

**CITY OF SACRAMENTO**

**1231 I Street, Sacramento, CA 95814**

**Permit No: 0009138**

**Insp Area: 1**

**Site Address: 1515 K ST SAC**

Parcel No: 006-0121-013

5TH FLOOR

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

MARKET ONE BUILDERS INC  
1419 N MARKET BL #1  
SACRAMENTO CA 95834

OWNER

LEGACY PARTNERS  
1515 K ST  
SACRAMENTO CA 95834

ARCHITECT

**Nature of Work: OFFICE REMODEL INTERIOR**

**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 137614 Date 8/10/00 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: AUG 10 2000

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 [Signature] 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 692-99 0002229 Exp Date 10/01/2000

(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 8/10/00 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.**

# MARKETONE BUILDERS, INC.

## APPLICATION FOR COMMERCIAL BUILDING PERMIT IN THE CITY OF SACRAMENTO

DEVELOPMENT SERVICES SECTION

ACTIVITY # 0009138

Insp. Area. C

1231 I Street, Rm. 200

**Applicant MUST complete all unshaded area**

Sacramento, CA 95814 (916) 264-7619 FAX (916) 264-7046

ADDRESS 1515 K Street

5<sup>th</sup> flr

PARCEL #

<b><u>CONTACT</u></b>		<b><u>LICENSED CONTRACTOR Lic No. #737694</u></b>	
Name	Minh Ly	Name	MarketOne Builders, Inc.
Address		Address	1419 N. Market Blvd. Suite 1
Phone	916-928-4692	Fax	916-928-7475
E-mail	<u>mly@m1b.com</u>	Phone	916-928-7474
		Fax	916-928-7475
		E-mail	
<b><u>ARCHITECT/ENGINEER</u></b>		<b><u>OWNER</u></b>	
Name	TECHSPACE	Name	Legacy Partners
Address	1765 CHALLENGE WAY	Address	1515 K Street
Phone	916-565-0888	Fax	916-443-2618
E-mail		Phone	916-443-6569
		Fax	916-443-2618
		E-mail	<u>jstailey@legacyptr.com</u>

Will permittee have any employees on the jobsite?  No  Yes

INSURANCE COMPANY: State Fund

WORKER'S COMPENSATION POLICY# 692-99 Unit 0002229 EXPIRATION DATE: 10-01-00

NATURE OF WORK IN DETAIL. ~~XXXXXX~~ office remodel

OCCUPANT/TENANT Business/Office VALUATION \$ 24,158

FLOOD STATUS:						S.C.A.T.				
JOB DESCRIPTION			BLDG SHELL		APT TI ( )	REMY	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<u>BLDG</u>	<u>MECH</u>	PLUMB	<u>ELEC</u>	SITE	<u>FIRE</u>		
# Stories	1st fir Area	Total Area	Use Zone	Occp Group	Const. Type	Fire Req. <u>Y</u> <u>DN</u>	Fed Code	Vio. File		
		<u>853</u>			<u>11FR</u>	<u>SPB</u> <u>ALARM</u>	<u>15</u>	H	Quad	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	PW	UTIL	
	<u>13 JT</u>	<u>13 JT</u>	<u>13 JT</u>	<u>13 TM</u>	<u>XXXXXX</u>		<u>13 JT</u>			

COMMENTS: Waiting for fire sp revision.

CE 10/00

ATP

REGIONAL SANITATION FEES?  No  Yes HEALTH DEPARTMENT?  No  Yes

WATERFLOW TEST FOR NEW BUILDING OR ADDITIONS?  Provided  Faxed

**MEMORANDUM**

**SACRAMENTO FIRE DEPARTMENT**

**TO:** BUILDING DEPARTMENT

**DATE:** 6.8.01

**FROM:** Troy Malaspino  
Fire Marshal

**SUBJECT: FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

1515 K St 5th Floor

Has been conducted by Inspector

C. Pack

On

6.7.01

00-09138  
Permit Number

853  
Square Footage

Office Remodel  
Type of Inspection

They system is acceptable by this department.

R. Woodman  
By: Ross L. Woodman,  
Fire Prevention Officer II

TI-676  
F.D. Reference Number

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