

CITY OF SACRAMENTO

Permit No: 9810113

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 2015 J ST SAC

Sub-Type: REM

Parcel No: 007-0016-019

Housing (Y/N): N

CONTRACTOR

OWNER

ARCHITECT

J STREET PROPERTY LIMITED
SEBASTOPOL CA

95473

**Nature of Work: MAJOR RENOVATION OF OFFICE/RETAIL SPACE WITH OFF SITE
PARKING AT 2015 K ST**

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 _____ License Number _____ Date _____ Contractor 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 2/26/99 Owner Signature *Red Jones*

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 2/26/99 Applicant/Agent Signature *Red Jones*

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 _____ Policy Number _____ Exp Date _____

(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 2/26/99 Applicant Signature *Red Jones*

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: 2015 J ST Permit No. 9810113

Building Use: OFFICE/RETAIL Occupancy: M/B

Building Owner: J STREET PROPERTY LIMITED Construction Type: VN

Owner Address: SEBASTOPOL, CA Sprinkled? Yes No

Portion of Building Occupied: ENTIRE Area: 25974 Sq. Ft.

5/22/01 Wells Harris DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By: VF, JM, RVL, GRS, RR]

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



FILE

Insp. Area 1

AUTHORIZATION TO START WORK

CITY OF SACRAMENTO, BUILDING INSPECTIONS DIVISION
1231 I ST., ROOM 200, SACRAMENTO, CA 95814

Company: Michael Kramps PC # 6440
 Address: 2115 "J" Street, Suite 210 BID App. B+
 Job Phone: 444-0599 Office Ph. 444-0599 Fee 350.00
 SUBJECT: Project Address: 2015 "J" Street Suite # _____

I request permission to start the following work _____
NON STRUCTURAL DEMO. HUNG WALL, PLUMBING,
& ELECTRICAL. DO NOT COVER ANY THINGS.

I realize that all work will be at the owner's and contractor's risk without assurance that the permit for the project will be granted. Any code conflicts will be corrected. I agree not to cover or conceal any work or portion thereof. I realize that inspections will not be made on this project until a building permit is issued. All changes required to conform to the approved plans will be completed without dispute. Work affecting the structural integrity of the existing building is not permitted.

I will expedite necessary revisions, corrections and clarifications as required to obtain the building permit.

If it should be determined subsequently by the City that changes in the design of the building are necessary after commencement of the work authorized, I assume full responsibility and all risk of loss which may result by reason of such changes. I agree that the building shall conform to the approved final plans as amended, without regard to the stage of completion.

This authorization is valid for 30 days while the plans are being processed for permit. These state required declarations must be properly executed before this authorization is valid. This authorization is valid when initialed by authorized Building Department personnel and stamped approved. Keep posted on job site at all times.

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 N/A

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 the Business and Professions Code and my license is in full force and effect.

Lic. Class: _____ Lic. Number: _____ 013
 _____ COMPANY NAME
 _____ SIGNATURE _____ DATE

COPIES

CITY OF SACRAMENTO
APPLICATION FOR ~~REMODEL~~ BUILDING PERMIT

931013 C

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # 6470 Insp. Area 1

Applicant **MUST** complete ALL Unshaded areas this page only

ADDRESS 2015 "J" Street Suite _____
PARCEL # 007-0016-019

CONTACT Name <u>Diane S. Koeller</u> Address <u>5098 Foothills Blvd. #31</u> <u>Roseville</u> Zip <u>95747</u> Phone <u>771-3738</u> FAX <u>771-8478</u>		LICENSED CONTRACTOR Lic No. # _____ Name <u>Owner / Builder</u> Address _____ Phone _____ FAX _____	
ARCHITECT/ENGINEER Name <u>Howard Perkins AIA</u> Address <u>2304 "N" Street</u> <u>Sacramento</u> Zip <u>95816</u> Phone <u>441-2603</u> FAX <u>441-</u>		OWNER <u>JST Prop. Limited</u> Name <u>Ted Johns / RK Development</u> Address <u>2115 "J" Street</u> <u>Sacramento</u> Zip <u>95816</u> Phone <u>444-0599</u> FAX <u>444-9070</u>	

→ Will the permittee have any employees on the jobsite? Yes No
 → If yes, WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____
 NAME OF INSURANCE COMPANY: _____

NATURE OF WORK IN DETAIL: ~~REMODEL~~ REMODEL RETAIL / OFFICE BLDG
Major Renovation of office / Retail Bldg
 revised \$ 495,000

DBA: RK Development VALUATION: \$ ~~200,000~~ 200,000 # ~~200,000~~ 200,000

FLOOD STATUS:				S.C.A.T. <u>X1 X2 X3 X4 X5 X6 X7 X8 X9 X10 X11 X12 X13 X14 X15 X16 X17 X18 X19 X20 X21 X22 X23 X24 X25 X26 X27 X28 X29 X30</u>						
JOB DESCRIPTION		BLDG	SHEL	APT	TI()	REM(<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH
INSP. DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE	FIRE		
# Stories	1st fl Area	Total Area	Use Zone	Occp Group	Const type	Fire Req <u>Y/N</u>	Fed Code	Viol. File		
				M/B	V-1 #R	Spr <input checked="" type="checkbox"/> Alarm <input checked="" type="checkbox"/>				
<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>FE</u>		
		<u>WRE</u>	<u>WNG</u>	<u>GR</u>	<u>LP</u>				<u>NONE</u>	

COMMENTS:

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

BLDGFRM. (REV 05/98) WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS Yes No



EXHIBIT 1

I have read and am familiar with the contents of City's standard Owner-Builder Notification and Owner-Builder Verification, as required by California Health and Safety Code Section 19830 and 19831.

I authorize my agent(s) Diane S. Koellen
to sign the Owner-Builder Verification on my behalf.

Signature Michael Krauss
Print Name MICHAEL KRAUSS
Address 2115 J St, Ste 210
SACRAMENTO 95816
Telephone 444-0599

CITY OF SACRAMENTO
 BUILDING INSPECTION DIVISION
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: R.K. Development Partners Phone: 444-0599
 Site Address: 2015 J. St. 95814 Suite: _____
(Street) (Zip)
 Business Owner/Representative: TED JOHN'S Phone: 444-0599
 Nature of Business: Office / Retail
 Property Owner: Michael Krumb Phone: 444-0599
 Address: 2115 J. St Suite: 210
(Street) (City) (State) (Zip)
SAC CA 95816

2. Are you developing an undetermined tenant space? Yes ~~X~~ No Is this permit for a shell building? Yes No _____

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes _____ No

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes _____ No

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes _____ No _____

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes _____ No _____

7. Is/Will your business be located within 1,000 feet of a school? Yes _____ No _____

If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes _____ No _____

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: TED JOHN'S
(Print)
Ted John's 2/26/99
(Signature) (Date)

BID Use Only: Plan Ck# _____ Permit # _____ OK to issue prmt? Y _____ F.D. Appr Req'd? Yes No <small>init date</small>	
Hold on Certificate of Occupancy? Yes No	
Fire Dept. Use Only: OK to issue permit? init _____ date _____ OK to issue Certificate of Occupancy? init _____ date _____	

APN 007-0016-019 WATER SUPPLY TEST
DEPARTMENT OF UTILITIES, CITY OF SACRAMENTO

CONTACT PERSON: TED JOHNS	PHONE NO: 444-0599	FAX NO: 444-9070
COMPANY: R.K. DEVELOPMENT PARTNERS	CELL PHONE NO: 606-7135	
COMPANY ADDRESS: 2115 J. ST STE 210 SAC	STREET ADDRESS OF TEST: 2015 J. STREET	
PURPOSE OF TEST: APN 007-0016-019-0000		

The undersigned agrees to the following items and conditions:

- (1) The street address shown above is correct.
- (2) Water supply data is developed from several sources of information which may include water supply test data, pipe network computer models, and continuous pressure recording stations. The design water supply data given below is to be used for design purposes.
- (3) Although the water supply data reported herein is believed to be accurate, the City makes no warranty, guaranty, certification or other representation of any kind that such data is accurate or correct, or that the pressures and/or flow rates reported herein can or will be maintained. The undersigned agrees that the City, its officers and employees shall not be liable for any damages of any kind resulting from the use of or reliance upon the water supply data reported herein by the undersigned or by any third party.
- (4) If the undersigned desires to witness the water supply test performed by the City, please check the box below:
 I want to witness this water supply test, which will be scheduled at the convenience of the Department of Utilities.
- (5) If the undersigned elects to hire a licensed engineer, at the undersigned's sole expense, to witness and certify the water supply test performed by the City, please check the box below:
 At my expense, I will arrange for a licensed engineer to witness and certify this water supply test, which will be scheduled at the convenience of the Department of Utilities.

Print Name: **TED JOHNS** Signature: *Ted Johns* Date: **7/15/98**

ENGINEERING REQUEST DATE: 7-24-98	TEST NUMBER: 98-168
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FIELD SCHEDULING

SCHEDULED DATE OF TEST:	SCHEDULED TIME OF TEST:	DATE OF TEST: 7-21-98	TIME OF TEST: 10:15 AM
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MAP NUMBER: 14	WATER MAIN SIZE: 6"
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TEST CONDUCTED BY: **Colasanti, Steckline Perrone, Thomas**

	HYDRANT NO.	MAP PAGE	STATIC PRES. (PSI)	RESIDUAL PRES. (PSI)	PI TOT PRES. (PSI)	OUTLET DIA. (IN.)	COEFFICIENT		CALC. FLOW @ PRES. (GPM)	TOTAL FLOW (GPM)	FLOW @ 20 PSI (GPM)
							C ₁	C ₂			
RESIDUAL FLOWED											
RESIDUAL FLOWED	40	14	49	17							
RESIDUAL FLOWED	41	14			13	2.5	0.90	1	605		
RESIDUAL FLOWED	39	14			13	2.5	0.90	1	605	1210	1,100
RESIDUAL FLOWED											
RESIDUAL FLOWED											

3 IN DROP FROM THE STATIC PRESSURE TO THE RESIDUAL PRESSURE WAS NOT ACHIEVED. THEREFORE, THESE RESULTS ARE ONLY VALID FOR FLOWS NOT EXCEEDING 600 GPM.

$$Q = 29.83 C_1 C_2 D^2 \sqrt{P_{PI TOT}}$$

$$Q_{20} = Q \left(\frac{P_1 - 20}{P_1 - P_2} \right)^{0.54}$$

	ACTUAL	DESIGN (1)
STATIC PRES.	49 PSI	47 PSI
RESIDUAL PRES.	17 PSI	15 PSI
FLOW @ RESIDUAL PRES.	1200 GPM	1200 GPM
FLOW @ 20 PSI	1100 GPM	1100 GPM
RESIDUAL HYDRANT NO.	49	
RESIDUAL HYDRANT ELEV.	NA	

**City of Sacramento Development Services Division
Planning and Zoning Information Request**

Project Address: 2015 "J" Street

Assessor's Parcel Number: 007-0016-019

Current Land Use: retail/office building

Description of Request/Proposed Use: remodel of existing retail/
office building

Zoning Designation: D298-103/298-085

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

Comments: O.K. Site conditions must
verify that all conditions
of approval are met. Design
Review staff must review a
set of plans prior to issuance
of the building permit.

Are There Any Planning Issues?: (Circle One) YES NO

Site Plan Check Required? (Circle One) YES NO

Design Review/ Preservation Required?: (Circle One) YES NO

completed

Planning Review by/Date: _____

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

TO B. J. FOSTER

REVISION ON ACTIVE PERMIT

NEW PLAN CHECK NO#: 9912684
OLD PLAN CHECK NO#: 9810113 c

DATE: 11/4/99

This sheet is to be used only when a permit has been issued, is still active, and the applicant wishes to make changes to the existing approved plans.

All revisions clouded? YES _____ NO X

JOB ADDRESS 2015 J. St. SUITE _____ PERMIT NO 9810113 c

AREA: 1C DBA: JST PROPERTY LIMITED

DESCRIPTION OF REVISIONS change from hard ceilings up tight to joint to Drop ceiling T-Bar to facilitate electrical, plumbing, HVAC.

DISCIPLINE	(B)	(L)	(P)	(M)	(E)	(F)	S	R	D
CHECKED BY									
ROUTE TO						B)			
CODE									
HOURS SPENT									

CONTACT: TED JOHNS
ADDRESS: 2115 J. St. Ste 210
Sac 95816

PHONE#: 444-0599 444 9070 FAX

OF PLANS SUBMITTED 3 SUBMITTED TO BJ Foster

I understand that I am responsible for all plan check fees that I incur during the course of this additional plan check and that any approved plans not claimed and paid for within 3 months of notification will be disposed of and an invoice procedure for the amount due will be initiated. I further understand that an unclaimed revision may result in delay of final approval for the subject project.

DATE NOTIFIED	PLAN BIN

APP FEE	PAID
	<u>0.00</u>

Ted Johns 11/4/99
Applicant signature Date

AGENCY	TOTAL HRS	TOTAL FEES
BLDG		
PW		
PLEASE PAY THIS AMOUNT		

Trace to BS 99 refer to old

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) _____
2. I (have/have not) _____ signed an application for A building permit for the proposed work.
3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____ Address _____
City _____ Telephone _____
Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name Mario Polanco Address 1540 53rd St
City Sacramento Telephone 451-5509
Contractors License No. B 284285

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

Signed W. Opaine

Job Address 2015 J. St.

Permit No: _____

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 2-28-2000

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

2015 J St.

has been conducted by Inspector

R. ROBLES

on 2-23-00

98 10113

Permit Number

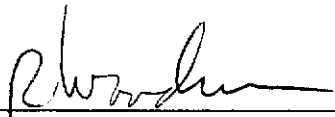
25,974

Square Footage

REMODEL

Type of Inspection

The system is acceptable by this department.



By: Ross L. Woodman,
Fire Prevention Officer II

98-4103

F. D. Reference Number



CAPITOL ENGINEERING LABORATORIES, INC.

Materials Testing • Inspection • Crane Certification

HOWARD K. ANDERSON, SR., President
CHARLES L. FRIES, V.P.

File No. 5023
February 1, 2000

Mr. Ted Johns
RK Development
PO Box 161386
Sacramento, California 95816

Project: J Street Office Complex (#98-101136)
2015 J Street

Subject: Final Special Inspection Report

INTEGRATED DESIGN GROUP	
<input checked="" type="checkbox"/> Review	<input type="checkbox"/> Furnish as Corrected
<input type="checkbox"/> Rejected	<input type="checkbox"/> Revise and Resubmit
<input checked="" type="checkbox"/> <i>Exceptions Noted are Adequate.</i>	
Review is only for general conformance with design concept and contract requirements. Contractor is responsible for compliance with contract documents, dimensions, quantities, fit and coordination with other work. Review does not authorize substitutions, exclusions and limitations to contract requirements unless specifically requested in writing by contractor and acknowledged by engineer/architect.	
By: <i>Howard K. Anderson</i>	Date: <i>2/8/00</i>

We have completed the following special inspection services:

1. Soils - bottom of footing
2. 3000 psi concrete
3. Reinforcement for #1
4. Masonry - periodic
5. Welding - shop/field
6. High strength bolting

O.K. JT
2/17/00

To the best of our knowledge, the related work was completed in accordance with the project plans and specs and any approved revisions except as noted below:

Exceptions:

1. Footing pour sample of 4/20/99 at B&C @ line 1.8:
Concrete Compressive Strength = 2730 psi @ 56 days.
3000 psi required. *JVC*
2. Slab pour sample of 5/14/99 (A-C & 1-1.8):
Concrete Compressive Strength = 2210 psi @ 28 days.
3000 psi required. *JVC*

Respectfully submitted,

CAPITOL ENGINEERING LABORATORIES, INC.

G. Barry Lotz
G. Barry Lotz, C.E.



020100.314/sv