CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0502817
Insp Area: 1
Thos Bros: 297C3

Site Address: 560 J ST SAC
Parcel No: 006-0087-034

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

CONTRACTOR
SIMPLEX GRINNELL L P
4650 BELOIT DR
SACRAMENTO CA 95838

OWNER
DOWNTOWN PLAZA ASSOCIATES
547 L ST
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: FIRE ALARM SYSTEM ELEVATOR RECALL ADDITION

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'sAddress_____

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 C10/C16 License Number 802591 Date 3/8/05 Contractor Signature Paul Petty

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:_____

PAID
CITY OF SACR
MAR 0 8 2005

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 3/8/05 Applicant/Agent Signature Paul Petty

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 AMERICAN HOME ASSURANCE CO Policy Number RMMWC3322419 Exp Date 10/01/2005

_____ (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 3/8/05 Applicant Signature Paul Petty

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 #: 0502817 Insp. Area

Applicant MUST complete ALL Unshaded areas

ADDRESS: **560 J STREET, SACRAMENTO, CA. 95814** SUITE: _____
PARCEL#: _____

CONTACT		LICENSED CONTRACTOR	Lic No.#:
Name: PAUL PETTY		Name: PAUL PETTY	
Street Address: 4650 BELOIT DRIVE		Street Address: 4650 BELOIT DRIVE	
City/State/Zip: SACRAMENTO, CA. 95838		City/State/Zip: SACRAMENTO, CA. 95838	
Phone: 916-283-0300	FAX: 916-920-2777	Phone: 916-283-0300	FAX: 916-920-2777
E-Mail: ppetty@tycoint.com		E-Mail: ppetty@tycoint.com	
ARCHITECT/ENGINEER		**OWNER**	
Name:		Name:	
Street Address:		Street Address:	
City/State/Zip:		City/State/Zip:	
Phone:	FAX:	Phone:	FAX:
E-Mail:		E-Mail:	

Will permitee have any employees on the jobsite? ☐ No ☒ Yes INSURANCE CO: American Home Assurance

WORKER'S COMPENSATION POLICY #: RMWC-5898786 EXPIRATION DATE: 10-1-05

NATURE OF WORK IN DETAIL: FIRE ALARM SYSTEM ELEVATOR RECALL ADDITION

OCCUPANT/TENANT: WESTFIELD VALUATION: $ 1500

FLOOD STATUS: S.C.A.T.

JOB DESCRIPTION: BLDG SHELL APT TI ( ) REM ( ) SW FIRE ADD OTHER

INSPECTION DISCIPLINES:			BLDG.	MECH.	PLUMB.	ELEC.		SITE	FIRE	
# Stories	1st flr. Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vlo. 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