

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 9904158

Insp Area: 1

Site Address: 7667 FOLSOM BL SAC

Parcel No: 079-0200-019

2nd fl

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

PAUL MENARD ASSOCIATES  
PO BOX 1005  
CARMICHAEL CA 95609

OWNER

STATE OF CALIF STATE TEACHERS RET SYSTEM  
112 HIGHLEY CT  
SACRAMENTO CA 95864

ARCHITECT

Nature of Work: 12141 SQ FT REMODEL/TI OFFICE

**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 638300 Date 5-6-99 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.)

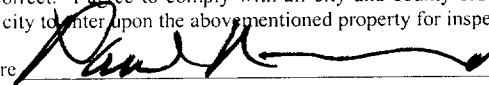
\_\_\_\_ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a 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 above mentioned property for inspection purposes.

✓ Date 5-6-99 Applicant/Agent Signature 

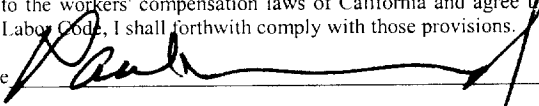
**WORKER'S COMPENSATION DECLARATION:** I hereby affirm under penalty of perjury one of the following declarations:

✓ 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 STATE FUND Policy Number 692-98 UNIT 0002567 Exp Date 10-01-99

\_\_\_\_ (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 5-6-99 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.**

**CITY OF SACRAMENTO**  
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 # 77011 Insp. Area 1

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

ADDRESS 7667 FOLSOM BLVD. Suite 2ND FLOOR  
PARCEL # 079-0200-019

|   |  |  |  |
|---|--|--|--|
| <b>CONTACT</b><br>Name <u>PAUL MENARD</u><br>Address <u>P.O. BOX 1005</u><br><u>CARMICHAEL CA</u> Zip <u>95609</u><br>Phone <u>489 7116</u> FAX <u>489 7075</u> |  | <b>LICENSED CONTRACTOR</b> Lic No. <u>1638300</u><br>Name <u>PAUL MENARD ASSOC. AIA</u><br>Address <u>SAME AS AT LEFT</u><br>Zip _____<br>Phone _____ FAX _____            |  |
| <b>ARCHITECT/ENGINEER</b><br>Name <u>PAUL MENARD ASSOC. AIA</u><br>Address <u>SAME AS ABOVE</u><br>Zip _____<br>Phone _____ FAX _____                           |  | <b>OWNER/</b> <u>RETIREMENT</u><br>Name <u>STATE TEACHERS SYSTEM</u><br>Address <u>7667 FOLSOM BLVD.</u><br><u>SACRAMENTO CA</u> Zip <u>95815</u><br>Phone _____ FAX _____ |  |

→ Will the permittee have any employees on the jobsite?  Yes  No  
 → If yes, WORKER'S COMPENSATION POLICY # 692-98 UNIT 002567 EXPIRATION DATE: 10-1-99  
 NAME OF INSURANCE COMPANY: STATE FUND

NATURE OF WORK IN DETAIL: DEMOLISH (E) INTERIOR PARTITIONS.  
NEW INT. PARTITIONS. INSTALL SINK AT (E)  
PLUMBING STUBS. HVAC MODIFICATION.  
ELECTRICAL TO WORKSTATIONS. T-BAR CEILING  
REPAIR. INTERIOR REMOVE

DBA: \_\_\_\_\_ VALUATION: \$50,000.00

|                   |              |              |             |              |  |                           |             |            |     |
|-------------------|--------------|--------------|-------------|--------------|--|---------------------------|-------------|------------|-----|
| FLOOD STATUS:     |              | S.C.A.T.     |             |              |  |                           |             |            |     |
| JOB DESCRIPTION   | BLDG         | SHEL         | APT         | TI( )        | REM( <input checked="" type="checkbox"/> ) | SW                        | FIRE        | ADD        | OTH |
| INSP. DISCIPLINES |              | <u>BLDG</u>  | <u>MECH</u> | <u>PLUMB</u> | <u>ELEC</u>                                | <u>SITE</u>               | <u>FIRE</u> |            |     |
| # Stories         | 1st flr Area | Total Area   | Use Zone    | Occp Group   | Const type                                 | Fire Req. Y/N             | Fed Code    | Viol. File |     |
|                   |              | <u>12141</u> |             | <u>B</u>     | <u>3N</u>                                  | <u>Spr</u> <u>4</u> Alarm | <u>15</u>   |            |     |
| <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>R</u>   |     |

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

**CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION**

# EXPRESS PLAN REVIEW

| SUBMITTAL DATES |     |            |     |            |     |
|-----------------|-----|------------|-----|------------|-----|
| 1st Review      |     | 2nd Review |     | 3rd Review |     |
| IN              | OUT | IN         | OUT | IN         | OUT |
| 4/29/99         | 1/1 | 1/1        | 1/1 | 1/1        | 1/1 |

PLAN CHECK # 9904158  
 ADDRESS: 7667 Folsom Bl  
 Commercial     Residential

ACCEPTED by (Staff):  


| DISCIPLINE          | 1ST REVIEW |       |         | 2ND REVIEW |       |        | 3RD REVIEW |       |      |
|---------------------|------------|-------|---------|------------|-------|--------|------------|-------|------|
|                     | Status     | Staff | Date    | Status     | Staff | Date   | Status     | Staff | Date |
| LIFE SAFETY         | 3          | JT    | 4/30/99 | 13         | JT    | 5/5/99 |            |       |      |
| STRUCTURAL          |            | None  |         |            |       |        |            |       |      |
| MECHANICAL/PLUMBING | 13         | JMT   | 4/30/99 |            |       |        |            |       |      |
| ELECTRICAL          | 3          | JM    | 5/3/99  | 13         | JM    | 5/5/99 |            |       |      |
| FIRE                | 13         | BS    | 4/30/99 |            |       |        |            |       |      |
| PLANNING            |            |       |         |            |       |        |            |       |      |

STAFF COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 6-16-99

From: Gordon Duncan,  
Fire Marshal

Subject: **FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

7667 Folsom Blvd

has been conducted by Inspector R. Robles

on 6-15-99.

99-04158-C

Permit Number

12,141

Square Footage

Remodel

Type Inspection

The system is acceptable by this department.

R. Woodman

By: Ross L. Woodman,  
Fire Prevention Officer II

99-105

F. D. Reference Number