

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0401440

Insp Area: 4

Thos Bros:

Sub-Type: REP

N

Site Address: 2755 RIVER PLAZA DR SAC

Parcel No: APT # 222, 226b

Housing (Y/N):

CONTRACTOR

OWNER

SFC RIVERVIEW RANCH INVESTORS ET AL
800 AIRPORT BLVD STE 502
BURLINGAME CA 94010

ARCHITECT

Nature of Work: REPAIR/REPLACE (MATCH EXISTING) FAILING STAIRS

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 _____

License Number _____

Date _____

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.)

JCM, 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 _____

2/4/04

Owner Signature _____

J. C. Mooney

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 _____

2/4/04

Applicant/Agent Signature _____

J. C. Mooney

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.

JCM, 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 _____

Policy Number _____

Exp Date _____

(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 _____

2/4/04

Applicant Signature _____

J. C. Mooney

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

PLANNING & BUILDING DEPARTMENT

1231 I Street, Suite 200 or 2101 Arena Bl., 200

Sacramento, CA 95814

Sacramento, CA 95834

(916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY #

Insp. Area

Applicant to complete all areas down to valuation

ADDRESS 2755 River Plaza Dr., Sacramento, CA 95833Suite 222, 226b

PARCEL # _____

| | | | |
|---|--|---|--|
| CONTACT | | LICENSED CONTRACTOR Lic No. # _____ | |
| Name <u>Greg DeFehr</u> | | Name _____ | |
| Street Address <u>1175 Lake Blvd.</u> | | Address _____ | |
| City/State/Zip <u>Davis, CA 95616</u> | | City/State/Zip _____ | |
| Phone <u>(530) 400-0842</u> FAX <u>(530) 756-5689</u> | | Phone _____ FAX _____ | |
| E-mail: _____ | | E-mail: _____ | |
| ARCHITECT/ENGINEER | | OWNER | |
| Name _____ | | Name <u>Stonesfair Management</u> | |
| Address _____ | | Address <u>800 Airport Blvd. Suite 502</u> | |
| City/State/Zip _____ | | City/State/Zip <u>Burlingame, CA 94010</u> | |
| Phone _____ FAX _____ | | Phone <u>(650) 401-3810</u> FAX <u>(650) 342-2836</u> | |
| E-mail: _____ | | E-mail: _____ | |

→ Will permittee have any employees on the jobsite? ☐ No ☒ Yes → INSURANCE CO: State Fund→ WORKER'S COMPENSATION POLICY # 1619331-02

EXPIRATION DATE: February 1, 2004

NATURE OF WORK IN DETAIL: Repair or replace failing stairs. free stairs
See attached detail.OCCUPANT/TENANT: _____ VALUATION: \$ 11,000.00

| | | | | | | | | | |
|------------------------|---------------------------|------------|----------|------------|------------|--|-------|----------|-----------|
| FLOOD STATUS | | | | | | S.C.A.T. | | | |
| JOB DESCRIPTION | | | | | | BLDG <input type="checkbox"/> SHELL <input type="checkbox"/> APT <input type="checkbox"/> TI <input type="checkbox"/> REM <input type="checkbox"/> SW <input type="checkbox"/> FIRE <input type="checkbox"/> ADD <input type="checkbox"/> OTHER <input type="checkbox"/> | | | |
| INSPECTION DISCIPLINES | | | | | | BLDG <input type="checkbox"/> MECH <input type="checkbox"/> PLUMB <input type="checkbox"/> ELEC <input type="checkbox"/> SITE <input type="checkbox"/> FIRE <input type="checkbox"/> | | | |
| # Stories | 1 st 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 ☐ NoHEALTH DEPARTMENT? ☐ Yes ☐ No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?

☐ Yes ☐ No

STONESFAIR MANAGEMENT, LLC

February 12, 2003

Sacramento City Building Permit Department
City and County of Sacramento

Dear Sir or Madam:

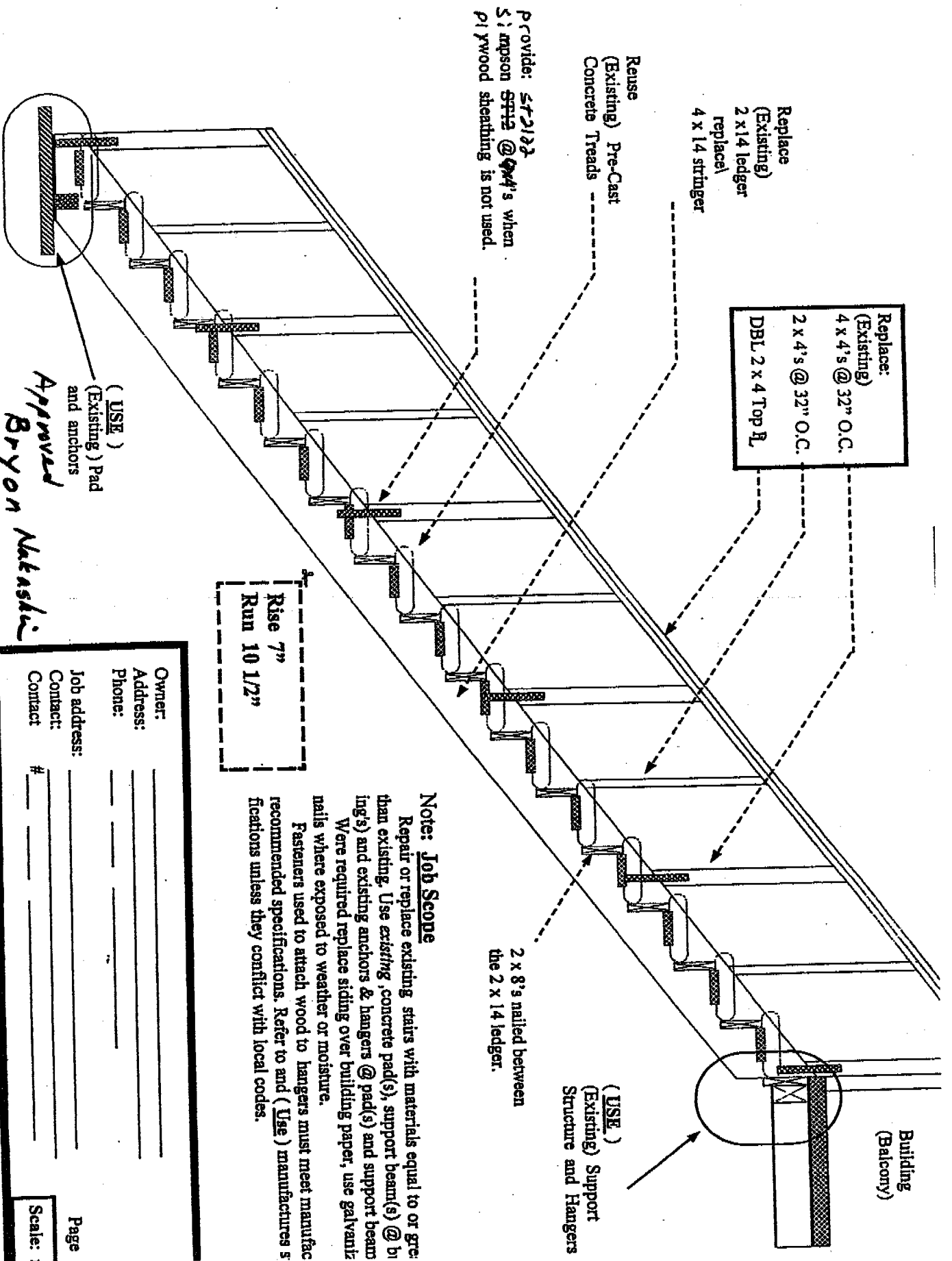
This letter serves as confirmation that the following employee, Greg DeFehr is employed with our Company. Greg DeFehr is our designated Project Manager responsible for bids, contracts, capital improvements and deferred maintenance to all of our Sacramento properties. Mr. DeFehr has full authorization in requesting for permits within the Stonesfair Management portfolio. Please do not hesitate to call if you need further information.

Sincerely,



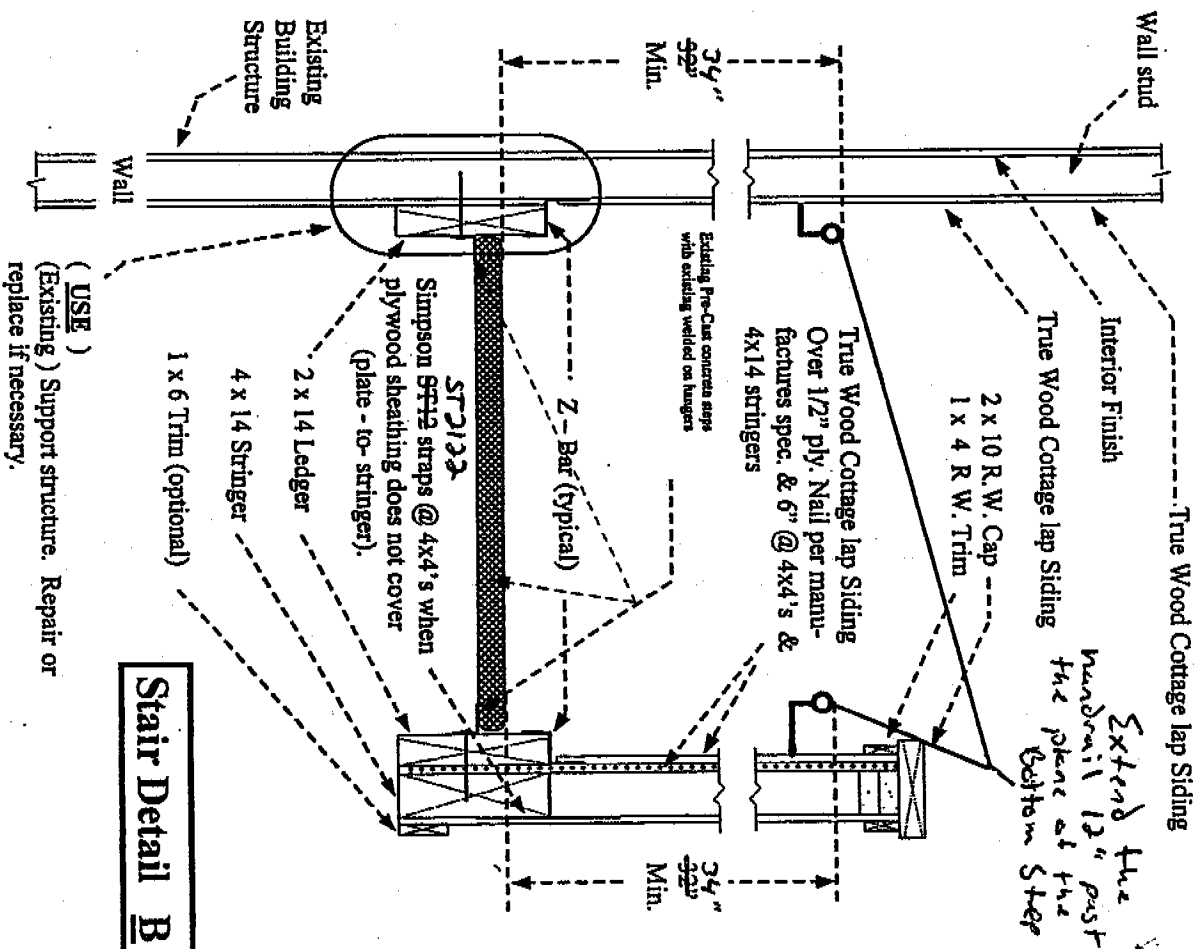
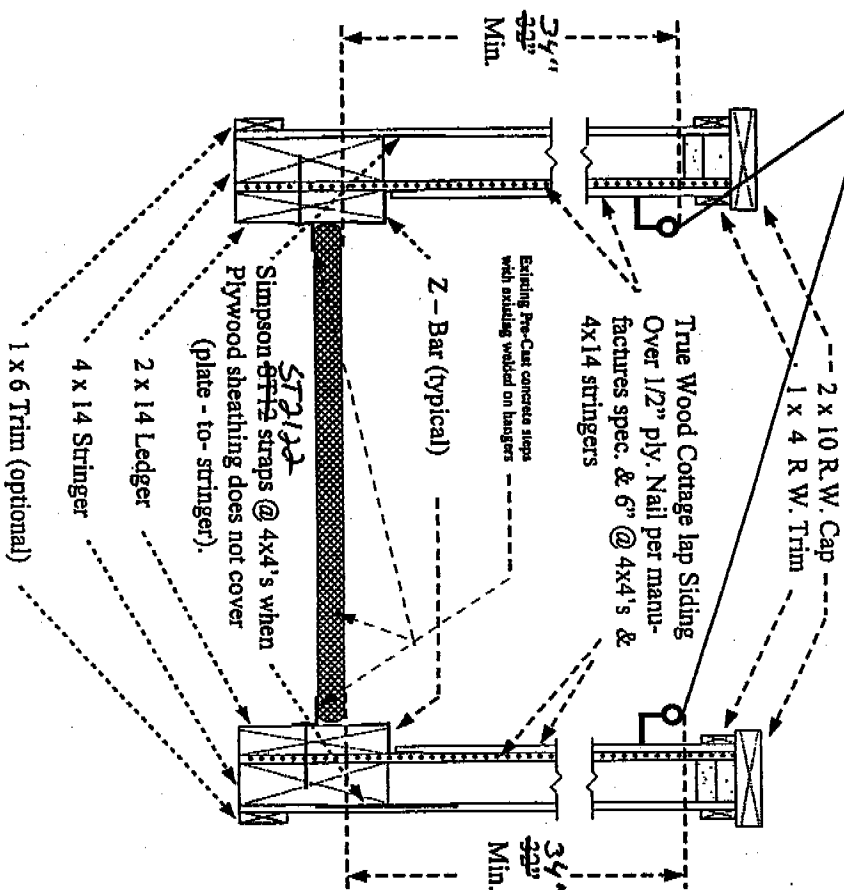
Maryann Fair
Vice President

800 Airport Boulevard, Suite 502, Burlingame, California 94010 (650) 401-3810 FAX (650) 342-2836



| | |
|--------------|-------|
| Owner: | _____ |
| Address: | _____ |
| Phone: | _____ |
| Job address: | _____ |
| Contact: | _____ |
| Contact # | _____ |
| Page | _____ |
| Scale: 1 | _____ |

Extend the post fastener
12" past the
plane of the
New Deck



Stair Detail A

Stair Detail B

Owner: _____
Address: _____
Phone: _____
Job address: _____
Contact: _____
Contact # _____