

CITY OF SACRAMENTO

Permit No: 9812136

1231 I Street, Sacramento, CA 95814

Insp Area: 4

**Site Address: 2700 GATEWAY OAKS DR SAC
ACOM**

Sub-Type:

Parcel No: 2250230076 SUITE 200

Housing (Y/N): N

**CONTRACTOR
VALLEY COMERCIAL CONTRACTORS**

OWNER

**ARCHITECT
PACIFIC GAS AND ELECTRIC COMPANY**

3017 DOUGLAS BL #220 SACRAMENTO, CA
ROSEVILLE CA 95661 95826

Nature of Work: INTERIOR REMODEL 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 C License Number 2220 Date 2/199 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 1-21-99 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.

1 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 046-99 UNIT 0004854 Exp Date 01/01/2000

____ (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 1-21-99 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.

CITY OF SACRAMENTO
APPLICATION FOR ██████████ BUILDING PERMIT

9812136

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

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

PLAN CHECK # _____	Insp. Area _____
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Applicant **MUST** complete ALL Unshaded areas this page only

ADDRESS 2700 Gateway Oaks Drive Suite 200
PARCEL # 225-0230-076

<p align="center">CONTACT</p> <p>Name <u>Valley Commercial</u> Address <u>3017 Douglas Blvd #200</u> <u>Roseville</u> Zip <u>95661</u> Phone <u>916-781-8116</u> FAX <u>916-781-8127</u></p>	<p align="center">LICENSED CONTRACTOR Lic No. # <u>739378</u></p> <p>Name <u>Valley Commercial</u> Address <u>3017 Douglas Blvd #200</u> <u>Roseville</u> Zip <u>95661</u> Phone <u>916-781-8116</u> FAX <u>781-8127</u></p>
<p align="center">ARCHITECT/ENGINEER</p> <p>Name <u>DES Architects</u> Address <u>399 Bradford St.</u> <u>Redwood City</u> Zip <u>94063</u> Phone <u>650-364-6453</u> FAX <u>650-364-2618</u></p>	<p align="center">OWNER ██████████</p> <p>Name <u>Light Street Partners</u> Address <u>2700 S Gateway Oaks Dr.</u> <u>Sacramento</u> Zip _____ Phone _____ FAX _____</p>

→ Will the permittee have any employees on the jobsite? Yes No

→ If yes, WORKER'S COMPENSATION POLICY # State Fund EXPIRATION DATE: 11-99 046-97 Unit #0004854

NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: ~~Tenant Improvements~~
191 sq ft INT. OFFICE REMODEL

DBA: _____ VALUATION: 7800.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM(X)	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE		<u>FIRE</u>		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
		<u>1915F</u>		<u>B2</u>	<u>V1</u>	Spr <u>Y</u>	Alarm	<u>15</u>		
<u>NONE</u>	<u>D</u>	<u>NONE</u>	<u>M</u>	<u>P</u>	<u>F</u>	S		<u>D</u>	R	

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

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

**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION**

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
12/9/98	1/1	1/1	1/1	1/1	1/1

PLAN CHECK # 9812136
 ADDRESS: 2700 GATEWAY DR
 Commercial Residential

572
200

ACCEPTED by (Staff):
JACK

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	03	GYL	12/11	03	GYL	1/6	(13)	GYL	1/19
STRUCTURAL	NONE		-						
MECHANICAL/PLUMBING	3	JMT	12/11	13	JMT	1/6			
ELECTRICAL	13	DM	12/1/98						
FIRE	03	DW	11 Dec 98	13	DW	6 Jan 99			
PLANNING									

STAFF COMMENTS: _____
