

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0004274
Insp Area: 2

Site Address: 3201 FLORIN PERKINS RD SAC
Parcel No: 3RD FLOOR Housing (Y/N):

Sub-Type: COM
N

CONTRACTOR
SACRAMENTO CONTROL SYSTEMS
11249 SUNCO DR
RANCHO CORDOVA CA 95742

OWNER
MH SOUTHGATE INVESTORS
3424 CARSON ST 500
TORRANCE CA 90503

ARCHITECT

Nature of Work: INSTALL FIRE ALARM SYSTEM

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 C10 License Number 408126 Date 7-31-02 Contractor Signature David W. Hoyle

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 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 above-mentioned property for inspection purposes.

X Date 7-12-00 Applicant/Agent Signature David W. Hoyle

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 ACORD Policy Number 13567403 Exp Date 01/01/2001

____ (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 7-12-00 Applicant Signature David W. Hoyle

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
BUILDING INSPECTIONS DIVISION
PERMIT SERVICES

PERMIT # 00-04274

ADDRESS: 3201 FLORIN PERKINS RD

This application will need one or more of the following items
before it can be issued:

- Owner/Builder Form (legal document)
- Current Certificate of Workers' Comp.
- Hazardous Materials Form (hazmat)
(Orig. In folder, golden-applicant, 2 to fire)
- Letter of Authorization Required to sign by Contractor or Owner
- School Impact Fee (copy of paid receipt)
- HCD Forms (state 445-4782) for Modular/Coaches
- County Regional Sanitation Fee (copy of receipt)
(Deloras Ross @ 827-7th street, Rm 105, window. 10-ph:875-6679)
- Habitat Conservation Plan Fee (Bob Robinson or Farmarz Ansari)

PERMIT FEES \$ See computer Duc

Driveway Permit \$ _____
(public works)

Encroachment Permit \$ _____

Special Conditions (enter computer, mark margin of permit at final, attach instructions to permit, and 1 copy in each folder) 100

Special Inspections X1 (1 copy each folder, 1 to Val Brown)

Flood Elevation Certificate (1 copy B. Nakashima, 1 in folder)

Other _____

Date Notified 7/3

Plans in Bin# 74

Initials By AK

Processed By: BJ

Un w/ Receptionist

13

Microfilm @ Final

7/1/00

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

Insp. Area 2

ACTIVITY # 0004274

ADDRESS 3201 Florin - Perkins
 PARCEL # 041-0112-012

Applicant MUST complete ALL Unshaded areas
 Suite 3rd Floor

<p style="text-align: center;">CONTACT</p> <p>Name <u>SACRAMENTO Control Systems</u> Street Address <u>11249 Sunco Dr Suite #3</u> City/State/Zip <u>Rancho Cordova CA 95742</u> Phone <u>638-0788</u> FAX <u>638-0893</u> E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>408126</u></p> <p>Name <u>SACRAMENTO Control Systems</u> Address <u>11249 Sunco Dr Suite #3</u> City/State/Zip <u>Rancho Cordova CA 95742</u> Phone <u>638-0788</u> FAX <u>638-0893</u> E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>THOMAS C PERKINS</u> Address <u>8715 ELMCREST RD 100</u> City/State/Zip <u>SACRAMENTO CA 95828</u> Phone _____ FAX _____ E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: Republic Indemnity
 → WORKER'S COMPENSATION POLICY # 13567403 EXPIRATION DATE: 01-01-01

NATURE OF WORK IN DETAIL: NOTIFICATION ON 3RD FLOOR FIRE ALARM SYSTEM

VALUATION: \$ 4,000.00

OCCUPANT/TENANT: PROBATION DEPT S.C.A.T. 100

FLOOD STATUS:		BLDG		SHELL		APT		TI ()		REM ()		SW		FIRE		ADD		OTH	
JOB DESCRIPTION		BLDG		SHELL		APT		TI ()		REM ()		SW		FIRE		ADD		OTH	
INSPECTION DISCIPLINES		BLDG		MECH		PLUMB		ELEC		SITE		FIRE		Vio. File		[H]		[Quad]	
# Stories	1st firArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code		Vio. File		[H]		[Quad]		PW		UTIL	
B	L	P	M	<u>B</u>	<u>F</u>	SPR ALARM		15		[H]		[Quad]		PW		UTIL			
				<u>E</u>	<u>F</u>	S		<u>D</u>		PW		UTIL							

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed