

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

**Permit No: 0005008**  
**Insp Area: 1**

**Site Address: 2701 K ST SAC**  
Parcel No: 007-0111-019

#101

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

CONTRACTOR  
PATRICK COYN  
7236 PLEASANTVIEW  
CH CA 95610

OWNER  
CALIF STATE FIREMENSASSOCIATION  
2701 K ST #201  
SACRAMENTO CA 95816

ARCHITECT

**Nature of Work:** OFFICE REMODEL:NEW T BAR CEILING RELOCATE F SP'S, INSULATE, SHEETROCK, NEW LTG

**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 368369 Date 5-16-00 Contractor Signature Patrick Coyn

**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 above mentioned property for inspection purposes.

Date 5-16-00 Applicant/Agent Signature Patrick Coyn

**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 ~~provide~~ **failure** for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

N 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 Exp Date 01/01/2001

**CITY OF SACRAMENTO**  
**MAY 16 2000**  
**NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES**

\_\_\_\_\_, (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 5-16-00 Applicant Signature Patrick Coyn

**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: 4.12.01  
By: Pat Coyne

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 2101 K St

Assessor's Parcel Number: 007-0111-019

Previous Use: existing 2 story office, total 5900 sq ft

Description of Request/Proposed Use: reconfigure with 12 spaces pkg garage underneath, and 2 spaces above.  
1st floor office (to remain office)

Is This a Change of Use? no

Zoning Designation: C2-SPD

Prior Applications for Project Site(P#, Z#, DRPB#): none

Comments: Commissioner was 1st floor changes necessitated adding one handicapped accessible parking space, resulting in net loss of one space. Also, location of existing planter was in question. Applicant provided plans and

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: May 4-12-01  
(no exterior changes to building)

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

MICROFILM AFTER FINAL

sq ft info - we were able to determine there will still be adequate parking.

Also, location of planter does not interfere with parking space, per photographs.



# 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 # <span style="font-size: 1.5em; font-family: cursive;">0005008</span>	Insp. Area <span style="font-size: 1.5em; font-family: cursive;">IC</span>
--	---

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2701 E St Suite 201  
 PARCEL # \_\_\_\_\_

<p style="text-align: center;"><b>CONTACT</b></p> Name _____ Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;"><b>OWNER</b></p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____

See attached

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

**NATURE OF WORK IN DETAIL:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OCCUPANT/TENANT:** \_\_\_\_\_ **VALUATION: \$** \_\_\_\_\_

<b>FLOOD STATUS:</b>				<b>S.C.A.T.</b>						
<b>JOB DESCRIPTION</b>		<b>BLDG</b>	<b>SHELL</b>	<b>APT</b>	<b>TI( )</b>	<b>REM( )</b>	<b>SW</b>	<b>FIRE</b>	<b>ADD</b>	<b>OTH</b>
<b>INSPECTION DISCIPLINES</b>		<b>BLDG</b>	<b>MECH</b>	<b>PLUMB</b>	<b>ELEC</b>	<b>SITE</b>	<b>FIRE</b>			
<b># Stories</b>	<b>1st flr Area</b>	<b>Total Area</b>	<b>Use Zone</b>	<b>Occp Group</b>	<b>Const type</b>	<b>Fire Req. Y/N</b>	<b>Fed Code</b>	<b>Vio. File</b>		
						<b>SPR</b> <b>ALARM</b>		<b>[H]</b>	<b>[Quad]</b>	
<b>B</b>	<b>(L)</b>	<b>P</b>	<b>M</b>	<b>(E)</b>	<b>(F)</b>	<b>S</b>	<b>D</b>	<b>PW</b>	<b>UTIL</b>	
	<i>approved etc</i>						<i>7/5/04</i>			

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

# 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 # <span style="font-size: 1.5em; font-family: cursive;">0005008</span>	Insp. Area <span style="font-size: 1.5em; font-family: cursive;">1</span>
--	--

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2701 Kat Suite 101  
 PARCEL # 007-0111-019

<p style="text-align: center;"><b>CONTACT</b></p> Name <u>Pat Coyne</u> Street Address <u>7236 Pleasant View</u> City/State/Zip <u>CH Ca 95610</u> Phone <u>916 952 5814</u> FAX <u>916 726 2617</u> E-mail: _____	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>368369</u></p> Name <u>Pat Coyne</u> Address <u>7236 Pleasant View</u> City/State/Zip <u>CH Ca 95610</u> Phone <u>916 952 5814</u> FAX <u>916 726 2617</u> E-mail: _____
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name <u>Rod Hamelin</u> Address <u>6195 Viceroy Way</u> City/State/Zip <u>CH Calif 95610</u> Phone <u>916 722 5171</u> FAX <u>same</u> E-mail: _____	<p style="text-align: center;"><b>OWNER</b></p> Name <u>Calif State Firefighters Assn</u> Address <u>2701 Kat</u> City/State/Zip <u>Santa Calif</u> Phone <u>916 446 9881</u> FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: State Fund  
 → WORKER'S COMPENSATION POLICY # 2292114999 EXPIRATION DATE: 3-1-01

NATURE OF WORK IN DETAIL: Recal Relocate Fire sprinklers, install ADA parking & access, install T bar ceiling, sheet rock doors & insulation + carpet

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 50,000.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<u>BLDG</u>	MECH	PLUMB	<u>ELEC</u>	SITE	<u>FIRE</u>		
# Stories	1st firArea	Total Area	Use Zone	Occp Group	Const type	Fire Req <u>(Y)N</u>	Fed Code	Vio. File		
				<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>S</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>	
	<u>134</u>			<u>13 T.M.</u>	<u>513</u>		<u>15</u>			

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REGIONAL SANITATION FEES?  Yes  No      HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

**MEMORANDUM**

**SACRAMENTO FIRE DEPARTMENT**

**TO:** BUILDING DEPARTMENT

**DATE:** 3-21-01

**FROM:** Troy Malaspino  
Fire Marshal

**SUBJECT: FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

2701 K ST

Has been conducted by Inspector

R. Rebles

On


3-20-01

00-05008-194  
Permit Number

2400  
Square Footage

Remodel  
Type of Inspection

They system is acceptable by this department.

  
By: Ross L. Woodman,  
Fire Prevention Officer II

TI-926  
F.D. Reference Number

