

Permit No: 0107001

Insp Area: 1

Sub-Type: REM

Housing (Y/N): N

ARCHITECT

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Site Address: 601 UNIVERSITY AV SAC

Parcel No: 295-0030-006

CONTRACTOR

BROWNING CONSTRUCTION INC

9050 RANCHOVIEW CT

SACRAMENTO CA 95624

OWNER

SPEAKER PROPERTIES LP

575 UNIVERSITY AVE #16

SACRAMENTO CA 95825

Nature of Work: INTERIOR OFFICE REMODEL ADD 3 OFFICES S.U.T #255

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

N/A

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 961321

Date 6-4-01

Contractor Signature

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors license law for the following reasons (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 3 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 Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves the structure is 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:

Owner Signature

Date

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 improvements to be constructed does not violate any law or private agreement relating to 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 above mentioned property for inspection purposes.

Date 6-4-01

Applicant/Agent Signature

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury that 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 # and policy number are:

Carrier STATE FUND

Policy Number 713-00-6444

Exp Date 10-01/2001

(This section need not be completed, unless the applicant is a contractor or subcontractor. I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any name, trade or business, 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 6-4-01

Applicant Signature

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

WARNING: FAILURE TO SECURE WORKERS COMPENSATION COVERAGE IS ENLAWFUL 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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

2311 Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0107001	Insp. Area 1C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 100 UNIVERSITY AVE Suite 255
 PARCEL # 295-0030-006

<p style="text-align: center;">CONTACT</p> Name <u>Darrell Browning</u> Street Address <u>9050 Ranchview Ct</u> City/State/Zip <u>Elk Grove CA 95624</u> Phone <u>423-1105</u> FAX <u>685-5835</u> E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>461321</u></p> Name <u>Browning Construction Inc</u> Address <u>9050 Ranchview Ct</u> City/State/Zip <u>Elk Grove CA 95624</u> Phone <u>423 1105</u> FAX <u>685-5835</u> E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>Melisa T Assi</u> Address <u>550 Howe Ave</u> City/State/Zip <u>Sacramento CA 95825</u> Phone <u>925 0333</u> FAX _____ E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>Spicker Properties</u> Address <u>575 University Ave</u> City/State/Zip <u>Sacramento CA 95825</u> Phone <u>916-6000</u> FAX <u>646 1624</u> E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Comp
 → WORKER'S COMPENSATION POLICY # 713 00 6444 EXPIRATION DATE: 10-21-01

NATURE OF WORK IN DETAIL: Remodel 7 I Addition, 3 offices

OCCUPANT/TENANT: _____ VALUATION: \$ 8500⁰⁰

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI(<input checked="" type="checkbox"/>)	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC		SITE	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / <input checked="" type="checkbox"/> N	Fed Code	Vio. File		
		<u>2776</u>		<u>B</u>	<u>V-N</u>	SPR ALARM	<u>15</u>	[H]	[Quad]	
<u>B</u>	<u>L</u>	<u>HowP</u>	<u>HowN</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	PW	UTIL	
<u>13 ft</u>	<u>13 ft</u>	<u>N/A</u>	<u>N/A</u>	<u>1ST. L.M.</u>	<u>NO FIRE</u>		<u>D.E.B.</u>			

COMMENTS: BSF

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed