

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0516744

Insp Area: 1

Thos Bros: 297C1

Site Address: 630 SEQUOIA PACIFIC BL SAC

Parcel No: 001-0200-031 2 ND FLOOR

Sub-Type: REM

Housing (Y/N): N

**CONTRACTOR**

ANDREWS CONST INC  
4100 WAYSIDE LN STE 110  
CARMICHAEL CA 95608

**OWNER**

HENDERSON ENTERPRISES L P  
732 COURTLANDT DR  
SACRAMENTO, CA 95864

**ARCHITECT**

Nature of Work: ADD 416 SQ FT OF OFFICE IN EXISTING OFFICE BLDG

**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 None Lender's Address None

**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 629163 Date 10-21-05 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 the property 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 10-21-2005 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 FUND Policy Number 046010008302 Exp Date 01/01/2006

(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 10-21-2005 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.**

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DIVISION**  
**PERMIT SERVICES SECTION**  
 (916) 808-2534 FAX: (916) 808-7046

|                                     |                               |
|-------------------------------------|-------------------------------|
| <b>ACTIVITY #</b><br><u>0516744</u> | <b>Insp. Area</b><br><u>1</u> |
|-------------------------------------|-------------------------------|

Applicant **MUST** complete ALL Unshaded Areas

**ADDRESS:** 630 SEQUOIA PACIFIC BLVD Suite: —

**PARCEL #:** \_\_\_\_\_

|   |  |
|---|--|
| <p style="text-align: center;"><b>CONTACT</b></p> <p>Name: <u>TODD ANDREWS</u><br/>                 Street Address: <u>4100 WAYSIDE LN # 110</u><br/>                 City/State/Zip: <u>CARMICHAEL, CA 95608</u><br/>                 Phone: <u>916-743-5151</u><br/>                 E-Mail: <u>tandrewseandrewsconstructioninc.com</u></p> | <p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>629163</u></p> <p>Name: <u>ANDREWS CONSTRUCTION, INC.</u><br/>                 Street Address: <u>4100 WAYSIDE LN # 110</u><br/>                 City/State/Zip: <u>CARMICHAEL CA 95608</u><br/>                 Phone: <u>916-743-5151</u><br/>                 E-Mail: <u>tandrewseandrewsconstructioninc.com</u></p> |
| <p style="text-align: center;"><b>ARCHITECT/ENGINEER PAID</b></p> <p>Name: <u>SAME AS CITY OF SACRAMENTO</u><br/>                 Street Address: _____<br/>                 City/State/Zip: <u>OCT 21 2005</u><br/>                 Phone: _____<br/>                 E-Mail: <u>NEIGHBORHOODS PLANNING AND DEVELOPMENT DEPT.</u></p>        | <p style="text-align: center;"><b>OWNER</b></p> <p>Name: <u>HENDERSON ENTERPRISES L.P.</u><br/>                 Street Address: <u>P.O. Box 601494</u><br/>                 City/State/Zip: <u>SACRA CA 95860-1494</u><br/>                 Phone: <u>761-1516</u><br/>                 E-Mail: _____</p>  |

⇒ Will permittee have any employees on the jobsite?  No  Yes ⇒ Insurance Co.: STATE FUND

⇒ WORKER'S COMPANSATION POLICY # 0083 02-05 EXPROATION DATE: 12/31/05

**NATURE OF WORK IN DETAIL:** ADD 584 OF INTERIOR NON BEYOND PARTITIONS IN EXISTING OFFICE

**OCCUPANT/TENANT:** DEPT GENERAL SERVICES **VALUATION:** \$20,000

| FLOOD STATUS:          |                          |               |          | S.C.A.T.   |             |                 |              |          |                          |  |
|------------------------|--------------------------|---------------|----------|------------|-------------|-----------------|--------------|----------|--------------------------|--|
| JOB DISCRPTION         | BLDG                     | SHELL         | APT      | TI ( )     | REM ( )     | SW              | FIRE         | ADD      | OTH                      |  |
| INSPECTION DISCIPLINES |                          |               | BLDG     | MECH       | PLUMB       | ELBC            |              | SITE     | FIRE                     |  |
| # Stories              | 1 <sup>st</sup> Fir Area | Total Area    | Use Zone | Occp Group | Const type  | Fire Req. Y / N |              | Fed Code | Vio. File                |  |
| <u>2</u>               |                          | <u>13,485</u> |          | <u>B</u>   | <u>V1HR</u> | <u>SPR</u>      | <u>ALARM</u> |          | <u>[H]</u> <u>[Quad]</u> |  |
| <u>B</u>               | <u>L</u>                 | <u>P</u>      | <u>M</u> | <u>E</u>   | <u>F</u>    | <u>S</u>        |              | <u>D</u> | <u>PW</u> <u>UTIL</u>    |  |

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

**REGIONAL SANITATION FEES?**  Yes  No      **HEALTH DEPARTMENT:**  Yes  No

**WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?**  Provided  Faxed

**ALDRICH MECHANICAL****AIR CONDITIONING • HEATING • REFRIGERATION***McCrain*

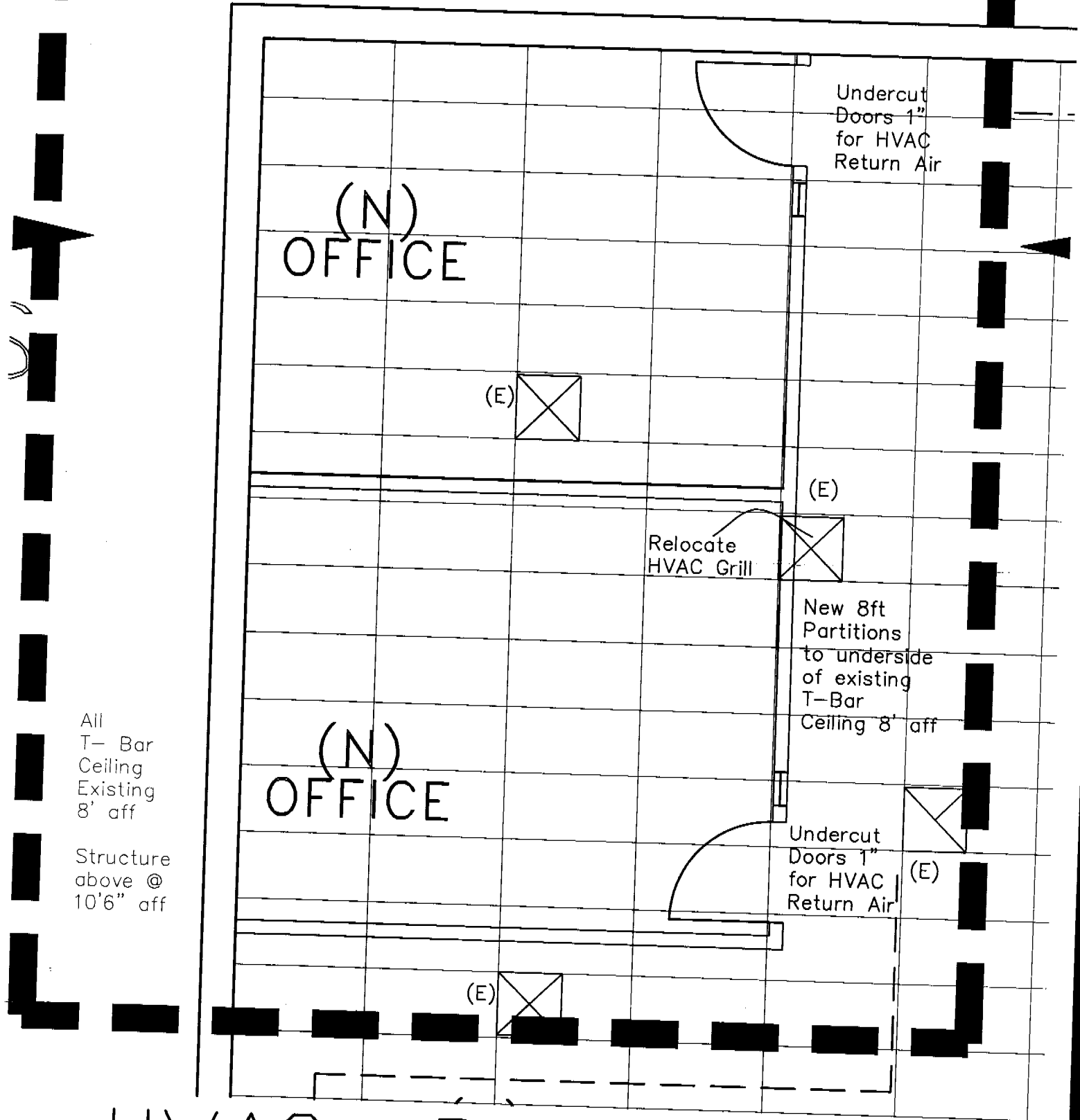
RE: DGS  
630 SEQUOIA PACIFIC BLVD.  
SACTO., CA. ADD 2 OFFICES

AIR BALANCE REPORT FOR THE TWO NEW OFFICES ADDED TO THE EXISTING SPACE. THE BACK OFFICE HAS AN EXISTING REGISTER AND IT IS A 9" ROUND DUCT AND IT TESTED AT 251 CFM AND THE FRONT OFFICE TESTED AT 249 CFM AND IT IS TO A 9" ROUND DUCT. WE ADDED RETURNS TO THE OFFICES AS WELL AND THEY ARE 10" ROUND DUCTS, WHICH CAME FROM THE 16" ROUND DUCT THAT WAS EXSITING, SO WE ADDED A 16 X 14 X 12 WYE AND PUT A 14" DUCT IN THE EXISTING RETURN AIR REGISTER AREA AND IT TESTED AT 1100 CFM AND THE TWO OFFICES TESTED AT 250 CFM.

P.O. BOX 2268 CITRUS HEIGHTS, CA. 95611 • (916) 971-9115 • FAX (916) 858-0811

LICENSE NO. 610900

630 SEQUOIA PACIFIC BLVD. - SACRAMENTO  
DGS ADD 2 OFFICES



# HVAC PLAN

SCALE 1/4" = 1'-0"