

CITY OF SACRAMENTO

Permit No: 9901201

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 8745 FOLSOM BL SAC

Sub-Type: REM

Parcel No: 0780022029

Housing (Y/N): N

CONTRACTOR

PCM BUILDERS
8413 JACKSON RD #B
SACRAMENTO CA

95826

OWNER

IDS LIFE INSURANCE COMPA
5665 POWER INN RD #140
SACRAMENTO CA

95824

ARCHITECT

Nature of Work: INTERIOR OFFICE REMODEL: MINOR WALL DEMO AND CONSTRUCTION

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.

X License Class License Number Date Contractor 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.

Y Date Applicant/Agent 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 COMMERCIAL COMP

Policy Number W96B148565

Exp Date 11/01/1999

(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.

X Date Applicant 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.

APPLICATION FOR ██████████ BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION  
 1231 I Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # 9901201 Insp. Area 1C

Applicant **MUST** complete ALL Unshaded areas this page only

ADDRESS 2415 Folsom Blvd Suite 160  
 PARCEL # 028-028-029

**CONTACT**  
 Name APRIL MULLER  
 Address 2415 Folsom Blvd  
Box 160 Zip 95826  
 Phone 916-264-7619 FAX 916-264-7046

**LICENSED CONTRACTOR** Lic No. # 715590  
 Name PCM Builders Inc  
 Address 8413 Jackson Rd Suite B  
SAC, CA Zip 95826  
 Phone 916-779-0000 FAX 916-779-0000

**ARCHITECT/ENGINEER**  
 Name ATH Design Group  
 Address 2415 Folsom Blvd  
Box 160 Zip 95826  
 Phone 916-264-7619 FAX 916-264-7046

**OWNER**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ FAX \_\_\_\_\_

→ Will the permittee have any employees on the jobsite?  Yes  No  
 → If yes, WORKER'S COMPENSATION POLICY # W9993149565 EXPIRATION DATE: 11/1/99  
 NAME OF INSURANCE COMPANY: Continental Commercial Insurance

NATURE OF WORK IN DETAIL: Minor Demolition of Walls and New  
Interior Office Remodel

DBA: PANATONI Const  VALUATION: 35000.00

FLOOD STATUS:				S.C.A.T. <input type="checkbox"/>						
JOB DESCRIPTION		BLDG	SHEL	APT	TI( )	REM <input checked="" type="checkbox"/>	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<del>MECH</del>	<del>ELEC</del>	<u>ELEC</u>	SITE	<u>FIRE</u>		
# Stories	1st fl Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File		
B	<u>130T</u>	<u>11,940</u>	<u>M</u>	<u>B</u>	<u>UN</u>	<u>SP</u> Alarm	<u>15</u>			
	<u>2/5/99</u>	<u>2/5/99</u>	<u>2/5/99</u>	<u>2/5/99</u>	<u>2/5/99</u>	<u>2/5/99</u>	<u>2/5/99</u>			

COMMENTS: Provide Sprinkler Plan From C-16 Cont. Provide Fire Sprinkler Plan  
Fire Dept Review by Fire Sprink. Contractor  
Piping Req. for Additional SPK.

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No  
 WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS  Yes  No

# MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 3-5-97

From: Gordon Duncan,  
Fire Marshal

Subject: **FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

8745 Folsom Blvd #150

has been conducted by Inspector R. Robles

on 3-5-97.

99-01201-C

Permit Number

11,940

Square Footage

Remodel

Type Inspection

The system is acceptable by this department.

R. Woodman

By: Ross L. Woodman,  
Fire Prevention Officer II

99-26

F. D. Reference Number