

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0516132

Insp Area: 4

Thos Bros: 256J7

Site Address: 2920 ADVANTAGE WY SAC

Parcel No: 225-1960-024

Sub-Type: NGRDNG

Housing (Y/N): N

**CONTRACTOR**STONEGATE CONST INC  
2510 DOUGLAS BLVD #500  
ROSEVILLE CA 95661**OWNER**KOBRA PROPERTIES  
2250 DOUGLAS BLVD  
ROSEVILLE CA 95661**ARCHITECT**

Nature of Work: GRADING &amp; WET UG UTILITIES ONLY, FRAGMENT FROM 0413653

**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 B License Number 766777 Date 10-31-05 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.)

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 &amp; 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.

Date 10-31-05

Applicant/Agent 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.

PA 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

REDWOOD FIRE &amp; CASUALTY INS. C

Policy Number W5233505

Exp Date

02/16/2006

(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 10-31-05

Applicant 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**  
**PLANNING & BUILDING DEPARTMENT**  
**PERMIT SERVICES SECTION**  
 1231 I Street, Suite 200  
 Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7046

**ACTIVITY #**

**Isnp. Area**

05/6/32

4C

**Applicant MUST complete ALL Unshaded areas**

**ADDRESS** 2920 ADVANTAGE WAY

**Suite** \_\_\_\_\_

**PARCEL #** 225-1960-024

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name _____</p> <p>Street Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # 766 777</p> <p>Name Stonegate Construction Attn: David</p> <p>Address 1687N Eureka Road</p> <p>City/State/Zip Roseville, CA 95661</p> <p>Phone 787-6191 FAX 783-7072</p> <p>E-mail: d.wittner@stonegateconstruction.com</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name Burrell Consulting Group Attn: Jason</p> <p>Address 1001 Enterprise Way Suite 100</p> <p>City/State/Zip Roseville CA 95678</p> <p>Phone 783-8898 FAX 783-8222</p> <p>E-mail: jjenkins@burrellcg.com</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name Kobra Properties Attn: Abe</p> <p>Address 2250 Douglas Blvd.</p> <p>City/State/Zip Roseville CA 95661</p> <p>Phone 786-4696 FAX 786-9404</p> <p>E-mail: abe.alizadeh@kobraproperties.com</p>

→ Will permittee have any employees on the jobsite? ☐ No ☐ Yes → **INSURANCE CO:** \_\_\_\_\_

→ **WORKER'S COMPENSATION POLICY #** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**NATURE OF WORK IN DETAIL:** Grading Permit - Rough Grading Only

**OCCUPANT/TENANT:** \_\_\_\_\_ **VALUATION: \$** \_\_\_\_\_

<b>FLOOD STATUS</b>						<b>S.C.A.T.</b>				
<b>JOB DESCRIPTION</b>		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"/>
<b>INSPECTION DISCIPLINES</b>		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			
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?** ☐ Yes ☐ No

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO  
PLANNING & BUILDING DIVISION  
PERMIT SERVICES SECTION  
(916) 808-2534 FAX: (916) 808-7046

ACTIVITY #

0513041

Insp. Area

Applicant **MUST** complete ALL Unshaded Areas

ADDRESS: 2435 ALBATROSS WAY Suite: N/A

PARCEL #: APN 277-0061-011

<p><b>CONTACT</b></p> <p>Name: <u>BILL FARMY</u></p> <p>Street Address: <u>1813 LARKIN DR</u></p> <p>City/State/Zip: <u>ROSEVILLE, CA 95661</u></p> <p>Phone: <u>916-782-6200</u></p> <p>E-Mail: <u>bill@design-graphics.net</u></p>	<p><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name: _____</p> <p>Street Address: <u>N/A</u></p> <p>City/State/Zip: _____</p> <p>Phone: _____</p> <p>E-Mail: _____</p>
<p><b>ARCHITECT/ENGINEER</b></p> <p>Name: _____</p> <p>Street Address: <u>8 AME</u></p> <p>City/State/Zip: _____</p> <p>Phone: _____</p> <p>E-Mail: _____</p>	<p><b>JIM STRENG</b> OWNER</p> <p>Name: <u>CARFIELD PARTNERS LLC</u></p> <p>Street Address: <u>4946 WATT AVE</u></p> <p>City/State/Zip: <u>NORTH HIGHLANDS</u></p> <p>Phone: <u>916-334-8625</u></p> <p>E-Mail: _____</p>

⇒ Will permittee have any employees on the jobsite? ☐ No ☐ Yes ⇒ Insurance Co.: \_\_\_\_\_

⇒ WORKER'S COMPANSATION POLICY # \_\_\_\_\_ EXPRORATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: REMOVE (E) SIDEWALK & REPLACE WITH (N)  
ADA ACCESSIBLE RAMPS - RESTRIPE PARKING

OCCUPANT/TENANT: OWNER / SITE WORK - VALUATION: 1500.00

FLOOD STATUS:				S.C.A.T.						
JOB DISCIPTION	BLDG	SHELL	APT	TI ( )	REM ( )	SW	FIRE	ADD	OTH	
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		[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