

**CITY OF SACRAMENTO**

**Permit No: 9801383**

**1231 I Street, Sacramento, CA 95814**

**Insp Area: 4**

**Site Address: 2180 HARVARD ST SAC**  
Parcel No: 2770153010 # 270

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

**CONTRACTOR**  
CIMORELLI CONSTRUCTION CO  
11333 SUNCO DR  
RANCHO CORDOVA CA 95742  
Phone: 916-635-4440

**OWNER**  
SACRAMENTO CALIFORNIA PLAZA ASS  
2180 HARVARD ST #475  
SACRAMENTO CA 95815  
Phone:

**ARCHITECT**  
Phone:

**Nature of Work: INTERIOR REMODEL. SEE PLANS.**

**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 525704 Date 3-26-98 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 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 or 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 or 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.

Date 3-26-98 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 Golden Eagle Ins. Policy Number W/C 476899-00

\_\_\_\_ (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 3-26-98 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.**

RECEIVED

FEB 25 1998

Building Inspection Division

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

# EXPRESS PLAN REVIEW

5822X  
2180 Harvard St

DATES					
1ST REVIEW		RECHECK		2ND RECHECK	
IN	OUT	IN	OUT	IN	OUT
2/26/98	/ /	/ /	/ /	/ /	/ /

PLAN CHECK NO. 5822X	COMM.	RES.
CONTACT PERSON: Traci Hogge	PHONE: 6354440	
PROJECT ADDRESS: <del>2180 Harvard St</del>	FAX: 6357084	
DESCRIPTION OF WORK: Interior office renovation		

DISCIPLINE	1ST REVIEW			RECHECK			2ND RECHECK		
	EPR	OC	APPR	EPR	OC	APPR	EPR	OC	APPR
LIFE SAFETY	2/27/98								
STRUCTURAL		NONE							
MECHANICAL/PLUMBING			2/27/98						
ELECTRICAL			2-27-98 DM						
FIRE	2/27								
PLANNING									

Legend:  
 EPR = OK for Express Plan Review  
 OC = OK for Over the Counter Recheck  
 APPR = Approved as submitted

**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: Robert Itali International Phone: \_\_\_\_\_  
 Site Address: 2180 Harvard St. 2nd Floor Suite: 250  
(Street) (Zip)  
 Business Owner/Representative: Bret Hodge Phone: 635 4440  
 Nature of Business: Office - temporary employment agency  
 Property Owner: Teachers Insurance Anvity Ass. Phone: \_\_\_\_\_  
 Address: 2180 Harvard St # Suite: 475  
Sacramento CA 95815  
(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.**

Applicant's Name: Bret Hodge  
(Print)  
[Signature]  
(Signature) (Date)

BID Use Only: Plan Ck# _____	Permit # <u>1801383</u>
OK to issue prmt? <input checked="" type="checkbox"/> <u>3-25-98</u>	F.D. Appr Req'd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____	init date _____
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Fire Dept. Use Only:	
OK to issue permit? ini' _____ date _____	
OK to issue Certificate of Occupancy? ini' _____ date _____	

CITY OF SACRAMENTO  
 DEPARTMENT OF PLANNING AND DEVELOPMENT  
 BUILDING INSPECTION DIVISION

RECEIVED

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

P.O. # 5822-K  
 SUITE # 270  
 AREA #

ADDRESS 2180 Harvard St.  
 PARCEL # 277-0153-010  
 CONTACT

NAME Samuel Construction  
 ADDRESS 11333 Sunrise Dr. #101  
 PHONE 916 95742  
 PHONE 916 465-4440 FAX 916 465-7084  
 OWNER

NAME Trist Legge  
 ADDRESS 11333 Sunrise Dr. #101  
 PHONE 916 95742  
 PHONE 916 635-4440 FAX 916 635-7084  
 ARCH./ENG.

NAME Teachers Insurance Agency  
 ADDRESS 2180 Harvard St. # 473  
 PHONE ( ) - ( ) - ( )  
 FAX ( ) - ( ) - ( )  
 OWNER

NAME CFMD  
 ADDRESS 2150 Capitol Ave. # 200  
 PHONE 916 446-7741  
 ADDRESS 2150 Capitol Ave. # 200  
 PHONE 916 446-7741  
 ARCH./ENG.

Worker's Comp Policy #  
 Company  
 Exp. Date

WILL THE PERMITEE HAVE ANY EMPLOYEES ON THE JOB SITE?  
 YES  NO  
 NATURE OF WORK IN DETAIL:  
Demolition interior office space and  
replace according to plans with ass. electrical, mechanical  
and fire sprinkler work. No plumbers will be done.

D.B.A. Robert Holt Interiors  
 VALUATION 98,000.  
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS A99  
 SCAT

JOB DESCR. BLDG SHELL APT TI ( ) REM (X) SW FIRE ADD OTH

INSP. DISCIPLINES  BLDG  MECH  PLUMB  ELEC  SITE  FIRE

# OF STORES  AREA  TOTAL OCCUP. GROUP  CONST. TYPE  FIRE SPRINK.  FIRE ALARM  FED. CODE  VIO. FILE

7207 B IRE N N N S

(B) (L) P (M) (E) (F) (S) (D) R

67 67

COMMENTS:

Blank lines for additional comments.