

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9804815
Insp Area: 1

Site Address: 510 SUNBEAM AV SAC
Parcel No: 0010101004

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

CONTRACTOR

OWNER
CARSON CRAIG PARTNERSHIP
SACRAMENTO CA
95812

ARCHITECT

Nature of Work: BUILD 550 S.F. OFFICE IMPROVEMENT IN NEW WAREHOUSE BLDG

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 WOWIE 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 397815 Date 8/17/98 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 8/17/98 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 CAL Comp Policy Number W981169907
1-1-99

____ (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 8/17/98 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 # 6139 AREA # 1C

ADDRESS 510 SUNBEAM AVE Suite 1#

PARCEL # 33122222

<p align="center">CONTACT</p> <p>Name <u>DOUGLAS COURSEY</u> Address <u>1722 3RD ST #202</u> <u>SACTO CA</u> Zip <u>95814</u> Phone <u>441 4970-5</u> FAX <u>441 4974</u></p>	<p align="center">LICENCED CONTRACTOR Lic No. # <u>397815</u></p> <p>Name <u>TRANS SIERRA CONST INC.</u> Address <u>1722 3RD ST #202</u> <u>SACTO CA</u> Zip <u>95814</u> Phone <u>441 4970-5</u> FAX <u>441 4974</u></p>
<p align="center">ARCHITECT/ENGINEER</p> <p>Name <u>DESIGN BUILD / INTERIORS AS SHOWN</u> Address <u>1722 3RD ST #202</u> <u>SACTO CA</u> Zip <u>95814</u> Phone <u>441 4970</u> FAX <u>441 4974</u></p>	<p align="center">OWNER/TENANT</p> <p>Name <u>CARSON CRAIG PARTNERSHIP</u> Address <u>PO BOX 2590</u> <u>SACTO CA</u> Zip <u>95812</u> Phone <u>443 3797-1</u> FAX <u>441-4974</u></p>

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

→ If yes, WORKER'S COMPENSATION POLICY # W981169907 EXPIRATION DATE: 1/1/99

NAME OF INSURANCE COMPANY: CAL COMP (550A)

NATURE OF WORK IN DETAIL: BUILD ~~STRA~~ OFFICE & RESTROOM AND INSTALL ELECTRICAL IMPROVEMENTS IN REMAINDER OF 7,600 SHELL

DBA: _____ VALUATION: ~~24,000~~ 19,500

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI(X)	REM()	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>			SITE		FIRE
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File		
<u>1</u>				<u>B/#4</u>	<u>III N</u>	<u>Y</u>	<u>10</u>			
						<u>Spr</u>	<u>Alarm</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>R</u>

COMMENTS: _____

RECEIVED
JUN 03 1998

Building Inspection Division

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

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: ELMER'S WELDING Phone: 443-2628
 Site Address: S 25 SUNBEAM AVE ⁹⁵⁸¹⁴ ~~95821~~ Suite: 1
(Street) (Zip)
 Business Owner/Representative: ELMER CRAIN Phone: 443-2628
 Nature of Business: WELDING SHOP
 Property Owner: CARSON CRAIG PARTNERS Phone: _____
 Address: PO BOX 2590 Suite: ~~A1B1~~
SALT CA 95812
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes ___ No X Is this permit for a shell building? Yes ___ No X

Notifies 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 X

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes X No ___
AMOUNTS + MSDS SHEETS SUBMITTED W/ T.F. PLANS, P.C. # 98-6139
 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 X No ___

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No X

7. Is Will your business be located within 1,000 feet of a school? Yes ___ No X

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 X

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: ELMER'S WELDING
(Print)
Elmer Crain
(Signature)

BID Use Only:	Plan Ck# <u>6139</u>	Permit # <u>98-04815C</u>
OK to issue prmt?	<u>DD/12</u> <u>8-17-98</u>	F.D. Appr Req'd? <u>(Yes)</u> No
	init date	
Hold on Certificate of Occupancy?	Yes <u>(No)</u>	
Fire Dept Use Only:		
OK to issue permit?	init _____ date _____	
OK to issue Certificate of Occupancy?	init _____ date _____	



0123 456789

Design • Installation • Service

DATE 10/13/99

PROJECT WATKINS BUILDING

CONSTANT
 VARIABLE
 FPMB
 SINGLE
 DUAL

SYSTEM HP-1 and 3

MANUFACTURER Carrier

UNIT	LOCATION	SCHEDULED S/A CFM	ACTUAL S/A CFM	SCHEDULED R/A CFM	ACTUAL R/A CFM
HP-1	Conf Rm	400	300		
	Conf Rm	600	545		
	Conf Rm			1099	620
HP-2	Office 1	800	830	770	630
	Office 1				
HP-3	Office 2	400	400		
	Reception	400	400		
	Hallway	200	165		
	File Rm	100	60		
	Kitchen	75	85		
	Office 3	130	130		
	Office 4	190	175		
	Office 5	650	500		
	Hallway			655	695
	Office 3			385	360
	Office 3			115	115
Office 4			175	180	
Office 5			650	500	