

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0005967

Insp Area: 4

Site Address: 2535 CAPITOL OAKS DR SAC

Parcel No: 274-0042-030

STE.#140

Sub-Type: ACOM

Housing (Y/N): N

CONTRACTOR

HOWARD S WRIGHT CONST. CO.
1050 FULTON AV SUITE 215
SACRAMENTO CA 95825

OWNER

FIRST INTERSTATE BANK OF CALIFORNIA
3841 NORTH FREEWAY #160
SACRAMENTO CA 95834

ARCHITECT

Nature of Work: INT. RMDL OFFICE SPACE

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 _____

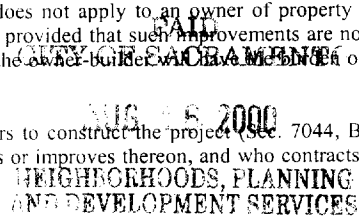
LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

X License Class _____ License Number _____ Date 8-16-2000 Contractor Signature *Alan D. Lewis*

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 3 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 shall 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 above mentioned property for inspection purposes.

X Date 8-16-2000 Applicant/Agent Signature *Alan D. Lewis*

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 LIBERTY MUTUAL INS. Policy Number WC2661004131018 Exp Date 09/03/2000

____ (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.

X Date 8-16-2000 Applicant Signature *Alan D. Lewis*

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>0005967 C</u>	Insp. Area <u>4</u>
--------------------------------	------------------------

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2735 CAPITAL OAKS DRIVE Suite 140
 PARCEL # 274.0042.030.0000 / 274.0042.029.0000 *Ultima call:*

CONTACT Name _____ Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	LICENSED CONTRACTOR Lic No. # _____ Name <u>TBD</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
ARCHITECT/ENGINEER Name <u>DIANE TEUT</u> Address <u>814 29th Street</u> City/State/Zip <u>SAC, CA 95816</u> Phone <u>916 444 3055</u> FAX <u>916 444 9762</u> E-mail: <u>dteut@ns.net</u>	OWNER Name <u>Trans Western Commercial Services</u> Address <u>1860 HOWE AVE #210</u> City/State/Zip <u>SAC, CA 95825</u> Phone <u>916 648 9169</u> FAX _____ 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: Tenant improvement of existing commercial office space. 4907 sq. ft.
Relocating lighting Demo walls

OCCUPANT/TENANT: m power Communications Corp. VALUATION: \$ 49070.00

FLOOD STATUS: <u>N/A</u>		S.C.A.T.						
JOB DESCRIPTION: <u>BLDG</u>		SHELL	APT	TI()	REM(<input checked="" type="checkbox"/>)	NEW	<u>ADDED</u>	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	PLUMB	<u>ELEC</u>	SITE	<u>FIRE</u>	
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y</u>	Fed Code	Vio. File
		<u>4907</u>		<u>B</u>	<u>TYPE II</u>	<u>ALARM</u>	<u>15</u>	[H] [Quad]
<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: _____

*Mute always
Circle Fire*

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