

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0507502

Insp Area: 1

Thos Bros: 297J5

Site Address: 5151 F ST SAC

Parcel No: 004-0010-006

Sub-Type: NCOM

Housing (Y/N): N

CONTRACTOR
MODULAR TECHNOLOGY INC
22425 N 16TH ST
PHOENIX AZ 85024

OWNER
SUTTER COMMUNITY HOSPITALS
2800 L ST
SACRAMENTO, CA 95816

ARCHITECT

Nature of Work: MANUFACTURED BUILDING 7000SF

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 826726 Date 10/11/05 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

RAIF
CITY OF SACRAMENTO
OCT 12 2005
NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES

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 10/11/05 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 EXEMPT Policy Number 181496605 Exp Date

(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 10/11/05 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.

Certification of Compliance
School District Development

Part I—To be completed by the APPLICANT

Owner's Name/Address Sutter Medical Center, Sacramento
Project Address 5151 F St.
Parcel Number 004-0010-00E Lot No. _____
Subdivision Name _____ No. of Units _____
Applicant's Signature [Signature] Title Project Coordinator
Phone No. 916-733-8629 Date 10-10-05

Notice to Applicant: Pursuant to Government Code Section 66020(d), this will serve to notify you that the 90-day approval period in which you may protest the fees or other payment identified above will begin to run on the date in which the building or installation permit for this project is issued or on which they are paid to the district(s) or to another public entity authorized to collect them on behalf of the district(s), whichever is earlier.

Part II—To be completed by the BUILDING DEPARTMENT

Plan Identification Number 0507502
Building Type (check one) Residential Apartment/Condominium Commercial/Industrial
Square Feet of Chargeable Building Area 7000 sq. ft.
Signature/Title [Signature] Date 10/10/05

Part III—To be completed by the SCHOOL DISTRICT

School District SCUSD Certificate No. _____
 Exempt Comments _____
Residential/Apartment/etc. _____ Square ft. x \$ _____ = \$ _____
Commercial/Industrial 7000 Square ft. x \$ 360 = \$ 252000
Total fees collected..... = \$ _____

This certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

As the authorized school official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

Signature [Signature] Date 10/11/05

White & Canary—School District • Pink—Building Department • Goldenrod—Applicant

COUNTY SANITATION DISTRICT 1
SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

R/

**SEWER IMPACT FEE
PERMIT AND CALCULATION**

APPLICATION NO:		BLDG PERMIT NO. <i>SWD 2005-00704</i>	
GENERAL INFORMATION <i>Medical Building</i>		THIS PERMIT GOOD ONLY WHEN VALIDATED BY THE CASHIER PAID OCT 11 2005 Per..... THIS PERMIT TO CONNECT EXPIRES ONE YEAR FROM DATE OF ISSUANCE	
FEE CALCULATION		BUILDING USE	
INSPECTION		RESIDENTIAL	SF <input type="checkbox"/> MF <input type="checkbox"/>
CSD-1		COMMERCIAL USE	
SRCSD	<i>2.85 SDS</i>		
	<i>17,000</i>		
CONSTRUCTION			<i>7,000 FT²</i>
IN-LIEU			
TOTAL FEE	<i>\$ 7,000</i>		
APN: <i>004-0010-006</i>			
DESCRIPTION/ SUBDIVISION		LOT:	
PROPERTY ADDRESS <i>5151 F ST.</i>			
OWNER <i>SUTTER MEMORIAL HOSPITAL</i>			
MAILING ADDRESS <i>P.O. BOX 180721</i>			
CITY-STATE-ZIP <i>SAC CA 95816</i>		PHONE <i>916-277-2005</i>	
ADDITIONAL FEES MAY BE DUE IF CHANGES IN USE INCREASE SEWER IMPACT.			
APPLICANT SIGNATURE <i>[Signature]</i>			
CONSOLIDATED UTILITY BILLING USE ONLY			
ACCT _____	INPUT _____	PAID CITY OF SACRAMENTO	START _____
OCT 11 2005			

RECEIPT NEIGHBORHOODS PLANNING
AND DEVELOPMENT SERVICES

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 808-5716

Building Address: 5151 F Street Permit No.: 0507502
Building Use: Medical office Occupancy: B
Building Owner: Sutter Health Construction Type: V-N
Owner Address: Sacramento, CA Sprinkled? Yes No
Portion of Building Occupied: Entire modular Area: 7,000 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

3/31/06 Robert T. Stetson Robert T. Stetson PE for CARL HEFNER
Date By: (Print) Sign ASSISTANT BUILDING OFFICIAL

[TCO approvals:: PWC, JBB, RH, KFW, TONN]

CBC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE