

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

**Permit No: 0007347**  
**Insp Area: 4**

**Site Address: 51 MAIN AV SAC**  
Parcel No: 226-0050-024

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

CONTRACTOR  
HMH BUILDERS INC  
8589 THYS CT  
SAC 95828

OWNER  
EBARA INTERNATIONAL CORP  
51 MAIN AV  
SACRAMENTO CA 95838

ARCHITECT

**Nature of Work: INTERIOR AND EXTERIOR 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 780999 Date 9-18-00 Contractor Signature Dennis Salazar

**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 \_\_\_\_\_

ALL  
CITY OF SACRAMENTO  
SEP 18 2001  
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 9-18-00 Applicant/Agent Signature Dennis Salazar

**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 INS CO OF TH STATE OF PA Policy Number 7083206/07 Exp Date 08/01/2003

(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 9-18-00 Applicant Signature Dennis Salazar

**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.**

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 51 MAIN AV Permit No. 00-07347

Building Use: OFFICE Occupancy: B-F2

Building Owner: EBARA TECHNOLOGIES Construction Type: VN

Owner Address: 51 MAIN AV SACRAMENTO, CA Sprinkled? [Y] Yes [ ] No

Portion of Building Occupied: OFFICE Area: \_\_\_\_\_ Sq. Ft.

2/15/01 Willie Harris DENNIS RICHARDSON  
Date By:Print Sign CITY BUILDING OFFICIAL

[ Finaled By: GTD.JZB,JXE SB ]

*This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.*

**POST IN A CONSPICUOUS PLACE**

**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 # 0007347 Insp. Area 4C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 51 Main Avenue Suite CA Suite \_\_\_\_\_  
 PARCEL # 226 0050-024

<p align="center"><b>CONTACT</b></p> <p>Name <u>Steve Nast</u>                  Street Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>	<p align="center"><b>LICENSED CONTRACTOR</b> Lic No. # <u>780999</u></p> <p>Name <u>HMH Builders Inc.</u>                  Address <u>8589 Thys Ct</u>                  City/State/Zip <u>Sacramento, CA 95828</u>                  Phone <u>383 4825</u> FAX <u>383-6014</u>                  E-mail: _____</p>
<p align="center"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>English Harper Peter Architects</u>                  Address <u>27 Commons Dr Suite 250</u>                  City/State/Zip <u>Sac, CA 95825</u>                  Phone <u>568-1821</u> FAX _____                  E-mail: _____</p>	<p align="center"><b>OWNER</b></p> <p>Name <u>Elexra Technologies Inc</u>                  Address <u>51 Main Ave.</u>                  City/State/Zip <u>Sac, CA</u>                  Phone _____ FAX _____                  E-mail: _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: Ins. Co. of the State of PA  
 → WORKER'S COMPENSATION POLICY # 7083206/7083207 EXPIRATION DATE: 8-1-00

NATURE OF WORK IN DETAIL: Office & Exterior remodel

OCCUPANT/TENANT: Elexra Technologies Inc. VALUATION: \$ 375,000.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( <input checked="" type="checkbox"/> )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fed Code	Vio. File		
				<u>B/FZ</u>	<u>V/N</u>	<input checked="" type="checkbox"/> SPR <input type="checkbox"/> ALARM		[H]	[Quad]	
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input type="checkbox"/> F	<input type="checkbox"/> S	<input checked="" type="checkbox"/> D	<input type="checkbox"/> PW	<input type="checkbox"/> UTIL	

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

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No  
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

Date of Request: \_\_\_\_\_

By: \_\_\_\_\_

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION  
PLANNING AND ZONING INFORMATION REQUEST**

Project Address: 51 Main Ave

Assessor's Parcel Number: 226-0050-033

Previous Use: Warehouse

Description of Request/Proposed Use: Facade Change

Is This a Change of Use? \_\_\_\_\_

Zoning Designation: M1

Prior Applications for Project Site(P#, Z#, DRPB#): \_\_\_\_\_

Comments: \_\_\_\_\_

Are There Any Planning Issues?: (circle one) YES NO

- \* Staff Site Plan Check Required? (Circle one) YES NO
- \* Field Inspection Required? (Circle one) YES NO
- \* Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: [Signature] 6-29-02

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL



**AIRCO**  
**MECHANICAL, INC.**  
 CONTRACTORS AND ENGINEERS  
 5720 Alder Avenue  
 Sacramento, California 95828  
 (916) 381-4523 Lic. 311454

**AIR OUTLET  
 TEST REPORT**

PROJECT NAME EBARA JOB NUMBER 000074-00-03  
 OUTLET MANUFACTURER Titus TEST APPARATUS Analog Flow Hood  
 SYSTEM Package's on Roof

AREA SERVED	OUTLET				DESIGN		PRELIMINARY		FINAL		REMARKS
	NO.	TYPE	SIZE	AK	CFM	VEL	VEL OR CFM	VEL OR CFM	VEL	CFM	
<del>AC-05</del>	1		10"Ø		400	440	410			410	OSA 135
	2		6"Ø		95	130	115			115	
	3		10"Ø		305	390	325			325	RA - 1920
	4		12"Ø		600	600	560			560	
	5		12"Ø		600	500	540			540	
				Total	2000	2060	1950			1950	
<del>AC-27</del>	1		10"Ø		385	380	440	385		395	OSA 435
	2		10"Ø		385	350	365	380		380	
	3		10"Ø		385	350	380	385		385	
	4		8"Ø		165	210	185	220		220	RA - 1600
	5		8"Ø		145	220	155	160		160	
	6		8"Ø		170	250	210	210		210	
	7		6"Ø		85	90	100	100		100	
				Total	1720	1850	1835	1850		1850	

REMARKS:

TEST DATE 11-29-00 READINGS BY Kevin L



**AIRCO**  
**MECHANICAL, INC.**  
 CONTRACTORS AND ENGINEERS  
 5720 Alder Avenue  
 Sacramento, California 95828  
 (916) 381-4523 Lic. 311454

**AIR OUTLET  
 TEST REPORT**

PROJECT NAME EBAZA JOB NUMBER 000074-00-03  
 OUTLET MANUFACTURER Trane TEST APPARATUS Analog Air Flow Hood  
 SYSTEM Package Trane "Voyager"

AREA SERVED	OUTLET				DESIGN		PRELIMINARY				FINAL		REMARKS
	NO.	TYPE	SIZE	AK	CFM	VEL	VEL OR CFM	VEL OR CFM			VEL	CFM	
<del>AC-28</del>	1		12" $\phi$		455		440	450	465	470		470	OSH 260
	2		12" $\phi$		455		430	450	450	460		460	
	3		10" $\phi$		240		300	250	250	240		240	RA-1610
	4		10" $\phi$		240		255	250	250	240		240	
	5		8" $\phi$		200		180	180	190	190		190	
	6		10" $\phi$		260		315	320	250	250		250	
	7		8" $\phi$		150		190	150	150	150		150	
			Total		2000		2110	2050	2005	2000		2000	

REMARKS:

TEST DATE 11-29-00 READINGS BY ERNIE L & KEVIN L.

**MEMORANDUM**

**SACRAMENTO FIRE DEPARTMENT**

**TO:** BUILDING DEPARTMENT

**DATE:** 12-6-00

**FROM:** Troy Malaspino  
Fire Marshal

**SUBJECT: FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

51 Main St

Has been conducted by Inspector

S. Bodick

On

12-6-00

00-0 7347 200<sup>194</sup>

Permit Number

Square Footage

Final  
o/h - Remodel

Type of Inspection

They system is acceptable by this department.

Ross L. Woodman

By: Ross L. Woodman,  
Fire Prevention Officer II

00-329

F.D. Reference Number

✓



# CAPITOL ENGINEERING LABORATORIES, INC.

Materials Testing • Inspection • Crane Certification

DONNA ANDERSON, President  
BARRY LOTZ, P.E., Managing Engineer  
SUSAN VANDER VEEN, Business Manager  
CRAIG MILLER, Crane Supervisor

January 30, 2001

File No. 5284

Mr. Norm Steinbach  
Ebara Technologies  
51 Main Avenue  
Sacramento, CA 95838

Project: Ebara Expansion (Permit #00-07347C)

Subject: Special Inspection Final Report

Dear Norm,

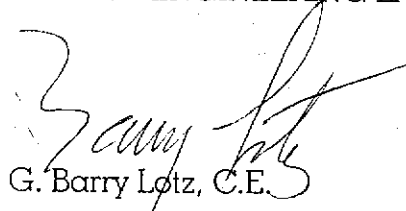
We have completed the following special inspection services for the above mentioned project.

1. 3000 psi Concrete
2. Reinforcement for Item # 1
3. Welding - Shop/Field
4. Epoxy Anchors

To the best of our knowledge the related work was completed in accordance with the project documents.

Respectfully submitted,

CAPITOL ENGINEERING LABORATORIES, INC.

  
G. Barry Lotz, C.E.

Cc: HMM - Dennis Schoen  
Buehler & Buehler  
City of Sacramento - Bldg. Dept.

013001.297/jb