

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9912260
Insp Area: 1

Site Address: 2800 L ST SAC
Parcel No: 007-0173-001 5TH FLR

Sub-Type: ACOM
Housing (Y/N): N

CONTRACTOR
UNGER CONSTRUCTION
2112 SUTHERVILLE RD
SACRAMENTO CA 95822

OWNER
SUTTER HOSP OF SAC TO
2801 L ST
SACRAMENTO CA 95816

ARCHITECT

Nature of Work: 615 SQ FT OFFICE REMODEL

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, A License Number 301690 Date 11/5/99 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.

Date 11/5/99 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 692-98 UNIT 0002442 Exp Date 10/01/2000 [Signature]

(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 11/5/99 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
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 # 99/2260 Insp. Area

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2500 L St Suite 5th Fl.
PARCEL # _____

CONTACT		LICENSED CONTRACTOR Lic No. # <u>201690</u>	
Name _____	Address _____	Name <u>Conyer Construction</u>	Address <u>2112 Sutterville Rd</u>
Phone <u>916-452-1452</u> FAX _____	E-mail _____	Phone <u>916-452-1452</u> FAX <u>452-2612</u>	E-mail _____
ARCHITECT/ENGINEER		OWNER	
Name <u>Architect</u>	Address _____	Name <u>Sutter Health</u>	Address <u>P.O. Box 166727 Sac, CA 95816</u>
Phone _____ FAX _____	E-mail _____	Phone _____ FAX _____	E-mail _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Fund
→ WORKER'S COMPENSATION POLICY # 012-99 2442 EXPIRATION DATE: 10/1/00

NATURE OF WORK IN DETAIL: INT. OFFICE RENOVATION

OCCUPANT/TENANT: Sutter Health Center VALUATION: \$ 18,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM <input checked="" type="checkbox"/>	SW	FIRE	ADD	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. Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Fed Code	Vio. File		
<u>B</u>	<u>L</u>	<u>615</u>	<u>M</u>	<u>B</u>	<u>F</u>	SPR	ALARM	<u>15</u>	[H]	[Quad]
		<u>RW-13</u>	<u>RW-13</u>		<u>03-11-99</u>			<u>13</u>	PW	UTIL

COMMENTS: _____

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

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
10/28/99	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 99/2260
 ADDRESS: 2800 L st
 Commercial Residential

ACCEPTED by (Staff):

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	13	JT	10/29/99						
STRUCTURAL		JT	10/29/99						
MECHANICAL/PLUMBING			10.29.99						
ELECTRICAL	13	JM	10/29/99						
FIRE	03	JMB	10/30/99	13	JMB	11/5/99			
PLANNING									

STAFF COMMENTS: _____

CITY OF SACRAMENTO
 BUILDING INSPECTION DIVISION
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: Sutter Data Center Phone: _____
 Site Address: 2800 L St. 95816 Suite: 5th Fl.
(Street) (Zip)
 Business Owner/Representative: Chang Yi Phone: _____
 Nature of Business: Medical Offices
 Property Owner: Sutter Health Phone: _____
 Address: P.O. Box 160727 Suite: _____
(Street)
Sac CA 95816
(City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes ___ No X Is this permit for a shell building? Yes ___ No X

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes ___ No X

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No X

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes ___ No ___

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No ___

7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No ___

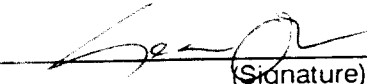
If you answered "yes" to questions #6 and/or #7, complete the RMPP Informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes ___ No ___

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials:

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: SEAN OLSEN
(Print)
 11/5/99
(Signature) (Date)

BID Use Only: Plan Ck# _____	Permit # <u>9912260</u>
OK to issue prmt? Y <u>11-5-99</u>	F.D. Appr Req'd? Yes <u>No</u>
<small>init date</small>	
Hold on Certificate of Occupancy? Yes <u>No</u>	
Fire Dept. Use Only:	
OK to issue permit? ini' _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 1-3-99

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

2800 L SE

has been conducted by Inspector DEMELLO

on 12-20-99

99-12260

Permit Number

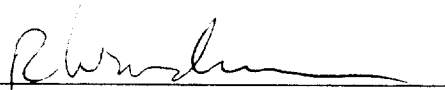
615

Square Footage

REMODEL

Type of Inspection

The system is acceptable by this department.



By: Ross L. Woodman,
Fire Prevention Officer II

99-483

F. D. Reference Number