CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: **0603235**
Insp Area: 1
Thos Bros: 297D4

Site Address: **1009 12TH ST SAC**
Parcel No: 006-0111-002 1ST FLOOR

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

CONTRACTOR
RJM CONSTRUCTION
2821 KINO ST
SAC CA 95821

OWNER
CORUM FAMILY PARTNERSHIP
1005 12TH STREET #6
SACRAMENTO, CA 95814

ARCHITECT
PETER DANNENFELSER
1111 J ST
SACRAMENTO, CA 95814

Nature of Work: RETAIL REMODEL TO 1,186 SF TO 1ST FLR FOR NEW TENANT: CAPITAL OPTOMETRIC

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'sAddress_____

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 663426 Date 5/2/2006 Contractor 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.

PAID
CITY OF SACRAMENTO
MAY 02 2006

X Date 5/2/2006 Applicant/Agent 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.

NEW CITY HALL

__V__ 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 1829218 Exp Date 06/01/2006

_____ (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.

X Date 5/2/2006 Applicant 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 Department – Building Division

New City Hall
915 I St., Floor 300
Sacramento, CA 95814
Fax: 916-808-1901

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834
Fax: 916-808-8370

ACTIVITY #	Insp. Area
0603235	1

*Applicant MUST complete **ALL Unshaded areas***

ADDRESS 1009 12TH STREET SACRAMENTO **Suite** —

PARCEL # 006-0111-002-000

CONTACT
Name PETER DANNENFELSER, AIA
Street Address 1111 J STREET
City/State/Zip SACRAMENTO 95814
Phone 442-1144 FAX 442-1121
E-mail: peterd@aia@sbcglobal.net

ARCHITECT/ENGINEER
Name SAME AS ABOVE
Address
City/State/Zip
Phone FAX
E-mail:

LICENSED CONTRACTOR Lic No. # 663426
Name RJM CONSTRUCTION - RICHARD
Address 2821 KING ST.
City/State/Zip SACRAMENTO 95821
Phone 487-4491 FAX 487-4490
E-mail: rjmconst@winfirst.com

OWNER
Name BUTCH CORUM
Address 1005 12TH ST #6
City/State/Zip SACRAMENTO 95814
Phone 441-1111 FAX 441-2508
E-mail: butch@corumrealestate.net

→ Will permittee have any employees on the jobsite? ☐ No ☒ Yes → **INSURANCE CO:** STATE FUND

→ **WORKER'S COMPENSATION POLICY #** ON-FILE **EXPIRATION DATE:**

NATURE OF WORK IN DETAIL: ACCESSIBILITY UPGRADES TO RESTROOM, NEW T-BAR CEILING & LIGHTS, NEW INTERIOR PARTITIONS, NEW INTERIOR FINISHES, RE-DISTRIBUTE EXISTING HVAC, INTERIOR WORK ONLY 1186 SF

OCCUPANT/TENANT: CAPITAL OPTOMETRIC **VALUATION: $** 63,540 ⁰⁰

FLOOD STATUS **S.C.A.T.**

JOB DESCRIPTION BLDG ☐ SHELL ☐ APT ☐ TI( ) ☐ REM( ) ☐ SW ☐ FIRE ☐ ADD ☐ OTHER ☐

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			
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? ☐ Yes ☒ No

CONDITIONS AND/OR COMMENTS:			
DATE: 3-10-2006		BY:	

Microfilm

FINAL AIR BALANCE COMPANY, INC.

Date: 6-30-06

Sheet no: 1

AIR DISTRIBUTION TEST SHEET

JOB NAME: Capitol Optometric Center - 1009 12th St.

SYSTEM: HP-1 (Supply, Return, OSA)

Room No.	Terminal No.	Terminal Type	Terminal Size	Effective Area	Design FPM	Design CFM	Preliminary Test 1	Preliminary Test 2	Final FPM	Final CFM	Notes
Exam	1	CR	24x24	FH	FH	250	317		FH	227	
Corr.	2	↓	↓	↓	↓	↓	233		↓	243	
Pretest	3					55	33			55	
Sales	4					245	222			243	
Sales	5					↓	181			258	
Office	6	↓	↓	↓	↓	55	100		↓	60	
						(100)				(1086)	
Break	R-1	CG		FH	FH	(935)	817		FH	906	
Break	OSA	Duct	8"	0.35	471	(165)	269		514	180	

FH = Direct read with flow hood

Remarks: