

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0010609**  
**Insp Area: 1**

**Site Address: 555 CAPITOL ML SAC**  
Parcel No: 006-0145-025 NEW STES 200,202.203

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

**CONTRACTOR**  
SKYLINE CONST.  
595 MARKET ST # 2360  
SAN FRANCISCO CA. 94105

**OWNER**  
DOWNTOWN PLAZA TOWERS ASSOCIATES  
555 CAPITOL ML  
SACRAMENTO CA 95814

**ARCHITECT**

**Nature of Work: INT OFFICE REMODEL**

**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 727657 Date 12-29-00 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 Professions 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 abovementioned property for inspection purposes.

Date 12-29-00 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 COMP. FUND Policy Number 571-10157 Exp Date 10/01/2001

(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.

Date 12-29-00 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.**

09/29/00

10:55

GENSLER SAN RAMON → 914159081030

NO.001 002

09/11/00 10:39

916 264 7046  
DEVELOPMENT SERVICES → GENSLER SAN RAM

NO.962 P001/001

To DAVID Kim

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

ACTIVITY #	0010609	Insp. Area	1C
------------	---------	------------	----

**CITY OF SACRAMENTO**  
**DEVELOPMENT SERVICES DIVISION**  
**PERMIT SERVICES SECTION**  
 1231 I Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

Applicant **MUST** complete **ALL Unshaded areas**  
 New 200,203,202  
 Suite 9 203,202,203

ADDRESS 555 Capitol Mall

PARCEL #

**CONTACT**

Name David Kim

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone 925-904-2112 FAX 925-904-2199

E-mail: \_\_\_\_\_

**LICENSED CONTRACTOR** Lic No. 727657

Name KAUNGA SKYLINE CONSTRUCTION

Address 595 MARKET ST. SUITE 2360

City/State/Zip SAN FRANCISCO CA 94105

Phone 415-908-1020 FAX 415-908-1050

E-mail: KAUNGA@SKYLINECONST.COM

**ARCHITECT/ENGINEER**

Name GENSLER

Address 12657 Alcosta Blvd

City/State/Zip SAN RAMON, CA 94583

Phone 925-941-2100 FAX 925-904-2199

E-mail: \_\_\_\_\_

**OWNER**

Name Plaza towers

Address 555 Capitol Mall Suite 240

City/State/Zip Sacramento CA

Phone 916-444-2000 FAX 916-444-8016

E-mail: \_\_\_\_\_

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: STATE FUND INS. COMP

→ WORKER'S COMPENSATION POLICY # 571-10157 EXPIRATION DATE: 09/03

NATURE OF WORK IN DETAIL: int remodel office divide into 3

VALUATION: \$ 45,000

OCCUPANT/TENANT: ?

FLOOD STATUS:		S.C.A.T.									
		BLDG	SHELL	APT	TI ( )	REM (X)	SW	FIRE	ADD	OTH	
JOB DESCRIPTION		BLDG	SHELL	APT	TI ( )	REM (X)	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	PIRE				
# Stories	In Pr Area	Total Area	Use Zone	Occp Group	Cond type	Fire Req. Y/N	Red Code	Via. Eile (H) (Quad)			
D		P	M	B	1	Y	15				
						ALARM					
						S					

COMMENTS: submit 3 set of plans showing how submitted by City Department must be submitted at this time

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 Commercial  Residential

ACCEPTED by (Staff): \_\_\_\_\_  
 \_\_\_\_\_

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
WELFARE			12/13			12/21			
STRUCTURAL			12/13						
MECHANICAL/PLUMBING			12/13						
ELECTRICAL			12/13						
FIRE			12/13						
PLANNING									

STAFF COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ITTN  
STEVE  
WEAVERS



Sand copy of air bal  
to Mike @ Skyline

ASAP - Required for final  
inspection

AIR BALANCE REPORT

cc/ Keith  
BMW

Job Name: Bank of America  
Job Number: 251-947

Address: 555 Capital Mall #265  
Plan #: \_\_\_\_\_

Register ID	Calculated CFM	Test 1	Test 2	Test 3	Final
Box A #1	60	150	45	60	60
2	}	200	70	60	60
3		150	45	60	60
4		120	20	45	65
5		110	20	50	60
Box B #1		110	45	60	60
2	}	50	45	60	60
3		70	50	60	60
4		150	80	60	60
5		140	65	65	65
6		60	105	50	50
Box C 1		135	40		40
2	135	40		40	

box is full open  
Vel. pres at box  
pick up = 0.5 in w.c.