

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0106606

Insp Area: 1

Thos Bros:

Sub-Type: REM

Housing (Y/N): N

Site Address: 2801 K ST SAC

Parcel No: 007-0113-018

STE 510&520

CONTRACTOR

ACF CONSTRUCTION
PO BOX 163622
SACRAMENTO CA 95816

OWNER

FORT SUTTER MEDICAL VENTURE
2012 H ST #101
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: INT MED OFFICE REMODEL STE 510&520

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 511900

Date 8/14/01

Contractor Signature [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.)

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 8/14/01

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 STATE FUND

Policy Number 713607300

Exp Date 7/31/2001

(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 8/14/01

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
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: Fort Sutter MOB internal medical assoc. Phone: _____
 Site Address: 2801 K St. Suite: 5109520
(Street) (Zip)
 Business Owner/Representative: ACF Construction Phone: 392-5076
 Nature of Business: medical office
 Property Owner: Fort Sutter Medical Phone: _____
 Address: 2801 K St. Suite: _____
Sacramento (City) CA (State) 9 (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: Lon Anderson
(Print)
[Signature] (Signature) 5/24/01 (Date)

BID Use Only: Plan Ck# <u>0106606</u> Permit # <u>0106606</u> OK to issue prmt? <input checked="" type="checkbox"/> <u>2EB</u> F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No ___ init date <u>8-14-2009</u>	
Hold on Certificate of Occupancy? Yes ___ No <input checked="" type="checkbox"/>	
Fire Dept. Use Only: OK to issue permit? init <input checked="" type="checkbox"/> date <u>5/24/01</u> OK to issue Certificate of Occupancy? init ___ date ___	

Waiting

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 # 07-06606 Insp. Area 1C

Applicant MUST complete ALL Unshaded areas

ADDRESS 2801 K St. Suite 510 & 520
PARCEL # _____

CONTACT Name <u>Maura Noylan</u> Street Address <u>PO Box 163622</u> City/State/Zip <u>Sacramento CA 95816</u> Phone <u>392 3076</u> FAX <u>392 1074</u> E-mail: _____		LICENSED CONTRACTOR Lic No. # <u>511900</u> Name <u>ACF Construction Inc.</u> Address <u>PO Box 163622</u> City/State/Zip <u>Sacramento CA 95816</u> Phone <u>392 3076</u> FAX <u>392 1074</u> E-mail: _____	
ARCHITECT/ENGINEER Name <u>Boulder Associates</u> Address <u>2015 J St.</u> City/State/Zip <u>Sacramento</u> Phone _____ FAX _____ E-mail: _____		OWNER Name <u>PORT SUTTER MEDICAL</u> Address <u>2012 H St. #101</u> City/State/Zip <u>Sacramento, CA 95814</u> Phone _____ FAX _____ E-mail: _____	

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

NATURE OF WORK IN DETAIL:
INT. REMODEL OF MED OFFICES.

OCCUPANT/TENANT: I.M.A VALUATION: \$ 83,000

FLOOD STATUS: <u>NR</u>		S.C.A.T.							
JOB DESCRIPTION	BLDG	SHELL	APT	TI()	REM(X)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES	<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File	
<u>5</u>				<u>B</u>	<u>1 FR</u>	<u>Y</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>	PW	UTIL
					<u>APR 13</u>				

COMMENTS:
one bearing wall to be moved. Have for asbestos info
Brechure.
OK to express B/L

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed