

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0114741

Site Address: 2399 GATEWAY OAKS DR SAC

Insp Area: 4

Parcel No: 274-0320-078 STES 110 & 220

Thos Bros:

Sub-Type: TI

Housing (Y/N): N

CONTRACTOR

HMH BUILDERS INC
8589 THYS CT
SAC 95828

OWNER

KKN INC
3610 AMERICAN RIVER DR #190
SACRAMENTO CA 95828

ARCHITECT

CALPO/HOM/DONG
2150 CAPITOL AV
SACRAMENTO CA 95816

Nature of Work: FIRST TIME T.I. FOR STES 110 & 220

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 AB-CB License Number 780999 Date 1-2-02 Contractor Signature Mark H. [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: _____

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 1-2-02 Applicant/Agent Signature Mark H. [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 INS CO OF TH STATE OF PA Policy Number 708320607 PAID
CITY OF SACRAMENTO 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 1-2-02 Applicant Signature Mark H. [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.



air systems
of sacramento, inc.

air systems of sacramento, inc.

3850 Happy Lane
Sacramento, CA 95827

Report #7

DOUBLE DUCT VAV DISTRIBUTION REPORT

PROJECT: CA GAMBLING COMMISSION

NAME: _____
JOB#: 1130110

SYSTEM: _____

DATE: _____

VAV NUMBER	OUTLET			DESIGN			PRELIMINARY			FINAL			NOTE
	No.	Type	Size	H Max	C Min	C Max	H Max	C Min	C Max	H Max	C Min	C Max	
1-16													
	1	S4	12"φ			360			360				
	2	↓				360			360				
	3		8"φ			150			150				
	4					120			120				
	5					150			135				
	6					110			110				
	7	↓	↓			135			135				
				/	/	/			/				
				N/A	285	1385			1370				
1-17													
	1	S4	12"φ			500			500				
	2	↓	10"φ			360			360				
				/	/	/			/				
				345	300	860			860				
1-18													
	1	S4	12"φ			475			450				
	2	↓	↓			475			450				
				/	/	/			/				
				N/A	450	950			908				

REMARKS: 1. New VAV's installed in 1-17



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Report #7

DOUBLE DUCT VAV DISTRIBUTION REPORT

PROJECT: CIA GAMBLING COMMISSION

NAME: _____

JOB#: 113010

SYSTEM: _____

DATE: _____

VAV NUMBER	OUTLET			DESIGN			PRELIMINARY			FINAL			NOTE
	No.	Type	Size	H Max	C Min	C Max	H Max	C Min	C Max	H Max	C Min	C Max	
2-26													
	1	S4	12"Ø			460			400				
	2	↓	↓			400			400				
	3	↓	↓			4100			400				
						/			/				
				505	145	1260			1260				
2-27													
	1	S4	10"Ø			350			340				
	2	↓	↓			350			350				
	3	↓	↓			350			360				
REMARKS	4	↓	↓			350			360				
	5	↓	8"Ø			140			150				
						/			/				
				N/A	260	1540			1560				
2-28													
	1	S4	14"Ø			670							
						/			/				
				270	55	670							

REMARKS: _____



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DOUBLE DUCT VAV DISTRIBUTION REPORT

PROJECT: CIA CANNELING COMMISSION

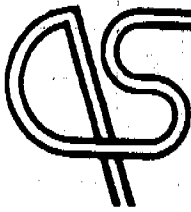
NAME: _____
JOB#: 1120110

SYSTEM: _____

DATE: _____

VAV NUMBER	OUTLET			DESIGN			PRELIMINARY			FINAL			NOTE
	No.	Type	Size	H Max	C Min	C Max	H Max	C Min	C Max	H Max	C Min	C Max	
2-29													
	1	SH	12"Ø			405							
				165	75	405							
2-30													
	1	SH	12"Ø			495			495				
	2	↓	↓			450			450				
				380	90	945			945				
2-31													
	1	SH	8"Ø			140			150				
	2	↓	↓			120			125				
	3	↓	10"Ø			350			360				
	4	↓	↓			350			375				
	5	↓	8"Ø			150			150				
	6	↓	↓			145			145				
				N/A	255	1255			1305				

REMARKS: _____



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Report #7

DOUBLE DUCT VAV DISTRIBUTION REPORT

PROJECT: CIA GAMBLING COMMISSION

NAME:

JOB#: 1130.10

SYSTEM:

DATE:

VAV NUMBER	OUTLET			DESIGN			PRELIMINARY			FINAL			NOTE
	No.	Type	Size	H Max	C Min	C Max	H Max	C Min	C Max	H Max	C Min	C Max	
2-32													
	1	SA	8"Ø			160			160				
	2	↓	↓			160			170				
						/			/				
				N/A	210	320			330				
2-33													
	1	SA	10"Ø			250			250				
	2		12"Ø			300			350				
	3		12"Ø			255			240				
	4		12"Ø			370			370				
REMARKS						/			/				
				495	125	1235			1210				

REMARKS:



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DOUBLE DUCT VAV DISTRIBUTION REPORT

PROJECT: CIA GAMBLING COMMISSION

NAME: _____

JOB#: 113010

SYSTEM: _____

DATE: _____

VAV NUMBER	OUTLET			DESIGN			PRELIMINARY			FINAL			NOTE
	No.	Type	Size	H Max	C Min	C Max	H Max	C Min	C Max	H Max	C Min	C Max	
1-19													
	1	S4	10"Ø			230			230				
	2	↓	12"Ø			400			410				
	3	↓	↓			480			480				
						/			/				
				445	110	1110			1120				
1-20													
	1	S4	10"Ø			260			260				
	2	↓	↓			260			260				
						/			/				
REMARKS	1			N/A	105	520			520				
1-21													
	1	S4	12"Ø			500			370				Ⓚ
	2	↓	8"Ø			160			140				
						/			/				
				265	85	660			510				

REMARKS: Ⓚ HIGH SIDE "Y" 1885 FPM
TO ACHIEVE DESIGN CFM



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Report #7

DOUBLE DUCT VAV DISTRIBUTION REPORT

PROJECT: C.A. GRIMMING COMMISSION

NAME: _____

JOB#: 1130,10

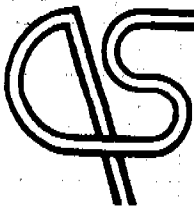
SYSTEM: _____

DATE: _____

VAV NUMBER	OUTLET			DESIGN			PRELIMINARY			FINAL			NOTE
	No.	Type	Size	H Max	C Min	C Max	H Max	C Min	C Max	H Max	C Min	C Max	
1-14													
	1	S4	10"Ø			300			310				
	2	↓	↓			300			300				
						/			/				
				240	60	600			610				
1-15													
	1	S4	12"Ø			350			350				
	2	↓	↓			350			360				
	3	↓	↓			350			355				
	4	↓	8"Ø			160			150				
REMARKS	5	↓	↓			120			120				
	6	↓	↓			160			160				
	7	↓	12"Ø			450			450				
	8	S3	12x10			200			213				①
						/			/				
				N/A		360	2140		2158				

REMARKS: ① FREE AREA FACTOR 0.534

1815



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Sacramento, CA 95827

Report #7

DOUBLE DUCT VAV DISTRIBUTION REPORT

PROJECT: CALIFORNIA GAMBLING COMM. NAME: _____
JOB#: 1130110

SYSTEM: _____ DATE: _____

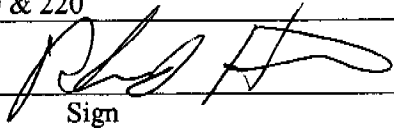
VAV NUMBER	OUTLET			DESIGN			PRELIMINARY			FINAL			NOTE
	No.	Type	Size	H Max	C Min	C Max	H Max	C Min	C Max	H Max	C Min	C Max	
1-11													
	1	S4	12"Ø			395			400				
	2		↓			395			400				
	3		10"Ø			270			270				
	4	↓	12"Ø			420			420				
				/	/	/			/				
				595	125	1480			1490				
1-12													
	1	S4	10"Ø			345			345				
	2		8"Ø			180			180				
REMARKS	3	↓	12"Ø			395			400				
				/	/	/			/				
				370	115	920			925				
1-13													
	1	S4	14"Ø			525							
				/	/	/			/				
				210	25	525							

REMARKS: _____

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address:	<u>2399 GATEWAY OAKS DR #110 & 220</u>	Permit No.:	<u>0114741</u>
Building Use:	<u>OFFICE</u>	Occupancy:	<u>B</u>
Building Owner:	<u>KKN INC</u>	Construction Type:	<u>II-NH</u>
Owner Address:	<u>SACRAMENTO, CA</u>	Sprinkled?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Portion of Building Occupied:	<u>#110 & 220</u>	Area:	<u>16353</u> Sq. Ft.
<u>7/21/03</u>			DENNIS RICHARDSON
Date	By: (Print)	Sign	CHIEF BUILDING OFFICIAL

[Finaled By: GTD,MJB,JZB,CP]

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 Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief 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 # 0114741 Insp. Area 4C

ADDRESS 2399 GATEWAY OAKS DR. Suite 110 & 220
 PARCEL # 274.0320.078

Applicant MUST complete ALL Unshaded areas

<p align="center">CONTACT</p> Name <u>PETER DANNENFELSER</u> Street Address <u>2150 CAPITOL AVE.</u> City/State/Zip <u>SAC. CA 95816</u> Phone <u>446.7741</u> FAX <u>446.0457</u> E-mail: <u>Peterd@chdarchitects.com</u>		<p align="center">LICENSED CONTRACTOR Lic No. # <u>780999</u></p> Name <u>HMH</u> Address <u>8589 THYS CT.</u> City/State/Zip <u>SAC. CA. 95828</u> Phone <u>383.4825</u> FAX <u>383.6014</u> E-mail: _____	
<p align="center">ARCHITECT/ENGINEER</p> Name <u>SAME</u> <u>↑</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		<p align="center">OWNER</p> Name <u>KKN, INC.</u> Address <u>3610 AMERICAN RIVER DR.</u> City/State/Zip <u>SAC. CA. 95826 #190</u> Phone <u>978.4897</u> FAX _____ E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: INSURANCE of the STATE of PA
 → WORKER'S COMPENSATION POLICY # 7083206/7083207 EXPIRATION DATE: 8/01/03

NATURE OF WORK IN DETAIL: TENANT IMPROVEMENT - OFFICE SPACE
FIRST TIME (NEW SHELL)

OCCUPANT/TENANT: CA. STATE. DEPT. of GAMBLING VALUATION: \$ 385,000.00

FLOOD STATUS:		S.C.A.T.							
JOB DESCRIPTION	BLDG	SHELL	APT	<input checked="" type="checkbox"/> (N)	REM ()	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	SITE		<input checked="" type="checkbox"/> FIRE	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File
<u>2</u>	<u>9575</u>	<u>16353</u>		<u>B</u>	<u>11-N</u>	SPR	ALARM	<u>15</u>	[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 checked="" type="checkbox"/> F	S		<input checked="" type="checkbox"/> D	PW UTIL

COMMENTS:

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