

CITY OF SACRAMENTO

Permit No: 9805620

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 5701 H ST SAC

Sub-Type: ACOM

Parcel No: 0040345004

Housing (Y/N): N

CONTRACTOR

NELMS CONSTRUCTION
POB 242
EL K GROVE CA

OWNER

NORMAN MULVIHILL
5701 H ST
SACRAMENTO CA

ARCHITECT

95819

Nature of Work: ADDING 536 SF TO VETERINARY CLINIC

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 License Number 673711 Date 2/5/99 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 2/5/99 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 1497867 Exp Date 9/1/99 BT

(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 2/5/99 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 BUILDING PERMIT**

9805620 C

**DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES DIVISION**

231 I Street, Rm. 200
Sacramento, CA 95814

(916) 264-7619 FAX 264-7046

→ Applicant must complete ALL Unshaded areas ←

PC # 6191X AREA # 1

ADDRESS 5701 H STREET, SACRAMENTO, CA Suite _____
PARCEL # 004-0345-004

<p align="center">CONTACT</p> <p>Name <u>LEE BUCKINGHAM</u> Address _____ Zip _____ Phone _____ FAX _____</p>	<p align="center">LICENCED CONTRACTOR Lic No. # _____</p> <p>Name _____ Address _____ Zip _____ Phone _____ FAX _____</p>
<p align="center">ARCHITECT/ENGINEER</p> <p>Name <u>J. LEE BUCKINGHAM</u> Address <u>755 HAINES CT AUBURN CA</u> Zip <u>95602</u> Phone <u>(530) 878-2469</u> FAX <u>(530) 878-2469</u></p>	<p align="center">OWNER/TENANT</p> <p>Name <u>KAREN MULWILL</u> Address <u>5701 H ST. SACRAMENTO, CA</u> Zip <u>95819</u> 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: ADDITION OF ~~WING~~ 2nd FLOOR TO (E) VETERINARY CLINIC.
536 sq ft

DBA: Sacramento Animal Hospital VALUATION: 40,409.04

FLOOD STATUS: <u>COST X</u>				S.C.A.T.					
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM()	SW	FIRE <u>ADD</u>	OTH
INSP. DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE		FIRE	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const Y/N type	Fire Req. Y/N		Fed Code	Vio. File
<u>1</u>		<u>570</u>		<u>B</u>	<u>N</u>	<u>Spr N Alarm N</u>		<u>14</u>	<u>OK</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>
<u>GYL</u>	<u>GYL</u>	<u>BD</u>	<u>BD</u>	<u>GMC</u>	<u>JF</u>	<u>GRS</u>		<u>Roll</u>	<u>Turn</u>

COMMENTS: Needs title - 24 documents
Provide return air from new AC
IDENTIFY PLUMBING New, Exist & RELOCATE.

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

9805620

EXPRESS PLAN REVIEW

DATES					
1ST REVIEW		RECHECK		2ND RECHECK	
IN	OUT	IN	OUT	IN	OUT
6/22/98	1/1	7/14/98	1/1	8/7/98	1/1

PLAN CHECK NO. 6191 X COMM RES.

CONTACT PERSON: MR. Buckingham PHONE: (530) 878-2469

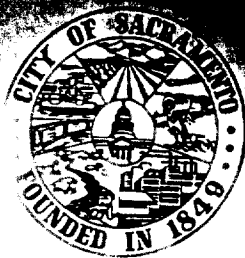
PROJECT ADDRESS: 5701 N St FAX: (530) 878-2069

DESCRIPTION OF WORK: addition of 536 SF.

DISCIPLINE	1ST REVIEW			RECHECK			2ND RECHECK		
	EPR	OC	APPR	EPR	OC	APPR	EPR	OC	APPR
LIFE SAFETY	6/24 GYL			7/22 GYL					8/7 GYL
STRUCTURAL	6/24 GYL			7/22 GYL					8/7 GYL
MECHANICAL/PLUMBING	6/24		6/29/98 BS						
ELECTRICAL	6-24-98 JM			7-17-98 JM			7/23/98 JM		8-12-98 T.M.
FIRE				8/7/98	← PENDING RECEIPT OF MEDICAL GAS LETTER				
PLANNING	6-30-98 W.W.		6-30-98 W.W.						
<u>Site</u>	6-30-98 W.W.		6-30-98 W.W.						

Legend:
EPR = OK for Express Plan Review
OC = OK for Over the Counter Recheck
APPR = Approved as submitted

to provide letter stating
Medical gas from tenant



61914

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

Project Address: 5701 H ST

Assessor's Parcel Number: 004 - 0345 - 004

Current Land Use: Veterinary clinic

Description of Request/Proposed Use:
addition to clinic

RECEIVED
JUN 22 1998

Building Inspection Division

Zoning Designation: C-4

Prior Applications for Project Site(P#,Z#,DRPB#): 297-087

Comments: Z.A. approved S.P. Mod
and Parking waiver to expand
a Veterinary Facility. Need to pull
file 297-087 to check conditions
(Gary Sproul) 0 630-98 Plans

Are There Any Planning Issues?: (Circle One) YES NO OK as

Site Plan Check Required? (Circle One) YES NO submitted

Design Review/ Preservation Required?: (Circle One) YES NO N/A

Planning Review by/Date: W. J. White 6-2-98

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

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

CERTIFICATION OF COMPLIANCE

SCHOOL DISTRICT DEVELOPMENT FEES

PART I: To be completed by APPLICANT

PROPERTY OWNER'S NAME CAREN MARCO HILL
 OWNER'S ADDRESS 5701 H ST SACRAMENTO, CA 95817
 PROJECT ADDRESS same
 PARCEL NUMBER 004-0245-004 LOT NUMBER _____
 SUBDIVISION NAME _____
 NUMBER OF UNITS _____
 APPLICANT'S SIGNATURE [Signature]
 TITLE OF APPLICANT ARCHITECT
 DATE 7/14/98 TELEPHONE NUMBER (30) 578-2469

PLAN IDENTIFICATION NUMBER 0191 X 98056200
 BUILDING TYPE (CHECK ONE)
 RESIDENTIAL APARTMENT/CONDOMINIUM COMMERCIAL/INDUSTRIAL
 SQUARE FEET OF CHARGEABLE BUILDING AREA 536
 SIGNATURE William E. McDowell
 TITLE Electrical Inspector DATE 6-22-98

DISTRICT CERTIFICATION NUMBER 0435

EXEMPT	COMMENTS	SQ. FT.	X	\$	=	\$
RESIDENTIAL / APARTMENT / ETC.						
COMMERCIAL / INDUSTRIAL		<u>536</u>		<u>.28</u>		<u>\$ 150.08</u>
OTHER FEE	TYPE	SQ. FT.	X	\$	=	\$
TOTAL FEES COLLECTED.....						<u>\$ 150.08</u>

This certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.
 As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

SIGNATURE [Signature]
 TITLE CIVIC CENTER PERMITS DATE 7/14/98

©a certcomp

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: Neelms Construction Phone: 916-688-5415
 Site Address: 5701 H Street Suite: _____
 (Street) (Zip) Sacto CA 95819
 Business Owner/Representative: JEFF NEELMS Phone: 688-5415
 Nature of Business: General Contractor
 Property Owner: Karen Mulvihill Phone: 451-7313
 Address: 5701 H Street Suite: _____
 (Street) (City) (State) (Zip)
Sacramento CA 95819

2. Are you developing an undetermined tenant space? Yes ___ No X Is this permit for a shell building? Yes ___ No X

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 X

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes X 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 X

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No X

7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No X

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 X

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: JEFF Neelms
 (Print)
[Signature] (Signature) 3/15/99 (Date)

BID Use Only: Plan Ck# <u>6191</u> <u>X</u> Permit # <u>98036200</u> OK to issue prmt? <u>08/21/99</u> F.D. Appr Req'd? Yes <u>NO</u> init date	
Hold on Certificate of Occupancy? Yes <u>NO</u>	
Fire Dept. Use Only: OK to issue permit? init ___ date ___ OK to issue Certificate of Occupancy? init ___ date ___	

COUNTY SANITATION DISTRICT NO. 1
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT
SEWER IMPACT FEE
PERMIT AND CALCULATION SHEET

APPLICATION NO.	BLDG PERMIT NO: <u>249555</u>
GENERAL INFORMATION	<p style="text-align: center;">THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER</p> <p style="font-size: 1.2em; text-align: center;"><u>249555</u> <u>2-5-99</u></p> <p style="text-align: center;">THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE</p>

FEE CALCULATION		BUILDING USE	
INSPECTION		RESIDENTIAL SF <input type="checkbox"/>	MF <input type="checkbox"/>
CSD-1	4167	COMMERCIAL USE	UNITS
SRCSD	<u>4167</u>		
CONSTRUCTION			
IN-LIEU			
TOTAL FEE	<u>4167</u>		

APN: 004-0345-0011

DESCRIPTION/
SUBDIVISION _____ LOT: _____

PROPERTY ADDRESS 5701 H Street

OWNER Kevin McVehill

MAILING ADDRESS Same

CITY-STATE-ZIP Sacramento CA 95814 PHONE 481-7213

ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.

APPLICANT SIGNATURE [Signature]

CONSOLIDATED UTILITY BILLING USE ONLY

ACCT _____ INPUT _____ START _____

RECEIPT