

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0509893

Insp Area: I

Thos Bros: 298A7

Site Address: 5923 FOLSOM BL SAC

Parcel No: 008-0363-017

Sub-Type: ACOM

Housing (Y/N): N

CONTRACTOR

OWNER

LMS ELVAS DEVELOPMENT LI
5921 FOLSOM BL
SACRAMENTO, CA 95819

ARCHITECT

Nature of Work: CONSTRUCT NEW STOREFRONT WINDOW AREA

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 7-7-05 Owner Signature [Signature] CITY OF SACRAMENTO

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 7-7-05 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 7-7-05 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
Development Services Department
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 5921 Folsom Blvd	APN: 008-0363-017
DRPB AREA / PUD / SPD: None	ZONING: C2 and R1
EXISTING LAND USE: One-story general office building, with parking at rear of building.	
PROPOSED USE: Enclose existing covered canopy (8'3" x 24'8" = 185 sq. ft.) at front of office building for use as conference area.	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER DR PB Required Planning application must be approved <i>before</i> project can be submitted for plan check
<input type="checkbox"/>	Application(s) IN PROGRESS: File Number: Application must be approved <i>before</i> project can be submitted for plan check.
<input type="checkbox"/>	Application(s) COMPLETED: File Number & approval date: Building permit must conform to approved plans and comply with all conditions of approval. Do NOT accept applications for a building permit prior to the end of the 10-day appeal period.
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Route to SITE for inspection only , plan check not required.
<input type="checkbox"/>	Preliminary review ONLY ; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
CONDITIONS AND COMMENTS:	Existing office is 2,000 (+/-) sq. ft. Proposed additional interior space (185 sq. ft.) is a less-than-15% increase and therefore does not increase parking requirement. Parking lot at rear is partially in R-1 zone, but as parking requirements are not changing, no planning entitlement is required.
DATE: 7/7/2005	BY: Monica May

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
 PLANNING & BUILDING DIVISION
 PERMIT SERVICES SECTION
 (916) 808-2534 FAX: (916) 808-7046

ACTIVITY # <u>009893</u>	Insp. Area
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Applicant MUST complete ALL Unshaded Areas

ADDRESS: 5921 FOLSOM BLVD Suite: _____

PARCEL #: 008-0363-017

<p style="text-align: center;">CONTACT</p> <p>Name: <u>BRUCE LA ROSE</u> Street Address: <u>5921 FOLSOM BLVD</u> City/State/Zip: <u>SACRAMENTO 95819</u> Phone: <u>451-1500</u> E-Mail: <u>BLAROSE@CRMSARCHITECTS.COM</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name: _____ Street Address: _____ City/State/Zip: _____ Phone: _____ E-Mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name: <u>BRUCE LA ROSE</u> Street Address: _____ City/State/Zip: _____ Phone: _____ E-Mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name: <u>CRMS ARCHITECTS</u> Street Address: <u>5921 FOLSOM BLVD</u> City/State/Zip: _____ Phone: _____ E-Mail: _____</p>

⇒ Will permittee have any employees on the jobsite? No Yes ⇒ Insurance Co.: _____

⇒ WORKER'S COMPANSATION POLICY # _____ EXPRATION DATE: _____

NATURE OF WORK IN DETAIL: STOREFRONT WINDOW RELOCATION

OCCUPANT/TENANT: CRMS ARCHITECTS VALUATION: 10,000.

FLOOD STATUS:			S.C.A.T.								
JOB DISCIPTION	BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH		
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC		SITE	FIRE		
# Stories	1 st Flr Area	Year BFR	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. [H]	File [Quad]	
						SPR	ALARM				
<u>B</u>	<u>L</u>		<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	<u>PW</u>	<u>UTIL</u>

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT: Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed