

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9904589

Insp Area: 1

Site Address: 1800 I ST SAC

Parcel No: 007-0012-018

Sub-Type: ACOM

Housing (Y/N): N

CONTRACTOR

KIMMEL CONSTRUCTION, INC.
1815 STOCKTON BL.
SACRAMENTO CA 95816

OWNER

RADIOLOGICAL ASSOCIATES OF SACTO
1800 I ST
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: INTERIOR AND EXTERIOR REMODEL FROM OFFICE TO SCHOOL

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 246655 Date 8/6/99 Contractor Signature Nancy Ruch

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 8/6/99 Applicant/Agent Signature Nancy Ruch

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 EXPLORER INSURANCE

Policy Number WSA1641571

Exp Date 11/01/1999

(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 8/6/99 Applicant Signature Nancy Ruch

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

1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 9904589 Insp. Area 1C

☒ Applicant MUST complete ALL Unshaded areas

ADDRESS 1800 I ST Suite -

PARCEL # 007-0012-018

CONTACT		LICENSED CONTRACTOR Lic No. #	
Name <u>JOE VEE / ALAN OSHIMA</u>		Name <u>TBA Kimmel Construction</u>	
Address <u>SAME AS BELOW</u>		Address <u>1815 Stockton Bl. Sac</u>	
Phone _____ FAX _____		Phone <u>452-6691</u> FAX _____	
E-mail _____		E-mail _____	
ARCHITECT/ENGINEER		OWNER	
Name <u>OSHIMA & VEE, ARCHITECTS</u>		Name <u>UNIVERSITY of CALIF. OUTLET</u>	
Address <u>1731 J ST, 95814</u>		Address _____	
Phone <u>443 5911</u> FAX <u>443 2965</u>		Phone _____ FAX _____	
E-mail <u>OVARCH @ AOL.COM</u>		E-mail _____	

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

→ WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: 12,000 SF TENANT IMPROVEMENT
NEW WINDOWS, EXTERIOR FINISHES
office to school adult.

OCCUPANT/TENANT: OFFICE / To School VALUATION: \$ 400,000

FLOOD STATUS: _____				S.C.A.T. _____						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(<input checked="" type="checkbox"/>)	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	
		<u>12000</u>		<u>B</u>	<u>UN</u>	<u>(N)</u>		<u>15</u>	<u>No</u>	
						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>	PW	UTIL	

COMMENTS: NOTE: CHANGING FROM OFFICE TO REMAIN
CONST: TYPE IV R, PARKING PARTIALLY BELOW GRADE
FIRE SPRINKLERS - NONE; FIRE ALARM - COMPLETE SYSTEM INCLUDING
DOOR SMOKE DETECTORS.

REGIONAL SANITATION FEES? ☐ Yes ☒ No HEALTH DEPARTMENT? ☐ Yes ☒ No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? ☐ Provided ☐ Faxed



ISSUED

Insp. Area 1C

AUTHORIZATION TO START WORK

CITY OF SACRAMENTO, BUILDING INSPECTIONS DIVISION
1231 I ST., ROOM 200, SACRAMENTO, CA 95814

3 DIV

Company: KIMMEL CONST

Address: 1815 Stockton Blvd.

Job Phone: _____ Office Ph. 432-6694

PC # 9904589

BID App. B.L.

Fee 350.00

SUBJECT: Project Address: 1800 F Street

Suite # _____

I request permission to start the following work: NT. Demo, Rough Rough
Rough Electrical, + Plumbing, ALSO OK TO CUT
WINDOW OPENINGS IN EXTERIOR WALL.

I realize that all work will be at the owner's and contractor's risk without assurance that the permit for the project will be granted. Any code conflicts will be corrected. I agree not to cover or conceal any work or portion thereof. I realize that inspections will not be made on this project until a building permit is issued. All changes required to conform to the approved plans will be completed without dispute. Work affecting the structural integrity of the existing building is not permitted.

I will expedite necessary revisions, corrections and clarifications as required to obtain the building permit.

If it should be determined subsequently by the City that changes in the design of the building are necessary after commencement of the work authorized, I assume full responsibility and all risk of loss which may result by reason of such changes. I agree that the building shall conform to the approved final plans as amended, without regard to the stage of completion.

This authorization is valid for 30 days while the plans are being processed for permit. These state required declarations must be properly executed before this authorization is valid. This authorization is valid when initialed by authorized Building Department personnel and stamped approved. Keep posted on job site at all times.

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 the Business and Professions Code and my license is in full force and effect.

Lic. Class: B1 Lic. Number: 246255 COMPANY NAME: KIMMEL CONST.
Roy Kork SIGNATURE: _____ DATE: 7-6-89

COPIES

1 SUPERVISOR 1 CUSTOMER 1 BUREAU

PLEASE COMPLETE BACK OF THIS FORM

City of Sacramento Development Services Division
Planning and Zoning Information Request

Project Address: 1900 I ST

Assessor's Parcel Number: 007-0012-018

PREVIOUS USE OFFICE

Current Land Use: OFFICE

Description of Request/Proposed Use: OFFICE / NEW TENANT

IS THIS A CHANGE OF USE? NO

Zoning Designation: _____

Prior Applications for Project Site(P#,Z#,DRPB#): _____

Comments: _____

Are There Any Planning Issues?: (Circle One) YES NO

* STAFF Site Plan Check Required? (Circle One) YES NO

* FIELD INSPECTION REQUIRED (CIRCLE ONE) YES NO

* Design Review/ Preservation Required?: (Circle One) YES NO

Planning Review by/Date: _____

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICRO

9904589

REVISION ON ACTIVE PERMIT

NEW PLAN CHECK NO:

OLD PC #

DATE:

27 Aug 99

- This sheet is to be used only when a permit has been issued, is still active, and the applicant wishes to make changes to the existing approved plans.

- All revisions clouded?

Yes

X

No

JOB ADDRESS

1800 F street

SUITE:

PERMIT NO.

9904589

AREA:

DBA:

DESCRIPTION OF REVISIONS

MECHANICAL

DISCIPLINE	B	L	P	M	E	F	S	R	D
CHECKED BY									
ROUTE TO									
CODE									
HOURS SPENT									

CONTACT:

OSHIMA & AEE ARCHITECTS (JOE PA AEE)

ADDRESS:

1731 - J ST. SUITE 200

SAETO 95814

PHONE:

408-5911

OF PLANS SUBMITTED:

2

SUBMITTED TO:

I understand that I am responsible for all plan check fees that I incur during the course of this additional plan check and that any approved plans not claimed and paid for within 3 months of notification will be disposed of and an invoice procedure for the amount due will be initiated. I further understand that an unclaimed revision may result in delay of final approval for the subject project.

Applicant Signature

Date

DATE NOTIFIED	PLAN BIN

APPLIC. FEE	PD.

AGENCY	TOT. HRS.	TOTAL FEES
BID		
PW		
PLEASE PAY THIS AMOUNT		