ARCHENGO 277-0286-029 NAME OF APPICANT NAME OF	INSPECTION INSPECTION INSPECTON	NOTE: DO NOT COVER OR CONCEAL ANY BUILDING, ELECTRICAL,
TOTAL SPECIAL SITE SERVER SECONST TAX SECO	ASSESSOR PARCEL NO. 277-0286-029 NAME OF APPUCANT BROWNING CONST: TNC ELK GROVE; CA SPIEKER PROPERTIES ACCRAMENTO, CA NO. OF STORIES NO. OF ROOMS THIS PERMIT IS FORZ MAIURE OF MORK INDERMIT STATUS CITY OF SACRAMENTO ZONE NR FLOOD FLOOD FLOOD FLOOD FLOOD FLOOD STATUS CONFINATION BUILDING INSPECTION DIVISION WORKER'S COMPENSION OF OF PENNS ACTION DECLARATION Thereby affirm under penalty of perjuny one of the following declarations workers compensation insurance of the work to which the period is essent to self insure for the period is best and will maintain a certificate of consent to self insure to workers and will maintain a certificate of consent to self insure for work to which the period is usual account for the period is usual account insurance of the following declarations workers compensation insurance of the following declarations workers and will maintain a certificate of consent to self insure for workers and will maintain a certificate of consent to self insure for the period is usual account to which this period is because the work to which this period is the period is consent to self insure for the period is because of the work to which this period is the period is the period is the work to which this period is the period is the period by section \$700 of the Labor ("ode for the period is the period is the work to which this period is the period is the period by section \$700 of the Labor ("ode for the period is the period is the period is the period by section \$700 of the Labor ("ode for the period is the period is the period is the period by section \$700 of the Labor ("ode for the period is t	BUILDING SITE ADDRESS
	COMMUNITY PLAN NO. 2IP CODE PHONE NO. 2IP CODE PHONE NO. 975624**** 9215600*** PLAN NO. PLAN CHECK SPRINKLERS. SPRINK	- NO

APPLICATION FOR COMMERCIAL BUILDING PERMIT

ACTIVITY # 0 05 Insp. Area CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION PERMIT SERVICES SECTION 1231 | Street, Rm. 200 Applicant MUST complete ALL Unshaded areas (916) 264-7619 FAX 264-7046 Sacramento, CA 95814 ADDRESS 1545 KIVEN PACK D _____ Suite 107 PARCEL # LICENSED CONTRACTOR Lic No. # 46/32/ CONTACT Name Browning Construction Inc. Name Jarrell Browning Address 9000 Ranchvice Ct Street Address 9050 RANCHUREW A City/State/Zip GTK Brove CA 95624 City/State/Zip GIK Grove CA 95624 Phone 423-1105 FAX 685-5935 Phone 423 - 1105 FAX 685-5835 E-mail: E-mail: ARCHITECT/ENGINEER Name Nelsen & ASSC. Address 550 Howe Ave Address 1610 Andea us City/State/Zip 5 Acto City/State/Zip ____SACTO Phone 975 0333 FAX Phone 921-56 00 FAX E-mail: E-mail: → Will permittee have any employees on the jobsite? INO I Yes → INSURANCE CO: Calif. Indemnty Ins → WORKER'S COMPENSATION POLICY # NJOY5284 H EXPIRATION DATE: 10-21-00 NATURE OF WORK IN DETAIL: <u>fenodel</u> VALUATION: \$ /61,000 00 OCCUPANT/TENANT: FLOOD STATUS: S.C.A.T. SW **APT** TI() REM(L) FIRE ADD OTH JOB DESCRIPTION BLDG MECH PLUMB (FIRE) INSPECTION DISCIPLINES CELEC SITE Fire Reg. Y / N 1st flrArea. Total Area Use Zone Occp Group Const type Fed Code Vio. File # Stories 15 [H] [Quad] SPR DALARM M $\mathbf{p}\mathbf{w}$ UTIL. COMMENTS: REGIONAL SANITATION FEES? Yes AND HEALTH DEPARTMENT? Yes You WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? ☐ Provided ☐ Faxed

dssu/forms/commercialapp [rev. 03/28/00]

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: Incream Hour Bask Phone: 921- Stud Site Address: 1545 Rue Pals (Street) Business Owner/Representative: Nature of Business: _______ Property Owner: State King Angel From Phone: 721-1866 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 _____ 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 _____ 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? 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 BID Use Only: Plan Ck# Permit # F.D. Appr Req'd? Yes violation after reasonable notice of the violation. OK to issue prmt? Y _____ init date

Hold on Certificate of Occupancy? Yes No

OK to issue permit? ini* _____ date OK to issue Certificate of Occupancy? init

Fire Dept. Use Only:

			(Part 1 of 2)	MECH - 1
CERTIFICATE OF CO	MPLIANCE			DATE
ROJECT NAME				05/11/2000
AMERICAN RIVER BANK				
PROJECT ADDRESS 1545 RIVER PARK DRIVE, SU	JITE 107, SACRAMENTO	TELEPHONE		STREET, A. S. S.
PROLIBEALADERERER - MECHANICAL		,	916.381.4523	CARLO DE CANTO DE CARLO DE CA
AIRCO MECHANICAL, INC.		TELEPHONE	916.381.4523	CONTRACTOR OF THE SECOND
AIRCO MECHANICAL, INC.				
GENERAL INFORMATION			7,826	3 sq. ft.
DATE 05/11/		HIGH RISE RESIDENTIAL		HOTEL/MOTEL GUEST ROOM
UILDING TYPE	X NONRESIDENTIAL		XALTERATION	UNCONDITIONED (file affidavit)
HASE OF CONSTRUCTION	NEW CONSTRUCTION	ADDITION		
	X PRESCRIPTIVE		PERFORMANCE	
METHOD OF MECHANICAL COMPLIANCE	X PREVIOUS ENVELOPE PERMIT		ENVELOPE COMPLIANCE	ATTACHED
PROOF OF ENVELOPE COMPLIANCE				
STATEMENT OF COMPLIANCE This Certificate of Compliance lists	the building features and perform	ance specifications ne	eded to comply with	ritle 24, requirements.
This Certificate of Compliance lists Parts 1 and 6 of the California C	ode of Hegalation	icate applies only to	DATE	Toquitori
DOCUMENTATION AUTHOR		m Hovel	05/11/2000	
AIRCO MECHANICAL, INC. The Principal Mechanical Designe	James	1000		
document as the person r affirm that I am eligible to 6737.3 to sign this document of the performing this work.	eligible under the provisions of esponsible for its preparation; under the exemption to Division ment as the person responsible under the exemption to Division to	Division 3 of the Bus and that I am a civil n 3 of the Business s for its preparation;	and that I am a licens	sed contractor
and 6737.1.				
(These sections of the Business and	Professions Code are printed in full	in the Nonresidential Ma	7 DATE	311454
PRINCIPAL MECHANICAL DESIGNER - NAME AIRCO MECHANICAL, INC	/ W. AA.	V' Hall	05/11/2000	31170.
L				
MECHANICAL MANDATORY ME	ASURES	urae	SHEET M1-	.1
Indicate location on plans of N	ote Block for Mandatory Measi	71.09		
INSTRUCTIONS TO APPLICANT For details instructions on the use residential Manual published by the MECH-1: Required on plans for all st MECH-2: Required for all submittals, MECH-3: Required for all submittals MECH-4: Required on all prescriptive	of this and all Energy Efficiency S California Energy Commission. Ibmittals. Parts 2 & 3 may be incol choose appropriate version depend unless required ventilation rates an	Standards compliance	n pians. anical compliance.	
Nonresidential Compliance Form			00.09	SZ25

00.05225 1545 River Park DR.

CERTIFIC	ATE	ΩE	COM	DI I	ANCE
CERTIFIC	AIL	OF.	CUIVI	PLI	ANCE

SYSTEM FEATURES

(Part 2 of 2)

MECH - 1

PROJECT NAME

AMERICAN RIVER BANK

DATE

05/11/2000

	MECHANICAL SYST		EMS	EMS	EMS .
SYSTEM NAME	EXISTING				
	7		1		
TIME CONTROL		ł	4	11	
SETBACK CONTROL	_ /	_			
ISOLATION ZONES		_			
HEAT PUMP THERMOSTAT?					
ELECTRIC HEAT?					
FAN CONTROL		_			
VAV MINIMUM POSITION CONTROL		_			
SIMULTANEOUS HEAT / COOL?					
HEAT AND COOL SUPPLY RESET?					
VENTILATION	5.7				
OUTDOOR DAMPER CONTROL?					
ECONOMIZER TYPE		_			
DESIGN O.A. CFM (MECH-3, COLUMN H)	0/0				
HEATING EQUIPMENT TYPE	1 5/3				
HIGH EFFICIENCY IF YES, ENTER EFF.		_			
MAKE AND MODEL NUMBER	7/2/2				
COOLING EQUIPMENT TYPE	1/2/3				
HIGH EFFICIENCY IF YES, ENTER EFF.	11 -7/17		1		
MAKE AND MODEL NUMBER			1		
PIPE INSULATION REQUIRED?	11-/		1	1	
				1	
PIPE TYPE (SUPPLY, RETURN, ETC)		_	1		
HEATING DUCT LOCATION - "R" VALUE		_	 		
COOLING DUCT LOCATION : "R" VALUE		-		 	<u> </u>
DUCT TAPE ALLOWED ?		_]		
	CODE TABLES	S :		Enter code from table below into columns above	The state of the s
HEAT PUMP THERMOSTAT ?	_		TIME CONTROL	TIME CONTROL SETBACK CTRL.	Time continue
ELECTRIC HEAT ? VAV MINIMUM POSITION CONTROL?			S: Prog. Switch		
SIMULTANEOUS HEAT/COOL ?	Y . YES		O: Occupancy Sensor	O: Occupancy Sensor C: Cooling	O: Occupancy Sensor C: Cooling Isolation Zones
HEAT AND COOL SUPPLY RESET ?	N: NO		M: Manual Timer	M: Manual Timer B: Both	M: Manual Timer 8: Both
HIGH EFFICIENCY 7 DUCT TAPE ALLOWED 7					
PIPE INSULATION REQUIRED ?				CHANGE DAMAGE	ECONOMIZED
			VENTILATION B: Air Balance	The state of the s	
			C: Outside Air Certificate		U. A. Balance
			M: Outside Air Measure	l l	, i
			D: Demand Control	i i	
		N: Natu	ral	rel	

Date 05/11/2000 Project Name: AMERICAN RIVER BANK **VAV SUMMARY** BASEBOARD FAN VAV Min CFM BHP Motor Eff. Drive Eff. Output Flow Ratio CFM Type Zone Name System Type Qty. Ratio Reheat? Туре Delta T VAV 1-1 HW VRH 1 0.15 42 **VAV 1-2** VRH 1 0.15 HW 42 VAV 1-3 42 **VRH** HW 1 0.15 VAV 1-4 VAV 1 0.25 VAV 1-5 VRH 0.15 HW 42 1 VAV 1-6 VAV 1 0.25 **VAV 1-7** HW 42 **VRH** 1 0.15 **VAV 1-8** VRH 1 0.15 HW 42 VAV 1-9 **VRH** 1 0.15 HW 42 VAV 1-10 VRH 1 0.15 HW 42 VAV 1-11 VAV 0.25 VAV 1-12 VAV 1 0.25 VAV 1-13 VAV 1 0.25 NOTE: ALL BOXES ARE EXISTING **EXHAUST FAN SUMMARY**

EXHAUST FAN							
Room Name	Qty.	CFM	BHP	Motor Eff.	Drive Eff.		
N/A							
				-			

MECHANICAL VENTILATION

MECH - 3

Project Name:	AMERICA	N RIVER	BANK						Date	05/11/2000
MECHANICAL V	/ENTILATION	J								
Α	В	C	D	E	F	G	н		J	K
		AREA BASIS	I	1	CCUPANCY E	T	REQ'D			
VAV	COND.	CFM	MIN. CFM	NO. OF	CFM PER	MIN. CFM	O.A. (MAX. OF	DESIGN OUTDOOR	VAV MIN. CFM	TRANSFER AIR
NO.	(SF)	PER SF	(B x C)	PEOPLE	PERSON	(E x 15)	D OR G)	AIR		CFM
VAV 1-1	363	0.15	54	4	15	60	60	75	75	
VAV 1-2	811	0.15	122	9	15	135	135	135	135	
VAV 1-3	691	0.15	104	13	15	195	195	265	265	
VAV 1-4	407	0.15	61	4	15	60	61	150	150	
VAV 1-5	984	0.15	148	10	15	150	150	235	235	
VAV 1-6	1,135	0.15	170	12	15	180	180	190	190	
VAV 1-7	386	0.15	58	4	15	60	60	115	115	
VAV 1-8	259	0.15	39	3	15	45	45	80	80	
VAV 1-9	829	0.15	124	9	15	135	135	220	220	
VAV 1-10	207	0.15	31	2	15	30	31	85	85	
VAV 1-11	379	0.15	57	11	15	165	165	195	195	
VAV 1-12	1,122	0.15	168	12	15	180	180	180	180	
VAV 1-13	253	0.15	38	3	15	45	45	100	100	
					-					
		TOTALS (FO	OR MECH-2)	96			1,442	2,025		

C Minimum Ventilation Rate per Section §121, Table 1-F.

Based on Expected Number of Occupants or at least 50% of Chapter 10 UBC Occupant Density.

Must be greater than or equal to H, or use Transfer Air. Design outdoor air includes ventilation from supply air system & exhaust fans whoich Operatre at design conditions

Must be greater than or equal to 'G' - 'H', and, for VAV, greater than or equal to 'G' - 'J',

K

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 1545 RIVER PARK DR #107	Permit No. <u>00-05255</u>
Building Use: OFFICE	Occupancy: B
Building Owner: <u>SPIEKER PROPERTIES</u>	Construction Type:II-1
Owner Address: 1610 ARDEN WY #298 SAC	Sprinkled? [Y] Yes [] No
Portion of Building Occupied: <u>SUITE 107</u>	Area: Sq. Ft.
9/7/00 DAAY Sign	DENNIS RICHARDSON CHIEF BUILDING OFFICIAL
Finaled By: 1	

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