

CITY OF SACRAMENTO

Permit No: 0400386

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 125 MAIN AV SAC

Thos Bros:

Parcel No: 226-0050-029

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

RR RUTKOWSKI CONST
18562 GRAMERCY DR
SANTA ANA CA 92705

OWNER

QLX PHOTOPROCESSING INC
3404 N DUKE ST
DURHAM NC 27704

ARCHITECT

**Nature of Work: INT REM TO RELOCATE LADIE'S RR, MAINT DEPT & COMPUTER RM.
INSTALL PHOTO SORTING EQUIPMENT**

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 337537 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 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 2-6-04 Owner Signature [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 2-6-04 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 _____ Policy Number _____ Exp Date _____

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 2-6-04 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

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 125 MAIN AV Permit No.: 0400386
Building Use: PHOTO LAB Occupancy: F1
Building Owner: QLX PHOTOPROCESSING INC Construction Type: _____
Owner Address: DURHAM, NC Sprinkled? Yes No
Portion of Building Occupied: ENTIRE Area: _____ Sq. Ft.
3/30/04
Date By: (Print) _____ Sign  **DENNIS RICHARDSON**
CHIEF BUILDING OFFICIAL

LADIES RESTROOM RELOCATION & MAINTENANCE & COMPUTER ROOM

[Finaled ByDPB,JBB,TK,JW]

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 15 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 Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.

POST IN A CONSPICUOUS PLACE

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
 1231 I Street, Suite 200 or 2101 Arena Bl., 200
 Sacramento, CA 95814 Sacramento, CA 95834
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY # <u>0400386</u>	Insp. Area <u>4</u>
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Applicant to complete all areas down to valuation

ADDRESS 125 E. MAIN AVE SACRAMENTO CA Suite _____
 PARCEL # 226-0050-031

<p style="text-align: center;">CONTACT</p> <p>Name <u>JEFF LOWIE 90 QUALIX INC.</u> Street Address <u>125 E MAIN AVE</u> City/State/Zip <u>SACRAMENTO, CA 95838</u> Phone <u>916-920-1373</u> FAX <u>916-920-1495</u> E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>337537</u></p> <p>Name <u>R.R. Rutkowski Construction</u> Address <u>18562 GRAMERCY DR</u> City/State/Zip <u>SANTA ANA CA 92705</u> Phone <u>714-832-8609</u> FAX <u>714-544-6455</u> E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>R.H.G. CONSULTING</u> Address <u>5958 WATERFOWL Rd.</u> City/State/Zip <u>SEBASTIANSVILLE VA 18078</u> Phone <u>610-767-5410</u> FAX <u>610-767-5416</u> E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>QUALIX INC.</u> Address <u>3404 N. DUKE STR</u> City/State/Zip <u>DURHAM N.C 27704</u> Phone <u>919-382-8535</u> FAX <u>919-382-2321</u> E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: OLD REPUBLIC CRAWFORD & CO
 → WORKER'S COMPENSATION POLICY # OMWC 10714700 EXPIRATION DATE: 5-1-04

NATURE OF WORK IN DETAIL: 1) RELOCATE LADIES RESTROOM, 2) RELOCATE COMPUTER ROOM, 3) RELOCATE MAINT. DEPT. TO ACCOMMODATE ROOM FOR OUTBOUND SORTER AS PER DRWG'S

OCCUPANT/TENANT: QUALIX INC VALUATION: \$ 225,000.00

FLOOD STATUS						S.C.A.T.											
JOB DESCRIPTION BLDG <input type="checkbox"/> SHELL <input type="checkbox"/> APT <input type="checkbox"/> TI () <input type="checkbox"/> REM () <input type="checkbox"/> SW <input type="checkbox"/> FIRE <input type="checkbox"/> -ADD <input type="checkbox"/> OTHER <input type="checkbox"/>																	
INSPECTION DISCIPLINES						BLDG		MECH		PLUMB		ELEC		SITE		FIRE	
# Stories	1 st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req <u>(Y/N)</u>		Fed Code		Vib. File							
<u>(B)</u>	<u>(L)</u>	<u>(P)</u>	<u>(M)</u>	<u>(E)</u>	<u>(F)</u>	<u>(SPR)</u>	<u>(ALARM)</u>	<u>10</u>									
						S		D		PW		UTIL					

COMMENTS:

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