under the Lease ("Landlord") and Tenant with respect to the Premises and the Lease has not been modified, changed altered or amended in any respect except as follows (if none, so state):
3. The term of the Lease commenced on May 10, 1999, and, including any presently exercised option or renewal term, will expire on October 31, 2006. Tenant has accepted full and complete possession of the Premises and is the actual occupant in possession and has not sublet, assigned or hypothecated or otherwise transferred all or any portion of Tenant's leasehold interest. To the actual knowledge of the undersigned, all of the Landlord's obligations, which have accrued prior to the date hereof, have been performed.
4. To the actual knowledge of the undersigned, there exists no breach or default, nor state of facts nor condition which, with notice, the passage of time, or both, would result in a breach or default on the part of either Tenant or Landlord.
5. Tenant is currently obligated to pay base annual rental in monthly installments of \$ 28,875.00 per month and monthly installments of annual rental have been paid through January 31, 2001. No other rent has been paid in advance and Tenant is asserting no offsets or credits against either the rent or Landlord and, to the actual knowledge of the undersigned, has no claim or defense against Landlord under the Lease. In addition, Tenant is currently obligated to pay a proportionate share of common area maintenance charges currently estimated to be \$ 6,890.00 per month. Tenant has no claim against Landlord for any security, rental, cleaning or other deposits, except for a security deposit in the amount of \$ N/A which was paid pursuant to the Lease.
6. The Lease is in full force and effect in accordance with its terms and is a binding obligation of the undersigned.

TAKEN OCCUPANCY: 5/10/99

Microfilm at final

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION  
1231 I Street, Rm. 200  
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0101925 Insp. Area

ADDRESS 1650 ~~1750~~ TRIBUTE ROAD Suite 4C  
PARCEL # 277-0285-007?

Applicant MUST complete ALL Unshaded areas

<b>CONTACT</b> Name <u>RAMPART ENT.</u> Street Address <u>9276 BEATTY DRIVE</u> City/State/Zip <u>SAC CA 95826-9702</u> Phone <u>916-361-1990</u> FAX <u>916-361-1993</u> E-mail:		<b>LICENSED CONTRACTOR</b> Lic No. # <u>0960585</u> Name <u>RAMPART ENT.</u> Address <u>9276 BEATTY DRIVE</u> City/State/Zip <u>SAC CA 95826-9702</u> Phone <u>916-361-1990</u> FAX <u>916-361-1993</u> E-mail:	
<b>ARCHITECT/ENGINEER</b> Name <u>SAC ENGINEERING</u> Address <u>10555 OLD PLAZEVILLE RD.</u> City/State/Zip <u>SAC CA 95827-2503</u> Phone <u>916-368-4468</u> FAX <u>916-368-4490</u> E-mail:		<b>OWNER</b> Name <u>TRIBUTE ROAD ASSO. LLC</u> Address <u>1901 Avenue of the Stars, #20</u> City/State/Zip <u>Los Angeles, CA 90067</u> Phone <u>310-557-1311</u> FAX <u>557-0608</u> E-mail:	

Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: \_\_\_\_\_  
 WORKER'S COMPENSATION POLICY # WSA1702076-00 EXPIRATION DATE: 3-1-01

NATURE OF WORK IN DETAIL: HOOK-UP 225 KVA UPS & 150 KVA PDU AND 75 KVA PDU. ALSO CONNECT ONE A/C LIBERTY UNIT IN THE COMPUTAL ROOM - A/C & TELECOMMUNICATIONS EQUIPMENT FOR THIS ROOM

OCCUPANT/TENANT: INNOVISIONS VALUATION: \$ 15,500

FLOOD STATUS:		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM(X)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>BLEC</u>	SITE		<u>FIRE</u>		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req <u>Y</u> <u>N</u>		Fed Code	Vio. File	
<u>1</u>				<u>B</u>		<u>SPR</u>	<u>ALARM</u>	<u>15</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>Per pink slip</u>		<u>D</u>	<u>PW</u>	<u>UTIL</u>

COMMENTS: Show structural support for A/C UNITS. T-24 ENERGY How long has tenant in Bldg? Who owns Bldg? ASSESSOR PARCEL # IS & OWNER. PROOF TENANT HAS BEEN THERE VACINITY MAP FOR LOCATION OF BLDG. SUCH A LEASE AGREEMENT.

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

**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: INNOVISION Phone: \_\_\_\_\_  
 Site Address: 1650 TAMARIC RD Suite: \_\_\_\_\_  
 Business Owner/Representative: JIM CHRIST (Street) (Zip) Phone: \_\_\_\_\_  
 Nature of Business: ELECTRICAL / MECHANICAL  
 Property Owner: TRIBUTE RD. ASSOC. Phone: (310) 557-1311  
 Address: 1901 AV. OF THE STARS Suite: 20  
LOS ANGELES (City) CA (State) 95827 (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: JEFF DMYTEL  
 (Print) \_\_\_\_\_  
 \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date) 5-2-01

BID Use Only: Plan Ck# <u>0101925</u> Permit # <u>0101925</u> OK to issue prmt? <input checked="" type="checkbox"/> <u>883</u> <u>5-2-01</u> 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 _____	