

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0110336

Insp Area: 1

Thos Bros: 297C3

Site Address: 980 9TH ST SAC

Parcel No: 006-0036-031

SUITE 780

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

RUDOLPH AND SLETTEN INC
1750 CREEKSIDE OAKS DR STE150
SAC CA 95833

OWNER

LPT ASSOCIATES
100 PINE ST STE 3200
SAN FRANCISCO CA 94111

ARCHITECT

Nature of Work: DEMO ONE WALL, REPLACE WITH ACCORDION DOOR, NEW ELECTRICAL

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 BA License Number 198069 Date 09/30/01 Contractor Signature

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following 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 upon 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 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 AMERICAN ZURICH Policy Number WC 3495307-00 Exp Date 06/30/2002

(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 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.

# 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;">0110336</span>	Insp. Area <span style="font-size: 1.5em; font-family: cursive;">1C</span>
--	---

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 980 9th St. Suite 780  
 PARCEL # 000-0036-031

<p style="text-align: center;"><b>CONTACT</b></p> Name <u>Jill Condon, Stafford Space Planning</u> Street Address <u>7585 Gold Dr.</u> City/State/Zip <u>Loomis CA 95650</u> Phone <u>652-3400</u> FAX <u>652-7805</u> E-mail: _____	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>198069</u></p> Name <u>Rudolph &amp; Stetten</u> Address <u>1750 Creekside Oaks Dr. Ste 150</u> City/State/Zip <u>Sacramento CA</u> Phone <u>568-5000</u> FAX <u>568-5500</u> E-mail: _____
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name <u>Stafford Space Planning</u> Address <u>7585 Gold Dr</u> City/State/Zip <u>Loomis CA 95650</u> Phone <u>652-3400</u> FAX <u>652-7805</u> E-mail: _____	<p style="text-align: center;"><b>OWNER</b></p> Name <u>980 9th St. LLC, c/o Euroventer Int'l</u> Address <u>100 Pine St. Ste 3200</u> City/State/Zip <u>SF, CA 94111</u> Phone <u>916 357-1800</u> FAX <u>916 557-1805</u> E-mail: <u>(Liz Arnes)</u>

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

NATURE OF WORK IN DETAIL: Demo 1 wall & add accordion door & add electrical  
No changes to mechanical or fire sprinklers

OCCUPANT/TENANT: Investors Bank & Trust Co. VALUATION: \$ 20,217.00

FLOOD STATUS:				S.C.A.T.:						
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( <input checked="" type="checkbox"/> )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> MECH	<input type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
		<u>560</u>		<u>B</u>	<u>I-FR</u>	SPR	ALARM	<u>15</u>	[H]	[Quad]
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	P	M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	S		<input checked="" type="checkbox"/> D	PW	UTIL
<u>130T</u>	<u>130T</u>			<u>13T, 2M, 13</u>	<u>BSF</u>			<u>SMS</u>		

COMMENTS: PROVIDE SPRINKLER PLANS

REGIONAL SANITATION FEES?  Yes  No      HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed