

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0011514
Insp Area: 1

Site Address: 1651 ALHAMBRA BL SAC
Parcel No: 007-0353-004 SECOND FLOOR

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

CONTRACTOR
CIMORELLI CONSTRUCTION
11333 SUNCO DR #103
RANCHO CORDOVA, CA 95742

OWNER
TSAKOPOULOS ANGELO K
8615 ELDER CREEK RD 200
SACRAMENTO CA 95828

ARCHITECT

Nature of Work: CONNECTING HALLWAY THROUGH AN EXISTING ATTIC SPACE.OFFICE
BLDG

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.

X License Class B License Number 525714 Date 10-17-00 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 10-17-00 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 insurance 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.

X 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 AMERICAN INDEMNITY AND ACCIDENT INSURANCE COMPANY Policy Number 00WCCA152704 Exp Date 07/01/2001

____ (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 10-17-00 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.

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 # <u>0011514</u>	Insp. Area <u>1C</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1651 Alhambra Blvd. Suite 2ND floor
PARCEL # 007.0353.004

<p align="center">CONTACT</p> <p>Name <u>T Surt Hogge</u> Street Address <u>11333 Sunco Dr.</u> City/State/Zip <u>Rancho Cordova, CA 95742</u> Phone <u>635 4440</u> FAX <u>635 7084</u> E-mail:</p>		<p align="center">LICENSED CONTRACTOR Lic No. <u>525 204</u></p> <p>Name <u>Cimorelli Construction</u> Address <u>11333 Sunco Dr. #103</u> City/State/Zip <u>Rancho Cordova, CA 95742</u> Phone <u>635 4440</u> FAX <u>635 7084</u> E-mail:</p>	
<p align="center">ARCHITECT/ENGINEER</p> <p>Name <u>Harrell Architectural Group</u> Address <u>2320 Broadway</u> City/State/Zip <u>Sacramento, CA 95818</u> Phone <u>454 2051</u> FAX E-mail:</p>		<p align="center">OWNER</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail:</p>	

Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: Am Interstate Ins.
WORKER'S COMPENSATION POLICY # 00WCCA 152704 EXPIRATION DATE: 07/01

NATURE OF WORK IN DETAIL: 2nd Floor connecting hallway through
an existing attic space OFFICE BLDG.

OCCUPANT/TENANT: Health State and Human Service Data Center VALUATION: \$ 84,000-00

FLOOD STATUS:			S.C.A.T.							
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM ()	SW	FIRE	ADD	OTH
INSPECTION 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	
						SPR	ALARM		[H]	[Quad]
B	L	P	M	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

**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION**

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK NO. _____
 ADDRESS _____
 Commercial Residential



ACCEPTED by Staff

CATEGORY	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Staff	Staff	Date	Staff	Staff	Date	Staff	Staff	Date
STRUCTURE									
MECHANICAL/PLUMBING	13	ST	9/29/00						
ELECTRICAL	13	SW	9/29						
FIRE	13	JM	10/4/00						
LANDSCAPING									

STAFF COMMENTS:

* Special Inspection is req'd

This is not an express plan check. Please put in cycle. H.D.D. 10-9-00

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT
FROM: Troy Malaspino
Fire Marshal
SUBJECT: FIRE SYSTEM INSPECTION

DATE: 4-9-01

A final inspection of the newly installed fire system at:

1651 ALHAMBRA Blvd

Has been conducted by Inspector

E. Paetz

On

4-5-01

00-11514-C-194 946
Permit Number 199 Square Footage

Remodel - 04 Spr Ext
Type of Inspection

They system is acceptable by this department.

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

00-384
F.D. Reference Number