# FACILITIES PLANNING AND DEVELOPMENT

4800 2nd AVENUE, SUITE 3010 ,SACRAMENTO, CA 95817

Phone: (916) 734-7024

Fax: (916) 734-7751 Website: <https://health.ucdavis.edu/facilities/work-with-us/permitting>

## Building Permit

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A | **1** | Name of Facility:       | **2** | Type of Construction:       |
| Address – Street:       | Occupancy Class:       |
| City:  | State: CA | Zip:       |
| Scope of Project:`      | Project #:      | Bldg. Sq. Ft.:       |
| **B** | **1** | Administrator:David Lubarsky, M.D., M.B.A. |  Phone: (916) 734-7024 Fax #:  (916) 734-7751 | **2** | Project Manager:       |
| Legal Owner: The Regents of the University of California | Inspector of Record:  |
| Address: 4800 2nd Avenue, Suite 3010 | City: Sacramento | State: CA  | Zip: 95817 | Permit #:  |
| **C** | Plans and Specifications prepared by the following:Check with discipline is in general responsible charge of the project. [x]   |  |
| **1** | Architect (First, Last) – Firm:       | Lic. #       [ ]  | **2** | Structural Engineer (First, Last)– Firm:       | Lic. #       [ ]  |
| Address:       | City:       | State:      | Zip:       | Address:       | City:       | State:      | Zip:       |
| Phone:       | Email:       | Phone:       | Email:       |
| **3** | Mechanical Engineer (First, Last) – Firm::      | Lic. #       [ ]  | **4** | Electrical Engineer (First, Last) - Firm:       | Lic. #       [ ]  |
| Address:      | City:       | State:      | Zip:      | Address:       | City:       | State:      | Zip:       |
| Phone:       | Email:       | Phone:       | Email:       |
| **5** | Geotechnical Engineer (First, Last) – Firm:       | Lic. #       [ ]  | **6** | Contractor – Firm:      | Lic. #       [ ]   |
| Address:       | City:       | State:      | Zip:      | Address:       | City:       | State:      | Zip:       |
| Phone:       | Email:       | Phone:       | Email:       |
| **D** | **LICENSED CONTRACTOR’S DECLARATION:** I hereby affirm 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.Contractor Representative’s Name:       Signature:       Date:       |
| **E** | **WORKERS COMPENSATION DECLARATION:** (Section 3800, Labor Code)Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Copy shall be attached. Date of expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **F** | OWNER-BUILDER DECLARATION: I hereby affirm that I am exempt from the Contractor’s 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 that the applicant for such permit to file a signed statement that he/she is licensed pursuant to the provisions of the Contractor’s License Law (Chapter 9 with Section 7000) of Division 3 of the Business and Professions Code) or that he/she is exempt therefrom and the basis for 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).[ ]  I, as 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 (Section 7044, Business and Professions Code: The Contractor’s License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his 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 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 Contractor’s License Law does not apply to an owner of property who builds or improves thereon, and contracts for such projects with a contractor(s) licensed pursuant to the Contractor’s License  Law.).[ ]  I am exempt under Section \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building and Professions Code for this reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature (Legal Signature and Title): Title:  |
| **G** | **SPECIAL CONDITIONS:** |
| **H** | PERMIT EXPIRES IF AUTHORIZED WORK IS NOT COMMENCED WITHIN ONE YEAR PERIOD, OR SUSPENDED FOR ONE YEAR |
| Address: 4800 2nd Avenue, Suite 3010  | City: Sacramento | State: CA | Zip: 95817 | **2** | Contract Amount: $       |
| I certify that I have read this application and state that the above information is correct and that I am the owner or the duly authorized agent for the owner. I agree to comply with all applicable laws relating to building construction. I hereby authorize representatives of the UC Davis Health to enter the above-mentioned facility for inspection purposed. If, after making the Certificate of Exemption from the Worker’s Compensation provisions of the Labor Code I should become subject to such provisions, I will forthwith comply, In the event I do not comply with the Worker’s Compensation Law, this permit shall be revoked. | **3** | For Office Use OnlyPermit Issued\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DateSignature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Building Official - UC Davis Health  |
| **1** | Signature:  | Date:      | [ ]  Owner [x]  Agent for Owner |
| Title: Project Manager, Facilities Planning and Development |

# UC DAVIS HEALTH

## FACILITIES PLANNING AND DEVELOPMENT

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SACRAMENTO, CA 95817

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**Instructions for UC DAVIS HEALTH**

**BUILDING PERMIT**

***(This is a template. “Save as” to a new file prior to modifying this form)***

1. 1. Enter name, number and address of facility.

 Example: Ambulatory Care Center, Bldg #98, 4860 Y Street, Sacramento, CA 95817

* + Scope of work: brief description of work i.e. Remodel R1403, OR Repair/Replace HVAC 2nd Floor
	+ Applicant’s Job #: A/C #

2. State Type of Construction – i.e. I, II FR, III etc…

 State Occupancy type – i.e. B, A, I, S

 Bldg. Sq. Ft. – Total building sq. ft.

1. 1. First Part of B is already completed.

2. Second Part. Provide name of Project Manager.

**Note: Inspector and Permit # will be issued by the Building Department.**

1. Provide information on all responsible design disciplines: Items 1, 2, 3, 4 & 5. Mark in the provided box in each discipline with which one is generally responsible for the project. Mark only one box.

Item #6 is for contractor info.

1. The licensed contractor’s representative must sign and date if item C-6 is filled out.
2. A copy of the contractors Workers Compensation Declaration must be attached to this permit application. Provide policy # and date of expiration.
3. If this project is an owner-builder than one of the three boxes must be check. If this project is owner-builder than C-6, D & E should be blank. This must be signed, title given and dated.
4. This area is for UC Davis Health building official’s special instruction.
5. 1. This section is already filled in, however, it needs to be signed.

2. Provide contract amount.

3. To be completed by Building Official.