

CITY OF SACRAMENTO

Permit No: 0508536

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Thos Bros: 297D4

Site Address: 1215 K ST SAC St: #1915

Sub-Type: REM

Parcel No: 006-0111-015

STE 1915

Housing (Y/N): N

CONTRACTOR

ANTHONY & SONS  
1790 TERMINAL ST.  
WEST SACRAMENTO CA

OWNER

CALIFORNIA HOSPITAL ASSOCIATION  
PO BOX 838  
SACRAMENTO, CA 95804

ARCHITECT

HDL DESIGN  
1410 GLEN VIEW CT  
ROSEVILLE CA 95747

Nature of Work: INTERIOR REMODEL TO STE 1910 & 1915 TO SEPERATE THE TWO SUITES

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 BC 61/063 C-9 License Number 360117

Date 7/21/05

Contractor Signature Kan Hamith

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 \_\_\_\_\_

PAID  
CITY OF SACRAMENTO  
JUL 21 2005

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 undertaken 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 7/21/05

Applicant/Agent Signature Kan Hamith

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 713-02 UNIT 0000126

Exp Date 10/01/2005

(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 7/21/05

Applicant Signature Kan Hamith

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  
 PLANNING & BUILDING DIVISION  
 PERMIT SERVICES SECTION  
 (916) 808-2534 FAX: (916) 808-7046

ACTIVITY # <b>0508536</b>	Insp. Area
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*Applicant MUST complete ALL Unshaded Areas*

ADDRESS: 1215 K Street (Known as 1229 K) Suite: 1915

PARCEL #: 006-0111-015

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name: <u>Joel Anzela</u>                  Street Address: <u>1790 Terminal Street</u>                  City/State/Zip: <u>W. Sacramento, CA 95691</u>                  Phone: <u>(916) 373-0707</u>                  E-Mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>360117</u></p> <p>Name: <u>ASI Anthony &amp; Son General Contr. Inc.</u>                  Street Address: <u>1790 Terminal Street</u>                  City/State/Zip: <u>W. Sacramento, CA 95691</u>                  Phone: <u>(916) 373-0707</u>                  E-Mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name: <u>HDL Design Arch. &amp; Interior</u>                  Street Address: <u>1410 Open View Ct</u>                  City/State/Zip: <u>Reserve, CA 95747</u>                  Phone: <u>(916) 773-6258</u>                  E-Mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name: <u>Tsakopoulos 523 Investors</u>                  Street Address: <u>555 Capitol Mall</u>                  City/State/Zip: <u>Sacramento, CA 95814</u>                  Phone: <u>(916) 556-1215</u>                  E-Mail: _____</p>

⇒ Will permittee have any employees on the jobsite?  No  Yes ⇒ Insurance Co.: State Fund

⇒ WORKER'S COMPANSATION POLICY# 126-2004 EXPIRATION DATE: 10/1/05

NATURE OF WORK IN DETAIL: 2 walls full height, new demising wall, ~~relocate~~ (1) pendant + Demo/relocate HVAC, New Sink ADA and counter, relocate existing light

OCCUPANT/TENANT: CAPG/Calif. Assoc. of Physician Groups VALUATION: 20,000

2/19/05

FLOOD STATUS:			S.C.A.T.								
JOB DISCRPTION			BLDG	SHELL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC		SITE	FIRE		
# Stories	1 <sup>st</sup> Flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>(N)</u>		Fed Code	Vio. [H]	File [Quad]	
<u>22</u>		<u>10355</u>		<u>B</u>	<u>I-FR</u>	<u>SPR</u>	<u>ALARM</u>	<u>15</u>			
<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>RSD</u>		<u>WJR</u>	<u>CUJMT</u>						

COMMENTS: Provide fire alarm plans showing (E) fire alarm devices; locations and new devices in (N) common use areas.

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT:  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

Room 1910 is a common space and requires a Strobe, and change title of Room 1910 A to OFFICE or provide a strobe.

BONG