

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0319311
Insp Area: 4
Thos Bros: 297 J1

Site Address: 1792 TRIBUTE RD SAC St: # 270
Parcel No: 277-0282-007 **SECOND FLOOR**

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

CONTRACTOR
CARLISLE CONSTRUCTION
113 SOMBRERO WAY
FOLSOM, CA. 95630

OWNER
LBD INVESTMENTS LIC
1435 RIVER PARK DR # 500
SACRAMENTO CA 95815

ARCHITECT

Nature of Work: Interior remodel incl. new walls, electrical, HVAC, fprinklers modification

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 743717 Date 2-3-04 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: _____

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 2-3-04 Applicant/Agent Signature [Signature]

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury on 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 700 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:

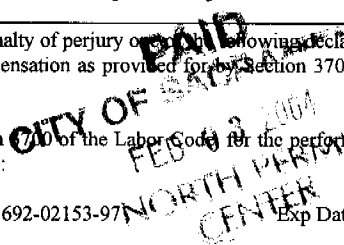
Carrier STATE FUND Policy Number 692-02153-97 Exp Date 10/01/2001

(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 2-3-04 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.



AIR OUTLET TEST REPORT

 PROJECT NAME Taylor Properties

 PROJECT NUMBER P4132

 PROJECT ADDRESS 1792 Tribute Rd

 SUITE NUMBER 270

 OUTLET MANUFACTURER Titus

 TEST APPARATUS Flow hood

AREA SERVED	OUTLET				DESIGN CFM		PRELIMINARY				FINAL CFM		REMARKS
	NO.	TYPE	SIZE	AK	MAX	MIN	VEL OR CFM	VEL OR CFM			MAX	MIN	
VAU #1	1	4way	12	-	585	88	250	360	540		540	88	
	2		12	-	450	70	340	440	410		410	70	
	3		10	-	320	50	290	310	290		290	50	
	4		12	-	460	70	450	525	440		440	70	
VAU #2	1		14	-	750	115	550	680			680	115	
VAU #3	1		12	-	570	87	470	420	575	530	530	88	
	2		12	-	460	70	560	425	390	440	440	70	
	3		12	-	500	75	200	400	420	460	460	75	
	4		10	-	320	48	300	290	225	300	300	48	
VAU #4	1		8	-	160	39	195	160			160	39	
	2		8	-	190	45	280	185			185	45	
	3		8	-	190	45	220	190			190	45	
	4		6	-	120	27	75	120			120	27	
	5		6	-	120	27	60	115			115	27	
VAU #5	1		8	-	120	27	160	120			120	27	
	2		8	-	120	27	70	115			115	27	
	3		8	-	160	36	190	160			160	36	
VAU #6	1		12	-	665	100	460	670			670	100	
VAU #7	1		12	-	550	85	410	500	560		560	85	
	2		12	-	370	55	400	440	370		370	55	
	3		14	-	580	87	400	495	590		590	87	
VAU #8	1		8	-	110	24	230	140	110		110	24	
	2	↓	8	-	145	31	210	90	145		145	31	
	3		6	-	180	40	135	80	175		180	40	

REMARKS:

 TEST DATE 3-8-04
Ken Silva
 Project Technician

Jimmy Miller
 Project Manager

 PAGE 2 OF 2

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO

PLANNING & BUILDING DEPARTMENT

1231 I Street, Suite 200 or 2101 Arena Bl., 200
 Sacramento, CA 95814 Sacramento, CA 95834
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY #

Insp. Area

0319311

Applicant to complete all areas down to valuation

ADDRESS 1792 Tribute Rd. Sac CA Suite 270

PARCEL # _____

<p style="text-align: center;">CONTACT</p> <p>Name <u>Dave Carlisle</u></p> <p>Street Address <u>4731 Jubilee Trail</u></p> <p>City/State/Zip <u>Shingle Springs, CA 95682</u></p> <p>Phone <u>916-496-1508</u> FAX <u>916-635-0151</u></p> <p>E-mail: <u>davecc1@sbcglobal.net</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>743717</u></p> <p>Name <u>Carlisle Construction, Inc.</u></p> <p>Address <u>4731 Jubilee Trail</u></p> <p>City/State/Zip <u>Shingle Springs, CA 95682</u></p> <p>Phone <u>916-496-1508</u> FAX <u>916-635-0151</u></p> <p>E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Techspace</u></p> <p>Address <u>1765 Challenge way suite 430</u></p> <p>City/State/Zip <u>Sac. CA 95815</u></p> <p>Phone <u>916-565-0888</u> FAX <u>916-565-0480</u></p> <p>E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>Mike Louie</u></p> <p>Address <u>4435 River Park Dr. Suite 500</u></p> <p>City/State/Zip <u>Sac CA 95815</u></p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** State Fund

→ **WORKER'S COMPENSATION POLICY #** 0002053-2002 **EXPIRATION DATE:** 10-01-04

NATURE OF WORK IN DETAIL: New interior walls, Doors, cabinets and Flooring, New Lighting and Electrical Distribution, Reconnect HVAC ducting and registers.

OCCUPANT/TENANT: Taylor Properties **VALUATION: \$** 89,460.00

FLOOD STATUS				S.C.A.T.						
JOB DESCRIPTION		BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TI <input type="checkbox"/>	REM <input checked="" type="checkbox"/>	SW <input type="checkbox"/>	FIRE <input type="checkbox"/>	ADD <input type="checkbox"/>	OTHER <input type="checkbox"/>
INSPECTION DISCIPLINES		BLDG <input checked="" type="checkbox"/>	MECH <input checked="" type="checkbox"/>	PLUMB <input type="checkbox"/>	ELEC <input checked="" type="checkbox"/>	SITE <input type="checkbox"/>	FIRE <input checked="" type="checkbox"/>			
# Stories	1 st fir Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
<u>4</u>	<u>L1</u>	<u>5253</u>	<u>M</u>	<u>E</u>	<u>M-I</u>	SPR	ALARM	<u>15</u>	<u>D</u>	PW UTIL
<u>B</u>		P			<u>F</u>	S				

COMMENTS:

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Yes No