

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 9910638  
Insp Area: 1

Site Address: 555 CAPITOL ML SAC  
Parcel No: 006-0145-025

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

**CONTRACTOR**  
ENGINEERED MONITORING SYSTEMS, INC.  
1261 FOLSOM BL  
SUITE A 95742

**OWNER**  
555 CAPITOL ML  
SACRAMENTO CA 95814

**ARCHITECT**  
DOWNTOWN PLAZA TOWERS ASSOCIATES

**Nature of Work:** RENOVATE FIRE ALARM SYSTEM

**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 210 License Number 460623 Date 10-27-99 Contractor Signature Dale W. Hall

**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 10-27-99 Applicant/Agent Signature Dale W. Hall

**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 LEGION INSURANCE Policy Number WC10044563 Exp Date 04/10/2000

(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 10-27-99 Applicant Signature Dale W. Hall

**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  
APPLICATION FOR COMMERCIAL BUILDING PERMIT**

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

1131 J Street, Rm. 200  
Sacramento, CA 95814 Phone 916/264-7619 FAX 264-7046

PLAN CHECK # 9910638 Insp. Area 1

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 555 Capital Mall Sacramento Suite \_\_\_\_\_  
PARCEL # 006-0145-025-0000

<b>CONTACT</b>		<b>LICENSED CONTRACTOR</b> Lic No. # <u>460623</u>	
Name <u>Jaime Blake</u> EMS	Name <u>ENGINEERED MONITORING SYSTEMS, INC.</u>		
Address <u>12161 Folsom Blvd., Suite A</u>	Address <u>12161 Folsom Blvd., Suite A</u>		
<u>Rancho Cordova, CA</u> Zip <u>95742</u>	<u>Rancho Cordova, CA</u> Zip <u>95742</u>		
Phone <u>916/638-0700</u> FAX <u>916/355-1699</u>	Phone <u>916/638-0700</u> FAX <u>916/355-1699</u>		
<b>ARCHITECT/ENGINEER</b>		<b>OWNER</b>	
Name _____	Name <u>PLAZA TOWER</u>		
Address _____	Address <u>555 Capitol Mall</u>		
Zip _____	<u>Sacramento</u> Zip <u>95816</u>		
Phone _____ FAX _____	Phone <u>444-2000</u> FAX <u>444-8016</u>		

→ Will the permittee have any employees on the jobsite?  Yes  No  
 → If yes, WORKER'S COMPENSATION POLICY # WC10044563 EXPIRATION DATE: 4/10/00

NAME OF INSURANCE COMPANY: LEGION INSURANCE COMPANY

NATURE OF WORK IN DETAIL: Fire alarm system renovation.

DBA: \_\_\_\_\_ VALUATION: \$ 302,995.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHEL	APT	TI( )	REM( )	SW	<u>FIRE</u>	ADD	OTH
INSP. DISCIPLINES			BLDG	MECH	PLUMB	<u>ELEC</u>	SITE	<u>FIRE</u>		
# Stories	1st flr Area.	Total Area	Use Zone	Occup Group	Const type	Fire Req. Y/N	Fed Code	Vio. File		
<u>15</u>				<u>E</u>	<u>F</u>	Spr. <u>Alarm</u>	<u>15</u>			
B	L	P	M	<u>E</u>	<u>F</u>	S	D	PW	UTIL	

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

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No



# ENGINEERED MONITORING SYSTEMS, INC.

12161 Folsom Blvd., Suite "A" - P.O. Box 1868

Rancho Cordova, CA 95741-1868

916/638-0700 800/600-7834

Fax 916/355-1699

••• C-10, C-7, C-16 #460623

August 23, 1999

CITY OF SACRAMENTO FIRE PROTECTION

1231 "I" Street

Sacramento, CA 95814

ATTN: GREG PACK

RE: PLAZA TOWERS - 555 CAPITOL MALL

Dear Greg,

Recently EMS was successful in acquiring a project at 555 Capitol Mall, Plaza Towers, to retrofit the existing Fire Alarm Life Safety System. During our negotiations with Patricia Sillix, R.P.A. Asset Manager at the Plaza Towers, EMS invited Greg Pack to attend. At this meeting it was agreed that the total conversion to a new system meeting current codes could not exceed two (2) years, and all existing wire would be re-used for the conversion (where adequate) and any additional devices required to meet current code could be added using Plenum rated fire alarm wire.

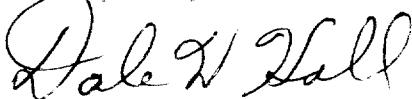
Plans submitted to Sacramento City Fire Department for approval may be modified to reflect any existing conditions found during conversion process and will be reflected on AS-BUILT drawings.

I would like to confirm this with the City Building Department and Fire Department prior to submitting our shop drawings for approval and permit application.

For any questions you may have please contact Greg Pack or EMS regarding confirming of the retrofit as explained above. I can be reached at 638-0700.

Greg, would you please forward this letter to the correct department for their review.

Thank you very much.



DALE W. HALL  
Project Manager

DWH:ps