

CITY OF SACRAMENTO

Permit No: 9810584

1231 I Street, Sacramento, CA 95814

Insp Area: 2

Site Address: 7248 SOUTH LAND PARK DR SAC

Sub-Type: ACOM

Parcel No: 0310122018 SUITE 100

Housing (Y/N): N

CONTRACTOR

SPARKS CONSTRUCTION
11880 RISING RD
WILTON CA 95693

OWNER

SECURITY SYND. #2 MED CNTR
1481 RIVER PARK DR #100
SACRAMENTO CA 95815

ARCHITECT

MARTIN FRASER
914 DOUGLAS
ROSEVILLE 95678

Nature of Work: OFFICE IMPROVEMENTS / REMODEL

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 426414 Date 11-3-98 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 above-mentioned property for inspection purposes.

Date 11-3-98 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 STATE FUND Policy Number 1022170-98 Exp Date 07/01/1999

(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 11-3-98 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 [REDACTED] BUILDING PERMIT

9810584

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # 0584X Insp. Area 2

Applicant MUST complete ALL Unshaded areas this page only

ADDRESS 7248 South Land Park Dr Suite 100

PARCEL # 031-0123-018-0000

CONTACT Name <u>MARTIN FRASER</u> Address <u>914 DOUGLAS BLVD</u> <u>ROSEVILLE CA</u> Zip <u>95678</u> Phone <u>773-6000</u> FAX <u>773-6006</u>		LICENSED CONTRACTOR Lic No. # <u>426414</u> Name <u>Sparks Construction</u> Address <u>11880 Rising Road</u> <u>Wilton CA</u> Zip <u>95693</u> Phone <u>956-6377</u> cell. FAX _____	
ARCHITECT/ENGINEER Name <u>MARTIN FRASER</u> Address <u>914 DOUGLAS</u> <u>ROSEVILLE CA</u> Zip <u>95678</u> Phone <u>773-6000</u> FAX <u>773-6006</u>		426414 OWNER [REDACTED] Name <u>O'BRIEN INTERESTS, INC</u> Address <u>120 COUNTRY CLUB DR SUITE 204</u> <u>INDLING VILLAGE NV. 89451</u> Zip <u>89451</u> Phone _____ FAX _____	

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

→ If yes, WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: INTERIOR REMODEL
change from office to office
Office R

DBA: _____ VALUATION: \$3,500.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM(X)	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
				B	VN	Spr Y	Alarm	15	N	
B	L	P	M	E	F	S	D	R		
	B	B		B	B	NO	B			

COMMENTS: Meet gone letter

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

BLDGFRM. (REV 05/98) WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS Yes No

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
10/23/98	1/1	1/1	1/1	1/1	1/1

PLAN CHECK # 10584 X
 ADDRESS: 7248 S. LAND PARK DR
 Commercial Residential



ACCEPTED by (Staff):
JACK

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
<u>LIFE SAFETY</u>	13	JT	10/28						
STRUCTURAL									
<u>MECHANICAL/PLUMBING</u>	13	JM	10/28						
<u>ELECTRICAL</u>	3	JM	10/23/98	13	JM	10/30/98			
<u>FIRE</u>	03	SC	10/28	7	SC	10/28			
<u>PLANNING</u>	13		10/23/98						

STAFF COMMENTS: _____

**City of Sacramento Development Services Division
Planning and Zoning Information Request**

Project Address: 7248 SOUTH LAND PARK DR. SAC.

Assessor's Parcel Number: 031-0122-018-000

Current Land Use: Office

Description of Request/Proposed Use: _____

Remodel

Zoning Designation: OB R

Prior Applications for Project Site(P#,Z#,DRPB#): P84-099

Comments: Bldg. shown as medical office under Plan Review (No add'l. parking req'd for remodel)

Are There Any Planning Issues?: (Circle One) YES NO

Site Plan Check Required? (Circle One) YES NO

Design Review/ Preservation Required?: (Circle One) YES NO

Planning Review by/Date: W. J. [Signature] 10/23/98

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

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: Garcia, Lee and Concepcion Medical Group, Inc. Phone: 916 392 4000
 Site Address: 7248 S. Land Park Drive, Suite 100, Sacto, CA 95831 Suite: 100
(Street) (Zip)
 Business Owner/Representative: Denice Edgar/Administrator Phone: 392 4000 x 213

Nature of Business: Healthcare

Property Owner: O'Brien Interests, Inc. Phone: 702 831 5245

Address: 120 Country Club Drive Suite: 201
(Street) (Zip)
Incline Village, NV 89451
(City) (State) (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

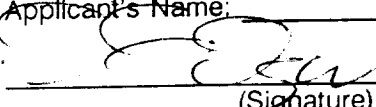
If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.

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.

Garcia, Lee and Concepcion Medical Grp
 Applicant's Name: _____
(Print)

(Signature) 11/29/98
(Date)

BID Use Only: Plan Ck# <u>0584x</u> Permit # <u>9810584</u> OK to issue prmt? Y <u>11-3-98</u> F.D. Appr Req'd <input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No</u> <small>init date</small>	
Hold on Certificate of Occupancy? <input checked="" type="checkbox"/> <u>Yes</u> <input type="checkbox"/> <u>No</u>	
Fire Dept. Use Only: OK to issue permit? init _____ date _____ OK to issue Certificate of Occupancy? init _____ date _____	

CITY OF SACRAMENTO
CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address 7248 SOUTH LAND PARK DRIVE Ste. 100 Permit No. 98-10584

Building Use Office (reorder) Occupancy B

Building Owner O'Brien Interests Construction Type VN

Owner Address 120 Connerly Club Drive, Incline Village, NV 89454 Sprinkled Yes () No

Portion of Building Occupied Suite 100 Area 900 Sq. Ft.

01/22/99 RON PERCIC

Date Issued By Print Sign RON PERCIC

CHIEF BUILDING INSPECTOR
City Building Official

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code as adopted per Title 9 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE