

CITY OF SACRAMENTO

Permit No: 9802153

1231 I Street, Sacramento, CA 95814

Insp Area: I

Site Address: 2 SCRIPPS DR SAC

Sub-Type: COM

Parcel No: 2950384001

Housing (Y/N): N

CONTRACTOR

ANDERSON ERIC
P O BOX 163622
SACRAMENTO CA 95816
Phone: 916-392-5076

OWNER

CAMPUS COMMONS PROFESSIONAL PLAZA
1851 HERITAGE LN STE 12
SACRAMENTO CA 95815
Phone:

ARCHITECT

Phone:

Nature of Work: INTERIOR DEMO. DRYWALL AND T-BAR

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 5119100 Date 3/18/98 Contractor Signature Shannon McLean

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 3/18/98 Applicant/Agent Signature Shannon McLean

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 Fremont Indemnity Policy Number WN9701470704

____ (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 3/18/98 Applicant Signature Shannon McLean

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
 APPLICATION FOR BUILDING PERMIT
 DEPARTMENT OF PLANNING AND DEVELOPMENT
 BUILDING INSPECTION DIVISION
 1231 I Street, Room 200
 Sacramento, CA 95814
 (916) 264-7619 FAX 264-7046

Worker's Comp Policy #
Company

ADDRESS 2 SCRIPPS DR P.C. # _____
 PARCEL # _____ SUITE # _____
 AREA # _____

CONTACT
 NAME ERIC ANDERSON
 ADDRESS PO Box 163622
SAC, CA ZIP 95816
 PHONE 392-5016 FAX: () 392-0734

LICENSED CONTRACTOR Lic# _____
 NAME ACF CONSTRUCTION
 ADDRESS PO Box 163622
SAC ZIP 95816
 PHONE () -3925016 FAX: () 392-0734

ARCH./ENG.
 NAME BOULDER ASSOC.
 ADDRESS 4747 Table Mesa Dr
Boulder, CO ZIP _____
 PHONE (800) 499-7796

OWNER
 NAME Radiological Assoc.
 ADDRESS _____
 ZIP _____
 PHONE () - _____ FAX () - _____

WILL THE PERMITEE HAVE ANY EMPLOYEE'S ON THE JOBSITE? YES NO

NATURE OF WORK IN DETAIL: demolition - T-bar & drywall

OK per [signature]

D.B.A. Radiological Assoc. VALUATION ~~999~~ 999
BELOW THIS LINE FOR BLDG. DEPT. USE ONLY

FLOOD STATUS contx S.C.A.T.

JOB DESCR. BLDG SHEL APT TH () REM () SW FIRE ADD OTH

INSP. DISCIPLINES BLDG MECH PLUMB ELEC SITE FIRE

# OF STORIES	AREA 1ST FL.	TOTAL AREA	OCCUP. GROUP	CONST. TYPE	FIRE SPRINK.	FIRE ALARM	FED CODE	VIO. FILE
					<u>Y/N</u>	<u>Y/N</u>	<u>12</u>	<u>OK</u>
	<u>P</u>		<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>R</u>
							<u>1302</u>	

COMMENTS: _____

(REGIONAL SAN FEES? Y/N) (HEALTH DEPT? Y/N) APPI 200403 REVISED 12/01

CITY OF SACRAMENTO
CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address 2 Sceptys Drive

Permit No. 98-04441

Building Use Medical Office PHI: Radiation Ideal Assoc.

Building Owner Radiological Associates

Occupancy B

Owner Address 1800 Street, Sacramento, CA 95814

Construction Type A 1Hr

Portion of Building Occupied

Sprinkled Yes () No

Area _____ Sq. Ft.

Date Issued 11/06/98

Chief Building Inspector

By Print RON PUGCI

Sign

City/Building Official

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

POST IN A CONSPICUOUS PLACE