

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0105800**  
**Insp Area: 4**

**Site Address: 3714 NORTHGATE BL SAC**  
Parcel No: 250-0360-021

Sub-Type: NOTHR  
Housing (Y/N): N

**CONTRACTOR**  
JOHNSON MECHANICAL  
875 UNIVERSITY AVE  
SACRAMENTO CA 95825

**OWNER**  
HEALTH RETIREMENT PROPERTIE  
3714 NORTH GATE BL  
SACRAMENTO C A. 95834

**ARCHITECT**

**Nature of Work: INSTALL NEW 625 KW EMERGENCY POWER GENERATOR**

**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-18 License Number 279789 Date 6-27-01 Contractor Signature William A Johnson

**OWNER-BUILDER DECLARATION:** I hereby affirm under penalty of perjury that I am exempt from the contractor 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 & P. 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 6-27-01 Applicant/Agent Signature William A Johnson

**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 12409-2001 Exp Date 01/01/2002 PHYS

(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 6-27-01 Applicant Signature William A Johnson

**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.**

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
**DEVELOPMENT SERVICES DIVISION**  
**PERMIT SERVICES SECTION**

1231 I Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0105800 Insp. Area 4C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 3714 North Gate Blvd Suite \_\_\_\_\_  
 PARCEL # 250-0360-021

**CONTACT**  
 Name SAME AS CONTR  
 Street Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ FAX \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**LICENSED CONTRACTOR** Lic No. # 279789  
 Name Johnson Mechanical Cont  
 Address PO Box 404  
 City/State/Zip Elk Grove CA 95759  
 Phone 682-8008 FAX 681-4803  
 E-mail: \_\_\_\_\_

**ARCHITECT/ENGINEER**  
 Name SAC Engineering Consult  
 Address 10555 Old Placerville Rd  
 City/State/Zip SAC 95827  
 Phone 368-4468 FAX 368-4490  
 E-mail: \_\_\_\_\_

**OWNER**  
 Name William Johnson  
 Address 8679 30th St.  
 City/State/Zip Elk Grove 95624  
 Phone 682-8008 FAX 681-4803  
 E-mail: \_\_\_\_\_

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: Robert Down Co  
 → WORKER'S COMPENSATION POLICY # 22912469 EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: 675 KW Emergency Power Generator

OCCUPANT/TENANT: Lemlab of SAC. VALUATION: \$ 83,601

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> SHELL	<input type="checkbox"/> APT	<input type="checkbox"/> TI( )	<input type="checkbox"/> REM( )	<input type="checkbox"/> SW	<input type="checkbox"/> FIRE	<input checked="" type="checkbox"/> ADD	<input type="checkbox"/> OTH
INSPECTION DISCIPLINES			<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> MECH	<input type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input checked="" type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
						SPR	ALARM	<u>20</u>	[H]	[Quad]
<input checked="" type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> P	<input type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	<input checked="" type="checkbox"/> S	<input type="checkbox"/> D	<input type="checkbox"/> PW	<input type="checkbox"/> UTIL	

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

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No  
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

Date of Request: 5-8-01  
By: William Johnson

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 3714 Northgate Blvd.

Assessor's Parcel Number: 250-0360-021.

Previous Use: Test Lab Medical Lab.

Description of Request/Proposed Use: Install a <sup>new</sup> generator ~~to replace~~ existing generator.  
~~and replace with a generator~~

Is This a Change of Use? no.

Prior Applications for Project Site(P#, Z#, DRPB#): P-7596 Zoning Designation: C4-R

Comments: property lines should be shown on site plan;  
existing generator needs to be shown on existing site plan.

Are There Any Planning Issues?: (circle one)  YES  NO Needs.

- \* Staff Site Plan Check Required? (Circle one)  YES  NO
- \* Field Inspection Required? (Circle one)  YES  NO
- \* Design Review/Preservation Required?: (Circle one)  YES  NO

Planning Review by/Date: [Signature] May 5-8-01. Minor mod

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

MICROFILM AFTER FINAL

C4-R (Review)

Date of Request: 5/18/01  
By: Bill Johnson

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 3714 Northgate Blvd

Assessor's Parcel Number: 250-0360021

Previous Use: Medical Laboratory

Description of Request/Proposed Use: x replace existing emergency generator with new and bigger backup generator on greater pad.

Is This a Change of Use? No

Prior Applications for Project Site(P#, Z#, DRPB#): Z01-090 Zoning Designation: C4-R

Comments: See Z01-090

Do not issue permits until/unless Z01-090 approval. Check for conformance with same.

Are There Any Planning Issues?: (circle one)  YES  NO

\* Staff Site Plan Check Required? (Circle one)  YES  NO

\* ~~Field Inspection Required? (Circle one)~~  YES  NO

\* Design Review/Preservation Required?: (Circle one) YES  NO

Planning Review by/Date: W May 5/18/01

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

MICROFILM AFTER FINAL

**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: Johnson Mechanical Contractors Phone: 682-8008  
 Site Address: 3714 North Gate Blvd SAC Suite: \_\_\_\_\_  
(Street) (Zip)  
 Business Owner/Representative: Unilab of Sacramento Phone: 869-2796  
 Nature of Business: Medical Test Lab  
 Property Owner: Medical Test - Unilab <sup>DAN</sup> Brown Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
(Street)

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

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   
 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes \_\_\_ 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. #2 Diesel

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 \_\_\_

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

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

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

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: William A. Johnson  
William A. Johnson <sup>(Print)</sup>  
6-27-01 <sup>(Date)</sup>  
William A. Johnson <sup>(Signature)</sup>

BID Use Only: Plan Ck# _____	Permit # <u>0105800</u>
OK to issue prmt? <u>Yes</u> <u>6-27-01</u> init date	F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Hold on Certificate of Occupancy? Yes ___ No <input checked="" type="checkbox"/>	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	