

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0113566

Insp Area: 1

Thos Bros: 298 C4

Site Address: 2228 FAIR OAKS BL SAC

Parcel No: 295-0381-003

27 UNIVERSITY AVE

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

TOM D STEADMAN
6442 DORINDA WY
CARMICHAEL CA 95608

OWNER

COMMONWEALTH EQUITY TRUST
705
SACRAMENTO CA 95825

ARCHITECT

Nature of Work: INTERIOR WALLS AND CEILING MODIFY ELECT., HVAC, AND PLUMBING NEW HANDICAP RESTROOM.

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 BMIC License Number 438450 X Date 12-5-01 X 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.

X Date 12-5-01 X 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.

X [Signature] 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 713-01 UNIT 0001425

Exp Date 10/01/2002

____ (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 12-5-01 X 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>0113566</u>	Insp. Area <u>1C</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2228 FAIR OAKS BLVD. SAC. 95825 Suite _____
 PARCEL # 295 0381 003

<p style="text-align: center;">CONTACT</p> <p>Name <u>TAM D. STEADMAN</u> Street Address <u>6442 DORINDA WAY</u> City/State/Zip <u>CARMICHAEL CA 95608</u> Phone <u>916 761 4885</u> FAX <u>916 962 1979</u> E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>B 438 450</u></p> <p>Name <u>TAM D. STEADMAN Const. Co.</u> Address <u>6442 DORINDA WAY</u> City/State/Zip <u>CARMICHAEL CA. 95608</u> Phone <u>916 761 4885</u> FAX <u>(916) 962 1979</u> E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>ROBERT VANNEY</u> Address <u>360 N. ROBERT ST. #201</u> City/State/Zip <u>ST. PAUL MN. 55101</u> Phone <u>651 222 4942</u> FAX <u>(651) 222 3034</u> E-mail: _____</p>	<p style="text-align: center;">OWNER Rick MARTINEZ</p> <p>Name <u>C.B. RICHARD ELLIS Inc.</u> Address <u>555 CAPITOL MALL # 100</u> City/State/Zip <u>SAC. CA. 95814</u> Phone <u>916 446-6800</u> FAX <u>916 446 8750</u> E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: STATE FUND
 → WORKER'S COMPENSATION POLICY # 713-0001425 EXPIRATION DATE: 10-01-2002

NATURE OF WORK IN DETAIL: INTERIOR WALLS & CEILING MODIFY ELEC-HVAC
(NEW RTU) PLUMBING (NEW H.C. TOILET)

OCCUPANT/TENANT: ATT WIRELESS VALUATION: \$ 82,000

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	18	[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

AND ZONING REVIEW

filled out by Planning staff

203 ZONING: SC-PUD

AREA: Campus Commons

PREVIOUS FILES RELATED TO SITE: N/A

EXISTING LAND USE: exist. retail space in exist. shopping center

PROPOSED USE: interior TI for new retail tenant w/new exterior door

COMMENTS:

DATE: BY:

DOES IT APPEAR THAT THE PROJECT WILL REQUIRE A PLANNING APPLICATION?

YES

NO

(If yes, circle applications needed below)

.....Staff.....ZA.....Planning Commission.....Design Review.....Preservation Review.....

CONCLUSION: over-the-counter Design Review approval of new exterior door; must match existing store-front doors as used through-out shopping center

DATE: 10/10/01 BY: PHIL REED

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