

CITY OF SACRAMENTO

Permit No: 9809614

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 998 ARDEN WY SAC

Sub-Type: COM

Parcel No: 2770134008

Housing (Y/N): N

CONTRACTOR

AFS
PO BOX J
NOVATO 94948

OWNER

LOCKE PHIL
998 ARDEN WY
SACRAMENTO 95815

ARCHITECT

Nature of Work: FIRE SPRINKLER SYSTEM FOR PAINT BOOTH

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 C-16 License Number 647257 Date 2/12/99 Contractor Signature [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 abovementioned property for inspection purposes.

Date 2/17/98 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 STATE FUND Policy Number 471-578-78 Exp Date 10-1-99

(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 2/17/98 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  
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 # 6414 Insp. Area \_\_\_\_\_

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

ADDRESS 998 Arden Way Suite \_\_\_\_\_  
PARCEL # \_\_\_\_\_

<p align="center"><b>CONTACT</b></p> Name _____ Address _____ _____ Zip _____ Phone _____ FAX _____		<p align="center"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> Name <u>Miles Sasso Auto. Fire Safety</u> Address <u>70 Box J</u> <u>Novato Calif</u> Zip <u>94948</u> Phone <u>(415) 898-4448</u> FAX <u>898-7448</u>	
<p align="center"><b>ARCHITECT/ENGINEER</b></p> Name _____ Address _____ _____ Zip _____ Phone _____ FAX _____		<p align="center"><b>OWNER</b> [REDACTED]</p> Name <u>Phil Locke</u> Address <u>998 Arden Way</u> <u>Sac. Ca</u> Zip _____ Phone <u>916-927-2283</u> FAX _____	

→ 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 fire sprinkler system to existing spray booths and paint mixing room

DBA: \_\_\_\_\_ VALUATION: 8500.00

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>H-2</u>	<u>VN</u>	Spr	Alarm	<u>10</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

BLDGFRM REV 05/98)  WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS  Yes  No

**STATE**  
COMPENSATION  
INSURANCE  
**FUND**

IN REPLY REFER TO

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**FAX TRANSMITTAL**

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**DATE:** 2-17-99  
**TO:** Dan  
**ATTN:** City of Sacramento - Fire Prevention  
**FAX #:** (916) 264-7046  
**COMPANY:** State Compensation Insurance Fund  
**FROM:** SAUNDRA LARSON  
Certificate Desk / Broker Unit  
**PHONE:** (707) 573-6451 or (707) 573-6439  
**FAX:** (707) 573-6688  
**E-MAIL:** slarson@scif.com  
**RE:** AFS Enterprises Inc  
Automatic Fire Safety  
Policy # 471-578-98

To whom it may concern:

Please accept this fax as a valid copy of a certificate of insurance issued by State Compensation Insurance Fund through the expiration date indicated.

To prevent unauthorized duplication, State Fund's Certificate of Insurance are now printed on security bonded paper. A fax or copy of Certificate will display "VOID" in enlarged letters across the front.

The original Certificate will be put in today's mail. Please replace this faxed copy with the original upon receipt.

Any questions regarding our new format, please call **Saundra** at the phone number listed above.

**STATE  
COMPENSATION  
INSURANCE  
FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

FEBRUARY 17, 1999

POLICY NUMBER: 471-578-98  
CERTIFICATE EXPIRES: 10-1-99

CITY OF SACRAMENTO  
FIRE PREVENTION ATTN: DAN  
123 I ST RM 200  
SACRAMENTO CA 95814

This is to certify that we have issued a valid Workers Compensation Insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon <sup>30</sup>~~ten~~ days' advance written notice to the employer.

We will also give you <sup>30</sup>~~ten~~ days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

*Tom Hansen*  
AUTHORIZED REPRESENTATIVE

*K. Bollier*  
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS NOTICE EFFECTIVE 02/17/99 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

A F S ENTERPRISES INC  
AUTOMATIC FIRE SAFETY  
P O BOX J  
NOVATO CA 94948

# MEMORANDUM

Sacramento Fire Department

To: BUILDING DEPARTMENT

Date: 3-26-99

From: Gordon Duncan,  
Fire Marshal

Subject: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

998 ARDEN

has been conducted by Inspector D. DeMello

on 3-25-99.

98-09614

Permit Number

\_\_\_\_\_  
Square Footage

OH SPR.

Type Inspection

The system is acceptable by this department.

R. L. Woodman

By: Ross L. Woodman,  
Fire Prevention Officer II

98-789

F. D. Reference Number