

CITY OF SACRAMENTO

Permit No: 9801181

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 501 J ST SAC # 500, 506, 510, 515, 520
Parcel No: 0060026018

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

CONTRACTOR

SANDSTROM CO THE
4200 SOUTH LAND PARK DR
SACRAMENTO CA 95822
Phone: 916-546-3800

OWNER

SACRAMENTO CORPORATE CENTER L P
1075 HOLLY JILL LN #300
GREENWICH CT 06830
Phone:

ARCHITECT

Phone:

Nature of Work: INT REMODEL & DEMO TO ADD THREE NEW OFFICES & COPY ROOM

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 296493 Date 3-5 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 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 or 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 or 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.

Date 3-5-98 Applicant/Agent 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 NO EMPLOYEES 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.

Date 3-5-98 Applicant 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
DEVELOPMENT SERVICES DIVISION**

**5746
Q1 T St.**

EXPRESS PLAN REVIEW

DATES					
1ST REVIEW		RECHECK		2ND CHECK	
IN	OUT	IN	OUT	IN	OUT
2/17/98	1/1	1/1	1/1	1/1	1/1

PLAN CHECK NO. 5746 X **COMM** RES.

CONTACT PERSON: Chris Stafford PHONE: 652-3400
 PROJECT: at Street FRS
 DRAWING NO.: Interior Layout Interior
+ add new offices

LINE	1ST REVIEW			RECHECK		
	APP	OC	APPR	APP	OC	APPR
1	G/L			G/L		G/L
2	2/18/98			2/18/98		2/18/98
3			2/18/98			
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49			2/18/98			
50			2/18/98			

Legend:
 OK for Express Plan Review
 OK for Over the Counter Check
 Approved/Submitted

**CITY OF SACRAMENTO
APPLICATION FOR BUILDING PERMIT
DEPARTMENT OF PLANNING AND DEVELOPMENT
BUILDING INSPECTION DIVISION**

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

ADDRESS 501 J STREET
 PARCEL # 0010-0026-018-0000

P.C. # 5746
SUITE # 500, 500, 510, 515
AREA # 520

CONTACT

NAME Stafford Space Planning
ADDRESS 7585 Gold Drive
Loomis Ca ZIP 95650
PHONE (916) 652 3400 FAX: (916) 652 7805

LICENSED CONTRACTOR Lic# 296493

NAME Sandstrom Company
ADDRESS 4200 S. Land Park Dr.
Sacramento, Ca ZIP 95822
PHONE (916) 514 3800 fax (916) 929 4738

ARCH./ENG.

NAME Stafford Space Planning
ADDRESS 7585 Gold Dr.
Loomis, Ca ZIP 95650
PHONE 916 652 3400

OWNER/TENANT

NAME Sacramento Corporate Center, LP
ADDRESS 501 J St., Suite 605
Sacto: Ca ZIP 95814
PHONE (916) 492 9430 fax (916) 492 9477

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE? YES NO

NATURE OF WORK IN DETAIL: Minor interior remodel to include:
demolition, new int partitions, new electrical, ~~new plumbing~~
& no new lighting.

D.B.A. Dept. of Corrections VALUATION \$52,000.00
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS Height x S.C.A.T.

JOB DESCR. BLDG SHEL APT II() REM() SW FIRE ADD OTH

INSP. DISCIPLINES BLDG MECH PLUMB ELEC SITE FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	USE ZONE	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FIRE CODE	FED CODE	VIO. FILE
6				B		X(N)	15		OK
B	L	P	M	E	F	S	D		R

COMMENTS:

WORKERS COMP POLICY # COMPANY

EXP. DATE

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: STATE OF CALIFORNIA, DEPT. OF CORRECTIONS Phone: _____
 Site Address: 501 J STREET Suite: 500
(Street)
 Business Owner/Representative: SARAH MADENWELL Phone: 492-9430
(Zip)
 Nature of Business: STATE OFFICES
 Property Owner: CORPORATE CENTER L.P. Phone: 492-9430
 Address: 501 J STREET Suite: 605
SAC CA 95814
(City) (State) (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: STEPHEN W. SANDSTROM
(Print)
[Signature] 3-5-98
(Signature) (Date)

BID Use Only: Plan Ck# <u>5746</u> Permit # <u>9801181</u> OK to issue prmt? <input checked="" type="checkbox"/> <u>3/5/98</u> F.D. Appr Req'd? Yes No <small>init date</small>	
Hold on Certificate of Occupancy? Yes No	
Fire Dept. Use Only: OK to issue permit? init ___ date ___ OK to issue Certificate of Occupancy? init ___ date ___	

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: Department of Corrections - Health Phone: _____
 Site Address: 501 J Street Suite: 509, 506, 510, 515 & 520
 Business Owner/Representative: Nancy Chan, Admin. Assistant (Street) (Zip) Phone: (916) 327-0322
 Nature of Business: Health Care Services Admin. for Dept. of Corrections
 Property Owner: Sacramento Corporate Center, LP. Phone: (916) 492-9430
 Address: 501 J Street Suite: 605
Sacto. (City) CA (State) 95814 (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

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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 ___

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Applicant's Name: Sacramento Corporate Center, LP
 by: Continental Asset Management
SARAH E. MADRELL
Sarah E. Madrell (Print) 2/17/98 (Date)
Sarah E. Madrell (Signature)

BID Use Only: Plan Ck# <u>5746</u> Permit # _____	
OK to issue prmt? <input checked="" type="checkbox"/> <u>2/24/98</u> init date	F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	