

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0509290  
Insp Area: 4  
Thos Bros: 277B6

Site Address: 2535 CAPITOL OAKS DR SAC St: #120  
Parcel No: 274-0042-030 SUITE# 120 AND # 450

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

**CONTRACTOR**  
RUDOLPH COMMERCIAL INTERIORS INC  
OTTOLINI & ASSOC  
527 HOWARD ST  
SAN FRANCISCO CA 94105

**OWNER**  
1 BUSH ST  
SAN FRANCISCO, CA 94104

**ARCHITECT**  
MCMORGAN INSTL REAL ESTATE FU  
4070 BRIDGE ST #7  
FAIR OAKS CA 95628

Nature of Work: INTERIOR REMODEL. CONVERT EXISTING OFFICE SPACES TO SPEC SPACE SUITE 120 AND 450.

**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 \_\_\_\_\_ License Number 645723 Date 7/6/05 Contractor Signature Bill Ausman

**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 06 2005  
BUILDING PERMIT

**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 7/6/05 Applicant/Agent Signature Bill Ausman

**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.

SA 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 MAJESTIC INSURANCE CO Policy Number C20020286803 Exp Date 09/01/2005

(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 7/6/05 Applicant Signature Bill Ausman

**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 #<br><span style="font-size: 2em; font-family: cursive;">#0509290</span> | Insp. Area |
|---|------------|

*Applicant MUST complete ALL Unshaded Areas*

ADDRESS: 2535 CAPITAL OAKS DR. Suite: 120 & 450

PARCEL #: 274-0042-029

|  |   |
|--|---|
| <p style="text-align: center;"><b>CONTACT</b></p> Name: <u>ED WEINMAN</u><br>Street Address: <u>555 CAPITAL MALL</u><br>City/State/Zip: <u>SAC, CA 95814</u><br>Phone: <u>(916) 446-8792</u><br>E-Mail: _____          | <p style="text-align: center;"><b>LICENSED CONTRACTOR</b></p> Name: <u>RUDOLPH</u> Lic No. # <u>645723</u><br>Street Address: _____<br>City/State/Zip: _____<br>Phone: _____<br>E-Mail: _____ |
| <p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name: <u>OTTOLINI &amp; ASSOC.</u><br>Street Address: <u>4070 BRIDGE ST. # 7</u><br>City/State/Zip: <u>FAIR OAKS, CA</u><br>Phone: _____<br>E-Mail: _____ | <p style="text-align: center;"><b>OWNER</b></p> Name: _____<br>Street Address: _____<br>City/State/Zip: _____<br>Phone: _____<br>E-Mail: _____  |

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

⇒ WORKER'S COMPANSATION POLICY# \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: MINOR T.I.

OCCUPANT/TENANT: SPEC SUITES FOR "B" OCC. VALUATION: \$57,152

|                        |             |            |          |            |               |                 |       |          |           |             |
|------------------------|-------------|------------|----------|------------|---------------|-----------------|-------|----------|-----------|-------------|
| 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" Fir Area | Total Area | Use Zone | Occp Group | Const type    | Fire Req. Y / N |       | Fed Code | Vlo. [H]  | File [Quad] |
|                        |             |            |          |            |               | SPR             | ALARM |          |           |             |
| <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>CN JMT</u> |                 |       |          |           |             |

COMMENTS: Provide plans showing existing fire alarm systems and any modifications (if any) required by floor plan revisions

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT:  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

What type of fire alarm system? Notification appliances? Automate fire detectors? Type, size, locations?