

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 9902938

Insp Area: 1

Site Address: 1525 ALHAMBRA BL SAC

Parcel No: 007-0283-003

Sub-Type: AOTHR

Housing (Y/N): N

CONTRACTOR

SUNSERI ASSOCIATES
3104 O ST STE 301
SAC CA 95816

OWNER

SACRAMENTO MEDICAL FOUNDATION
1625 STOCKTON BL
SACRAMENTO CA 95816

ARCHITECT

Nature of Work: ENCLOSE OVER HANG FOR STORAGE USE ONLY 360SQ FT

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 66 License Number 66 1604 Date 5-5-99 Contractor Signature Ralph Sunseri

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 5-5-99 Applicant/Agent Signature Ralph Sunseri

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 BUSINESS INSURANCE Policy Number W983155103 Exp Date 03/09/1999 JK

____ (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 5-5-99 Applicant Signature Ralph Sunseri

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 [REDACTED] BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

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

PLAN CHECK # 990228 Insp. Area

Applicant MUST complete ALL Unshaded areas this page only

ADDRESS 1525 Alhambra Blvd Suite _____
 PARCEL # 007-0283-003

<p align="center">CONTACT</p> Name <u>Ralph Fusaro</u> Address <u>3104 "O" Street, #301</u> <u>Sacramento Ca</u> Zip <u>95816</u> Phone <u>(916) 924-3621</u> FAX <u>(916) 924-3805</u>		<p align="center">LICENSED CONTRACTOR Lic No. # <u>667664</u></p> Name <u>SUNSERI Associates, Inc</u> Address <u>same as Contact</u> _____ Zip _____ Phone _____ FAX _____	
<p align="center">ARCHITECT/ENGINEER</p> Name <u>Alan Hoshida Hosida & Reyes Architects</u> Address <u>2420 K Street, #230</u> <u>Sacramento</u> Zip <u>95816</u> Phone <u>916-444-1480</u> FAX <u>916-444-1482</u>		<p align="center">OWNER [REDACTED]</p> Name <u>Sacramento Medical Foundation</u> Address <u>1625 Stockton Blvd</u> <u>Sacramento</u> Zip <u>95816</u> Phone <u>916-456-1500</u> FAX _____	

→ Will the permittee have any employees on the jobsite? Yes No
 → If yes, WORKER'S COMPENSATION POLICY # W981355103 EXPIRATION DATE: 03-09-00
 NAME OF INSURANCE COMPANY: Business Insurance - Cal Comp

NATURE OF WORK IN DETAIL: Roof Modification; Wall board on portion of exterior wall
Create a storage area
Shirley exempt from School fee 360

DBA: Sac Books Co. VALUATION: 10,000

FLOOD STATUS:				S.C.A.T.:					
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM()	SW	FIRE (ADD)	OTH
INSP. DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File
				<u>A-3/B V-N</u>		Spr	Alarm	<u>15</u>	<u>OK</u>
<u>B</u>	<u>D</u>	P	M	E	F	<u>S</u>		D	R

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

HOSHIDA + REYES
Architecture | Planning | Interiors

April 27, 1999

✓ City of Sacramento Building Inspection Department
1231 I Street, Suite 200
Sacramento, CA 95814

Attention: Mr. Yang Lim

Subject: **Response to Plan Check Comments, PC#9902938**
Sacramento Blood Center Annex New Entry
1525 Stockton Blvd.
Sacramento, California 95816

Dear Yang:

Please find enclosed the following document package re-submittal, for your review and approval of subject project:

- 1) 2 sets of the Architectural (Hoshida & Reyes), Sheet A1.1, revision date April 26, 1999.

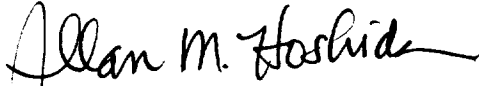
Please note the following:

- 1) Meeting Room No. 1 has approximately 1,451 sf/15 sf per occupant = 97 occupant load, requiring 2 exits. The 2 existing exit doors on the east side of building satisfies this requirement. The door into the New Storage is not a required exit.
- 2) Meeting Room No. 2 has approximately 731 sf/15 sf per occupant = 49 occupant load, requiring one exit. The existing exit door on the east side satisfies this requirement.
- 3) This building (previously a funeral facility with much higher occupancies) is primarily used by the Sacramento Medical Foundation for staff meeting rooms as part of the adjacent facility to the east and very rarely will there be maximum occupancies. Also, this building is a temporary, interim facility. The Sacramento Medical Foundation's long range plans are to demolish this building and replace with a new multi-level research and conference complex adjacent to existing Blood Center building along Stockton Blvd.
- 4) Refer to H+R Detail A, dated April 27, 1999, for base plate anchorage on top of existing masonry at +2'-4" high. Refer to drawing of original building section showing a continuous concrete footing with No. 4 reinforcing bars top and bottom below the masonry wall.
- 5) Mr. Luis Sanchez/Sacramento Design Review has already approved the exterior modifications to this project. See stamped drawings.
- 6) Additional general notes have been added per Sacramento Fire Department requirements.

Please review and comment as quickly as possible. If there are any questions or I can be of any assistance, please feel free to call me at any time.

Thank you in advance for your help and assistance.

Sincerely,
HOSHIDA + REYES

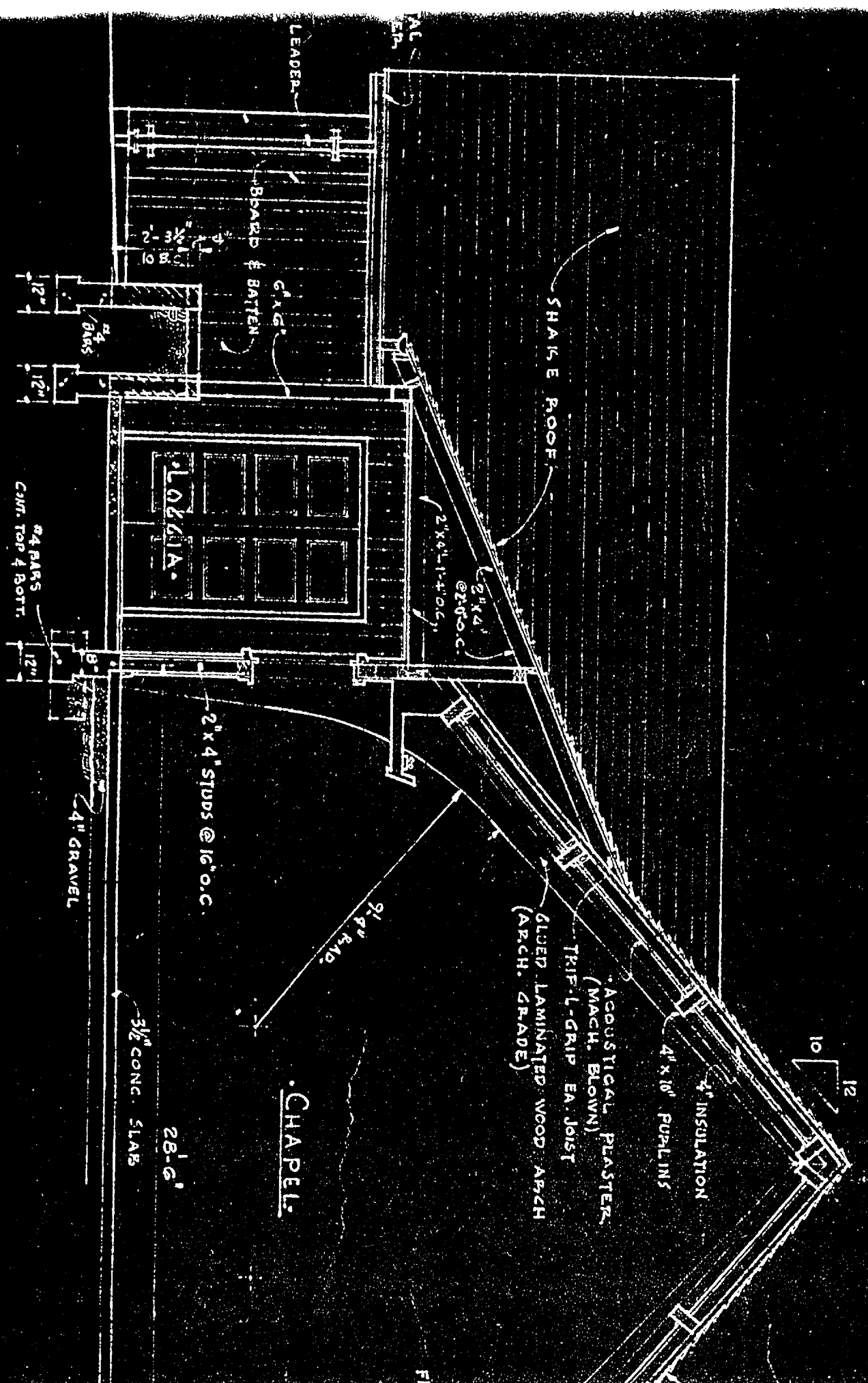


Allan M. Hoshida, Architect AIA
Principal

cc Sacramento Blood Center/Mr. Mike Fuller, Mr. Ed Smith and Dirk Johnson
Sunseri Associates/Mr. Phil Sunseri, Mr. Ralph Fusaro
office project file

SECTION THRU "A-A"

SCALE 1/4" = 1'-0"



SECTION THRU "B-B"

