

**CITY OF SACRAMENTO**

**1231 I Street, Sacramento, CA 95814**

**Permit No: 0416189**

**Insp Area: 1**

**Thos Bros: 297F4**

**Site Address: 2805 J ST SAC**

**Sub-Type: REM**

**Parcel No: 007-0044-023**

**CALIFORNIA SUTTER BUILDING**

**Housing (Y/N):**

**N**

**CONTRACTOR**

ANDREWS CONST INC  
4100 WAYSIDE LN STE 110  
CARMICHAEL, CA 95608

**OWNER**

SIMMS F B  
971 CORONADO BL  
SACRAMENTO, CA 95825

**ARCHITECT**

**Nature of Work: INTERIOR REMODEL FOR ORTHODONTIC 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 None 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 B License Number 629163 Date 11/29/04 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 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 am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_

Date \_\_\_\_\_ Owner Signature \_\_\_\_\_

**PAID**  
**CITY OF SACRAMENTO PERMITS**  
**NOV 29 2004**  
**NORTHERN JEFF**  
**CENTER**

**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 11/29/04 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.

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 046010008302 Exp Date 01/01/2005

(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 11/29/04 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.**

CITY OF SACRAMENTO

30 DAY TEMPORARY  
Certificate of Occupancy  
For Information Contact (916) 808-5716

Building Address: 2805 J ST Permit No.: 0416189  
Building Use: OFFICE DBA: DR. JACK OATES Occupancy: B  
Building Owner: SIMMS F B Construction Type: \_\_\_\_\_  
Owner Address: SACRAMENTO, CA Sprinkled?  Yes  No  
Portion of Building Occupied: OFFICE REMODEL Area: \_\_\_\_\_ Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

5/24/05 Carolyn Cooper RON BEEHLER  
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[TCO approvals: CED, MSK, THK, AW]

**CBC 109.4 TEMPORARY CERTIFICATE**

*If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.*

**POST IN A CONSPICUOUS PLACE**



CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 808-5716

Building Address: 2805 J ST Permit No.: 0416189  
Building Use: OFFICE DBA: DR. JACK OATES Occupancy: B  
Building Owner: SIMMS F B Construction Type: \_\_\_\_\_  
Owner Address: SACRAMENTO, CA Sprinkled?  Yes  No  
Portion of Building Occupied: INTERIOR REMODEL Area: \_\_\_\_\_ Sq. Ft.  
5/31/05 *Carolyn Cooper* RON BEEHLER  
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[ Finaled By: JZ,MSK,THK,AW]

*This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.*

**POST IN A CONSPICUOUS PLACE**

**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 #** 0416189 **Insp. Area**

*Applicant to complete all areas down to valuation*

**ADDRESS** 2805 J STREET Suite 220  
**PARCEL #** 007-0044-023

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|---|--|
| <p align="center"><b>CONTACT</b></p> <p>Name <u>TODD ANDREWS</u><br/>                 Street Address <u>4100 WAYSIDE LN #110</u><br/>                 City/State/Zip <u>CARMICHAEL CA 95608</u><br/>                 Phone <u>916-743-5151</u> FAX <u>916-483-6500</u><br/>                 E-mail: <u>tandrews@andrewsconstructioninc.com</u></p> <p align="center"><b>ARCHITECT/ENGINEER</b></p> <p>Name _____<br/>                 Address _____<br/>                 City/State/Zip <u>SAME</u><br/>                 Phone _____ FAX _____<br/>                 E-mail: _____</p> | <p align="center"><b>LICENSED CONTRACTOR</b> Lic No. # <u>629163</u></p> <p>Name _____<br/>                 Address <u>SAME</u><br/>                 City/State/Zip _____<br/>                 Phone _____ FAX _____<br/>                 E-mail: _____</p> <p align="center"><b>OWNER</b></p> <p>Name <u>JACK CATES</u><br/>                 Address <u>2801 CAPITAL AVE #202</u><br/>                 City/State/Zip <u>SAC CA 95816</u><br/>                 Phone <u>456-7844</u> FAX _____<br/>                 E-mail: _____</p> |
|---|--|

→ Will permittee have any employees on the jobsite?  No  Yes → **INSURANCE CO:** STATE FUND  
 → **WORKER'S COMPENSATION POLICY #** 046-0008302 **EXPIRATION DATE:** 1/1/05

**NATURE OF WORK IN DETAIL:** REMODEL EXISTING MOD SPACE TO ORTHODONTIC OFFICE

**OCCUPANT/TENANT:** JACK CATES **VALUATION: \$** 105,000

|                        |                          |            |          |            |   |               |       |          |                       |
|------------------------|--------------------------|------------|----------|------------|---|---------------|-------|----------|-----------------------|
| <b>FLOOD STATUS</b>    |                          |            |          |            | <b>S.C.A.T.</b>   |               |       |          |                       |
| JOB DESCRIPTION        |                          |            |          |            | <input type="checkbox"/> 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 MECH PLUMB ELEC SITE FIRE  |               |       |          |                       |
| # Stories              | 1 <sup>st</sup> flr Area | Total Area | Use Zone | Occp Group | Const type  | Fire Req. Y/N |       | Fed Code | Vio. File             |
|                        |                          |            |          |            |   | SPR           | ALARM |          |                       |
| <u>B</u>               | <u>L</u>                 | <u>P</u>   | <u>M</u> | <u>E</u>   | <u>F</u>  | <u>S</u>      |       | <u>D</u> | <u>PW</u> <u>UTIL</u> |

**COMMENTS:**

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**REGIONAL SANITATION FEES?**  Yes  No **HEALTH DEPARTMENT?**  Yes  No  
**WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?**  Yes  No

City of Sacramento Planning Division  
**PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL**

|   |  |
|---|--|
| ADDRESS: 2825 J Street  | APN: 007-0044-023  |
| DRPB AREA / PUD / SPD: Central City / Alhambra Corridor SPD   | ZONING: C-2-SPD  |
| EXISTING LAND USE: Multi-tenant commercial building   |  |
| PROPOSED USE: Suite 220 -- former dentist office remodel into orthodontist tenant space 1703' suite   |  |
| PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:   |  |
| <input type="checkbox"/>  | Planning review is NOT required.   |
| <input type="checkbox"/>  | Use is NOT allowed; applicant CANNOT submit for plan check.  |
| <input type="checkbox"/>  | Requires APPLICATION(s):    PC            ZA            IR            ER            DR            PB   |
| <input type="checkbox"/>  | <b>Application(s) IN PROGRESS:</b><br>Applicant may submit for concurrent building permit plan check, at applicant's risk.<br>Building Division must check with Planning staff and/or SITE before issuing building permit. |
| <input type="checkbox"/>  | <b>Application(s) COMPLETED:</b><br>Building permit must conform to approved plans and comply with all conditions of approval.<br>Do NOT issue building permit prior to end of 10 day appeal period.                       |
| <input checked="" type="checkbox"/>   | <b>Plans may be submitted for plan check.</b> Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.            |
| <input type="checkbox"/>  | Meets setback & lot coverage requirements as shown on site plan provided.  |
| <input type="checkbox"/>  | Plans to be submitted have been stamped/signed by Planning counter staff.  |
| <input type="checkbox"/>  | Route to SITE for plan check and inspection.   |
| <input type="checkbox"/>  | Preliminary review ONLY; the information on this form <b>must be reviewed again and confirmed</b> at the time of building permit submittal.  |
| COMMENTS: No additional square footage added to office suite. Same use of medical office -- no additional parking needed. No external changes to the building. All interior work. |  |
| DATE: 9-28-04   | BY: Sally Shore  |