

**CITY OF SACRAMENTO**

**Permit No: 9805149**

**1231 I Street, Sacramento, CA 95814**

**Insp Area: 2**

**Site Address: 8151 BRUCEVILLE RD SAC**

**Sub-Type: COM**

**Parcel No: 1170181036**

**PLANT MAINTENANCE**

**Housing (Y/N): N**

**CONTRACTOR**

**OWNER**

**ARCHITECT**

METHODIST HOSPITAL OF SACRAMENTO  
7500  
SACRAMENTO CA 95823

**Nature of Work: SAFETY INSPECTION POOL LIGHT**

**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.)

*X* \_\_\_\_\_ 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: \_\_\_\_\_

*X* Date 6-11-98 Owner Signature [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 6-11-98 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.

\_\_\_\_\_ 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 \_\_\_\_\_ Policy Number \_\_\_\_\_

\_\_\_\_\_ (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 6-11-98 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  
APPLICATION FOR BUILDING PERMIT**

**DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES DIVISION**

1231 I Street, Rm. 200  
Sacramento, CA 95814

(916) 264-7619 FAX 264-7046

→ Applicant must complete ALL Unshaded areas

PC # \_\_\_\_\_ AREA # \_\_\_\_\_

ADDRESS 7500 TIMBERLAKE WAY Suite \_\_\_\_\_  
PARCEL # 117-0120-003

**CONTACT**

Name Jim Peterson  
Address 7500 Hospital Dr.  
SACRAMENTO CA Zip 95823  
Phone 916 423 6085 FAX 916 423 6005

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**ARCHITECT/ENGINEER**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone \_\_\_\_\_ FAX \_\_\_\_\_

**LICENSED CONTRACTOR** Lic No. # \_\_\_\_\_

Name REX MOORE  
Address 3601 Parkway Place  
W. SAC. Zip 95798-0010  
Phone 916 372 1300 FAX 916 372 4013

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**OWNER/TENANT**

Name METHODIST HOSPITAL  
Address 7500 Hospital Dr  
SACRAMENTO CA Zip 95823  
Phone \_\_\_\_\_ FAX \_\_\_\_\_

→ Will the permittee have any employees on the jobsite?  Yes  No

→ If yes, WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_

NATURE OF WORK IN DETAIL: SECTION 116049 (A-F) CHSC Compliance  
UNDERWATER Light ground-Fault CIRCUIT interruption

DBA: \_\_\_\_\_ VALUATION: 0

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		
						Spr	Alarm			
B	L	P	M	(E)	F	S	D	R		

COMMENTS: Elect. provide info on what ground fault is for and where it will be located

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

**OWNER-BUILDER VERIFICATION**

**ATTENTION PROPERTY OWNER**

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed improvement (yes or no) YEP

2. I (have/have not) HAVE NOT signed an application for a building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name REX MOORE Address 3601 PARKWAY PLACE  
City W. SACRAMENTO Telephone 372-1300  
Contractors License No. 254218

4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise, and provide the major work.

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Telephone \_\_\_\_\_  
Contractors License No. \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the work indicated:

Name	Address	Phone	Type of Work

Signed [Signature]

Job Address \_\_\_\_\_ Date 6-11-98

Permit No.: \_\_\_\_\_

# MEX MOORE

ELECTRICAL CONTRACTORS & ENGINEERS

To Roger 5/11/98

3601 Parkway Place  
P.O. Box 980010  
W. Sacramento, CA 95798-0010  
Fax: (916) 372-4013

(916) 372-1300

State of California  
Contractors  
License 254218

State of California  
Professional Electrical  
Engineer 3911

State of Nevada  
Contractors  
License 11638

## Field Report

TO: METHODIST HOSPITAL  
7500 HOSPITAL DRIVE  
SACRAMENTO, CA. 95823  
ATT: JIM PETERSON

Date: 5-7-98

Job #: 1140100

Location: BRUCEVILLE  
TERRACE

Present at Site:  
ENG., ROGER

### THE FOLLOWING WAS NOTED:

UPON INSPECTION OF SWIMMING POOL LIGHT  
LOCATED IN PHYSICAL THERAPY DEPT. AT BRUCEVILLE  
TERRACE, ALL COMPONENTS & ELECTRICAL  
WIRING WERE FOUND TO BE INSTALLED AND TERM-  
INATED CORRECTLY.

POOL LIGHT IS CONNECTED TO LOAD SIDE  
OF GFI RECEPTACLE LOCATED DIRECTLY BELOW  
ELECTRICAL SUB PANEL AND HAS PROPER  
IDENTIFICATION.

### ACTION TO BE TAKEN:

NO ACTION NEEDED AT THIS TIME.

SIGNED: Chris Punt TITLE: PROJECT FOREMAN

COPIES TO: JOHN HAYWARD J.F.O. JERRY AUSTIN RME.