

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0101264
Insp Area: 4

Site Address: 1828 TRIBUTE RD SAC
Parcel No: 277-0282-005 SUITES A, B, C, D, E

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

CONTRACTOR
GENERAL BUILDING CONSTRUCTION & DEVELOPMENT
P O BOX 608
YUBA CITY CA 95991

OWNER
1787 TRIBUTE RD SUIT C
SAC CA

ARCHITECT
PACIFIC GULF PROPERTIES

Nature of Work: INTERIOR REMODEL OF OFFICE/PHARMACEUTICAL SPACE, NEW HVAC, WALLS, BATHROOMS

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.

X License Class B License Number 716505 Date 4/20/01 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. 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.

X Date 4/20/01 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

X 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 1596596-00 Exp Date 09/15/2001

(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.

X Date 4/20/01 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.

CITY OF SACRAMENTO
BUILDING INSPECTIONS DIVISION
PERMIT SERVICES

PERMIT # 0101264

ADDRESS: 1828 TRIBUTE RD

This application will need one or more of the following items
before it can be issued:

- Owner/Builder Form (legal document)
- Current Certificate of Workers' Comp.
- Hazardous Materials Form (hazmat)
(Orig. in folder, golden-applicant, 2 to fire)
- Letter of Authorization Required to sign by Contractor or Owner
- School Impact Fee (copy of paid receipt)
- HCD Forms (state 445-4782) for Modular/Coaches
- County Regional Sanitation Fee (copy of receipt)
(Deloras Ross @ 827-7th street, Rm 105, window, 10-ph:875-6679)
- Habitat Conservation Plan Fee (Dob Robinson or Farmarz Ansari)
- PERMIT FEES 924.00 Duc

Driveway Permit \$ _____
(public works)

Encroachment Permit \$ _____

Special Conditions (enter computer, mark margin of permit at final, attach
instructions to permit, and 1 copy in each folder, + CUSTOMER COPY)

Special Inspections XI (1 copy each folder, 1 to CAROLINE)

Flood Elevation Certificate (1 copy B. Nakashima, 1 in folder)

Other _____

notified applicant

Date Notified 4/26

Plans in Bin// 64

Initials By AR

Processed By: JNR

Microfilm @ Final

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: Medi Physics Phone: 916 920 0141
 Site Address: 1879 Trate Rd. Suite A-E Suite: _____
 (Street) (Zip)
 Business Owner/Representative: Dick Holder Phone: (916) 870 5669
 Nature of Business: Package
 Property Owner: Public Trust Properties Phone: (916) 920 0141
 Address: 1787 Trate Rd. Suite "C" Sacramento Suite: _____
Sacramento (City) CA (State) 95825 (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: Dick Holder
 (Print)
[Signature] (Signature) 4/22/01 (Date)

BID Use Only: Plan Ck# _____ Permit # _____	
OK to issue prmt? Y _____	F.D. Appr Req'd? Yes No
init date _____	
Hold on Certificate of Occupancy? Yes No	
Fire Dept. Use Only:	
OK to issue permit? ini' _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

PERMIT FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION
 1231 I Street, Rm. 300
 Sacramento, CA 95834

ACTIVITY: RENOVATION

Applicant MUST complete ALL Unshaded areas

ADDRESS: 1000 W. 10th St. Suite 200

PARCEL #: 008-0000-000

Name: <u>DICK HARRIS</u> Street Address: <u>1000 W. 10th St.</u> City/State/Zip: <u>SACRAMENTO, CA 95834</u> Phone: <u>(916) 441-3300</u> FAX: <u>(916) 441-3300</u> E-mail: <u>DHARRIS@SACRAMENTO.CA.GOV</u>	LICENSED CONTRACTOR Lic. No. <u>127655</u> Name: <u>AP CONSTRUCTION COMPANY</u> Address: <u>1000 W. 10th St.</u> City/State/Zip: <u>SACRAMENTO, CA 95834</u> Phone: <u>(916) 441-3300</u> FAX: <u>(916) 441-3300</u> E-mail:
Name: <u>General Contractor</u> Address: <u>1000 W. 10th St.</u> City/State/Zip: <u>SACRAMENTO, CA 95834</u> Phone: <u>(916) 441-3300</u> FAX: <u>(916) 441-3300</u> E-mail:	OWNER Name: <u>PACIFIC BUREAU OF REALTY</u> Address: <u>1000 W. 10th St.</u> City/State/Zip: <u>SACRAMENTO, CA</u> Phone: <u>(916) 441-3300</u> FAX: <u>(916) 441-3300</u> E-mail:

Will applicant be responsible for obtaining insurance? Yes No → INSURANCE CO. _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK: RENOVATION OF INTERIOR

OCCUPANT/tenant: General Contractor VALUATION: \$ 45,000

INSPECTOR	DATE	REMARKS	FILE	ADD	DATE
<u>VN</u>	<u>15</u>				

COMMENTS: _____

REGIONAL SANITATION DISTRICT: _____
 WATER FLOW: _____

WATER FLOW: _____
