

CITY OF SACRAMENTO

Permit No: 9810575

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 320 COMMERCE CR SAC

Sub-Type: NOTHR

Parcel No: 2750251017

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

HOUSING AUTHORITY CITY OF SACRAMENTO
SACRAMENTO CA

95812

Nature of Work: INSTALL TEMPORARY MODULAR OFFICE UNIT TO SUPPORT REMODEL OF EXISTING OFFICE SPACE

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 _____ 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 10-26-98 Owner Signature John E Broder

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 10-26-98 Applicant/Agent Signature John Broder

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 10-26-98 Applicant Signature John E Broder

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.

98 10575
-FINAL-
~~97 12042~~

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: ~~370 Commerce Circle~~ S.H.R.A. Phone: 916 566-1243
Site Address: 370 Commerce Circle Suite: _____
(Street) (Zip)
Business Owner/Representative: John Brooks Phone: 566-1243
Nature of Business: Sacramento Housing Agency
Property Owner: S.H.R.A. Phone: 566-1240
Address: 370 Commerce Circle Suite: _____
(Street)
Sacramento (City) CA (State) 95815 (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: John Brooks (Print)

(Signature) 10-26-98 (Date)

BID Use Only:	Plan Ck#	OTC	Permit #	98-10575
OK to issue prmt?	<input checked="" type="checkbox"/>	init date	10-26-98	D. Appr Req'd? Yes <input checked="" type="checkbox"/>
Hold on Certificate of Occupancy?	Yes <input checked="" type="checkbox"/>			
Fire Dept. Use Only:				
OK to issue permit?	init	date		
OK to issue Certificate of Occupancy?	init	date		

CITY OF SACRAMENTO
APPLICATION FOR [REDACTED] BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

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

PLAN CHECK # _____ Insp. Area _____

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

ADDRESS 320 COMMERCIAL CIRCLE Suite _____
PARCEL # 275-0251-07

<p align="center">CONTACT</p> <p>Name <u>Lotho Brooks</u> Address <u>320 COMMERCIAL CR.</u> <u>SAC</u> Zip <u>95815</u> Phone <u>566-1243</u> FAX <u>566-1202</u></p>	<p align="center">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name <u>OR</u> Address _____ Zip _____ Phone _____ FAX _____</p>
<p align="center">ARCHITECT/ENGINEER</p> <p>Name <u>NEONUS DESIGNERS LLC</u> Address <u>411 82nd ST.</u> <u>SAC</u> Zip <u>95824</u> Phone <u>916 737-3370</u> FAX <u>457-7272</u></p>	<p align="center">OWNER [REDACTED]</p> <p>Name <u>SHRA</u> Address <u>320 COMMERCIAL/BOX 1934</u> <u>SACRAMENTO</u> Zip _____ Phone _____ FAX _____</p>

→ 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: INSTALL TEMP. 24x60 MODULAR BUILDING AS OFFICE USE DURING RENOVATION OF EXISTING BUILDING.
JR-to-inspection. MAY 4th

DBA: _____ VALUATION: 15,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM()	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	
		<u>1440</u>		<u>B</u>	<u>VN</u>	Spr <u>N</u>	Alarm	<u>15</u>		
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>GPS</u>	<u>D</u>	<u>R</u>		

COMMENTS: _____
_____ call out [unclear]

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

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

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNER

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed improvement (yes or no) yes

2. I (have/have not) have signed an application for a building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise, and provide the major work.

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the work indicated:

Name	Address	Phone	Type of Work

Signed Jim E. Beards

Job Address 320 Commerce Circle Date 10-26-98

Permit No.: _____

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

Project Address: 320 COMMERCE CIRCLE

Assessor's Parcel Number: 275-0257-017

Current Land Use: Warehouse

Description of Request/Proposed Use: _____

Office trailer - removed by 5/4/99

Zoning Designation: M-1

Prior Applications for Project Site(P#,Z#,DRPB#): _____

Comments: City Project
no planning reqts

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
North Sac.

Planning Review by/Date: W. Jordan 10/23/97

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

DEPARTMENT OF
PLANNING AND DEVELOPMENT

CITY OF SACRAMENTO
CALIFORNIA

1231 I STREET
ROOM 200
SACRAMENTO, CA
95814-2998

PLANNING
916-264-5604
FAX 916-264-7046

DATE:

10.20.98

TO:

SUBJECT: Written Confirmation of Zoning

A review of the City of Sacramento Planning Division's zoning maps on 10.20.98
indicated the following:

1. Assessor's Parcel Number: 275-0251-017
2. Address of Parcel: 320 COMMERCE CIRCLE
3. Current Zoning: M-1

Comments: The zoning Ordinance does
not contain any regulations
pertaining to temporary
trailer use

Please contact us if further information is desired.

Hilary Perry
City Planner