

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

**Permit No: 0003380**  
**Insp Area: 3**

**Site Address: 8510 THYS CT SAC**  
Parcel No: 062-0070-022

**Sub-Type: ACOM**  
**Housing (Y/N): N**

CONTRACTOR  
FMT CONSTRUCTION  
2443 FAIR OAKS BL.  
SAC CA

OWNER  
WILMOR PROPERTIES  
8130 ALPINE AVE  
SAC, CA.

ARCHITECT  
RMW  
1718 3RD ST #101  
SACRAMENTO CA 95814

**Nature of Work: OFFICE REMODEL / NO SPRINKLERS / DEMO EXISTING 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 A38992 Date 4-25-00 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 4-25-00 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 1342387-99 Exp Date 10/01/2000 AK

\_\_\_\_ (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 4-25-00 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

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 8510 THYS CT Permit No. 00-03380

Building Use: OFFICE Occupancy: B

Building Owner: WILMOR PROPERTIES Construction Type: \_\_\_\_\_

Owner Address: 8130 ALPINE AV SAC Sprinkled? [ ] Yes [ X ] No

Portion of Building Occupied: OFFICE Area: \_\_\_\_\_ Sq. Ft.

9/14/00 Willie Harrie DENNIS RICHARDSON  
Date By:Print Sign CHIEF BUILDING OFFICIAL

[ Finaled By:RY,RVL,WJR,SB]

*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 15 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 Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.*

**POST IN A CONSPICUOUS PLACE**

# 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 # 0003380c Insp. Area 3

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 8510 Thys Ct. Sacto Suite \_\_\_\_\_  
 PARCEL # 062-0070-022

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Ed Tevebaugh</u>                  Street Address <u>2443 Fair Oaks Blvd #239</u>                  City/State/Zip <u>SACTO</u>                  Phone <u>916-425-5540</u> FAX <u>922-7747</u>                  E-mail: <u>425-6001</u></p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>B-438992</u></p> <p>Name <u>EMT Construction</u>                  Address <u>2443 Fair Oaks Blvd #239</u>                  City/State/Zip <u>SACTO CA</u>                  Phone <u>425-6001</u> FAX <u>922-7747</u>                  E-mail: <u>E-TEVEBAUGH@MSNL.COM</u></p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>RMW</u>                  Address <u>1718 3rd Street</u>                  City/State/Zip <u>SACTO</u>                  Phone <u>449 1400</u> FAX _____                  E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>Wilmor Properties</u>                  Address <u>8130 Alpine Ave</u>                  City/State/Zip <u>Sacto</u>                  Phone <u>453-1094</u> FAX _____                  E-mail: _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: State Fund  
 → WORKER'S COMPENSATION POLICY # 1342367-92 EXPIRATION DATE: 10-1-00

NATURE OF WORK IN DETAIL: Office remodel / NO SPRINKLERS / Demo  
EXISTING OFFICE. / NONE BEARING WALLS

OCCUPANT/TENANT: \_\_\_\_\_ VALUATION: \$ 55000<sup>00</sup>

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		<input checked="" type="checkbox"/> BLDG	SHELL	APT	TI <u>yes</u>	REM <u>yes</u>	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	SITE		FIRE		
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		Fed Code		Vio. File
						SPR	ALARM	<u>18</u>		[H] [Quad]
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	F	S		D	PW	UTIL

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

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

Date of Request: 4-3-00  
By: \_\_\_\_\_

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 8510 Thys Ct.

Assessor's Parcel Number: 062-0070-022

Previous Use: Sheet Metal Fab.

Description of Request/Proposed Use: Office Warehouse

Plumbing Co.

Is This a Change of Use? \_\_\_\_\_

Zoning Designation: M-2-S

Prior Applications for Project Site(P#, Z#, DRPB#): \_\_\_\_\_

Comments: ~~Max~~

No requests (Less than 259, office)

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 J Bourke 4/3/00

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

MICROFILM AFTER FINAL

**the Phillips Group**  
*A Structural Engineering Firm*  
10304 Placer Lane, Suite B  
Sacramento, CA 95827  
Ph. (916) 361-3871  
Fax (916) 362-5881

May 1, 2000

Mr. Ed Tevebaugh  
EMT Construction  
2443 Fair Oaks Blvd. #239  
Sacramento, CA 95825


Subject Project: Wilmor Plumbing  
Sacramento, CA

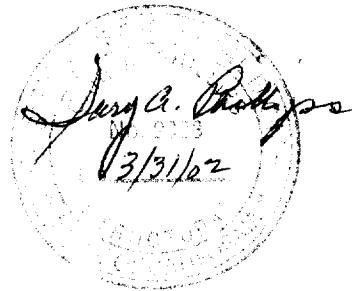
Mr. Ed Tevebaugh:

Regarding the ceiling framing for the subject project, double 600XC20 may be substituted for single 800XC18 metal studs as called out on the plans (else, single 600XC20 may be substituted at half the spacing of the single 800XC18). Also, double 600XC16 may be substituted for double 800XC18 where called out (such as headers and the ceiling framing spanning from grid line "A" to "B" as noted on the ceiling framing plan). Double studs shall be screwed together at the web with No. 12 screws @ 12" oc.

If you have any questions regarding this letter, please call me at the number above at your earliest convenience.

Regards,

  
Jamal Zumot



**the Phillips Group**

*A Structural Engineering Firm*  
10304 Placer Lane, Suite B  
Sacramento, CA 95827  
Ph. (916) 361-3871  
Fax (916) 362-5881

May 3, 2000

Mr. Ed Tevebaugh  
EMT Construction  
2443 Fair Oaks Blvd. #239  
Sacramento, CA 95825

Subject Project: Wilmor Plumbing  
Sacramento, CA

Mr. Ed Tevebaugh:

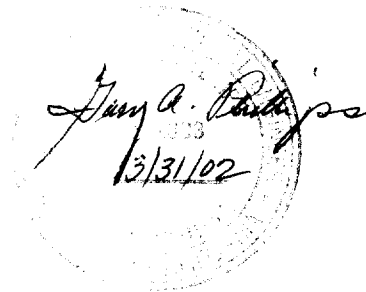
The horizontal triple 2x10 shown on detail K-S2 is shown just under the truss. It is okay if the 2x10's are placed lower on the wall as discussed per our phone conversation today (about 8" below the truss as described).

If you or the inspector have any questions regarding this letter, please call me at the number above at your earliest convenience.

Regards,



Jamal Zumot



**MEMORANDUM**

**SACRAMENTO FIRE DEPARTMENT**

**TO:** BUILDING DEPARTMENT

**DATE:** 7-14-00

**FROM:** Troy Malaspino  
Fire Marshal

**SUBJECT: FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

8510 THYS CT

has been conducted by Inspector S. Bodick

on 7-14-00

00-03380-194  
Permit Number

2000  
Square Footage

Re-insp  
Type of Inspection

The system is acceptable by this department.

R Woodman  
By: Ross L. Woodman,  
Fire Prevention Officer II

TI-622  
F. D. Reference Number