

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0105718

Insp Area: 4

Site Address: 161 MAIN AV SAC
Parcel No: 226-0050-028

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

CONTRACTOR
KELLEY CONSTRUCTION
3112 O ST
SUITE 9 95816

OWNER
EQUITABLE LIFE ASSURANCE SOCIETY
8950 CAL CENTER CR #200
SACRAMENTO CA 95826

ARCHITECT

Nature of Work: OFFICE REMODEL AND TENANT IMPROVEMENTS.

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 B1 License Number 308829 Date 7-13-01 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 & P for this reason: NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES
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 above-mentioned property for inspection purposes.

Date 7-13-01 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.

[Signature] 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 COMPENSATION INS FUND Policy Number 1313735 - 00 Exp Date 07/01/2001

(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 7-13-01 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
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

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

ACTIVITY # <u>0105718</u>	Insp. Area <u>HC</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 161 Main Avenue Suite _____
 PARCEL # _____

<p align="center">CONTACT</p> Name <u>Dick Nielsen</u> Street Address <u>550 Howe Ave.</u> City/State/Zip <u>Sacto, CA 95825</u> Phone <u>915-0333</u> FAX <u>915-8608</u> E-mail: <u>RMBNielsen@aol.com</u>		<p align="center">LICENSED CONTRACTOR Lic No. # _____</p> Name <u>Kelley Construction</u> Address <u>3112 O St. Ste 9</u> City/State/Zip <u>Sacto, CA 95816</u> Phone <u>454-3999</u> FAX <u>454-3201</u> E-mail: _____	
<p align="center">ARCHITECT/ENGINEER</p> Name <u>Nielsen & Associate Architects</u> Address <u>550 Howe Ave</u> City/State/Zip <u>Sacto, CA 95825</u> Phone <u>915-0333</u> FAX <u>915-8608</u> E-mail: _____		<p align="center">OWNER</p> Name <u>Thomas W. Slayle</u> Address <u>5143 Sunrise Hills Dr.</u> City/State/Zip <u>Fair Oaks, CA 95628</u> Phone _____ FAX _____ E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: Office remodel, Tenant Improvements

OCCUPANT/TENANT: Equipment Distributors, Inc. VALUATION: \$ 225,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req <u>Y</u> <u>N</u>	Fed Code	Vio. File		
<u>B</u>	<u>I</u>	<u>P</u>	<u>M</u>	<u>B</u>	<u>LI</u> <u>1412</u>	<u>SPR</u> <u>ALARM</u>	<u>19</u>	[H] [Quad]		
						<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

Date of Request: 7-12-01
By: Steve Bronson

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 161 Main Ave

Assessor's Parcel Number: 226-0050-028

Previous Use: Warehouse

Description of Request/Proposed Use: Remodel existing warehouse

office space - no increase in existing office area. Also, change windows from single pane to dual

Is This a Change of Use? NO pane - same size, same location, same look. Zoning Designation: M1-PUD (Hansen PUD)

Prior Applications for Project Site(P#, Z#, DRPB#): P93-052; DR 92-107; P83-070

Comments: Do not increase office area.

As there is no increase in office area, ^{per use B} windows will look the same as existing, no planning

Are There Any Planning Issues?: (circle one) YES NO entitlements necessary

* Staff Site Plan Check Required? (Circle one) YES NO

* ~~Field Inspection Required?~~ (Circle one) ~~YES~~ NO

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

Planning Review by/Date: [Signature] 7-12-01

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

MICROFILM AFTER FINAL



P.O. BOX 13776
SACRAMENTO, CA 95853-3776
(916) 443-8260 • (800) 366-8636

June 8, 2001

City of Sacramento
Building Department
Mechanical/Plumbing Div.

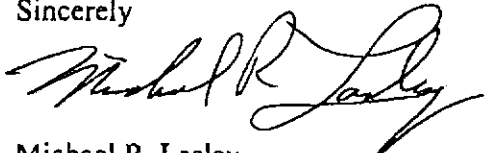
Attn: Mr. Keith Winkle

Dear Sir:

Equipment Distributors, Inc. is a wholesale distributor of office furniture here in the city of Sacramento. We have an office staff of 22 people and a warehouse staff of 12 people. Our business has shown a stable level of staffing at this approximate level for over ten years and we have experienced only small increases or decreases in the number of employees over that time.

We feel that the number of toilet facilities as presented on the current plans for our new facility at 161 Main Ave. in Sacramento would be adequate to handle our current needs as well as any planned growth.

Sincerely

A handwritten signature in cursive script that reads 'Michael R. Lasley'.


Michael R. Lasley
Equipment Distributors, Inc.



**CONSOLIDATED ENGINEERING
LABORATORIES**

Project: <i>Equipment Distributions</i>	Date: <i>July 31 01</i>
Location: <i>161 Main Ave</i>	Project No.:
Inspector: <i>Charles Angel</i>	Page No.:

EPOXIED ANCHOR INSTALLATION

Location: <i>1st fl New office area</i>	Detail No.: <i>2/52</i>	Drawing No.: <i>51</i>
Anchor Type: <i>3/4" Allthread</i>	Amount: <i>6 total</i>	
Anchor Size: <i>9/16</i>	<i>each at following Simpson HD's</i>	
Hole Size: <i>7/8"</i>	<i>D/5.3 D/5.8, 5.4/0.3, B/5.8</i>	
Hole Depth: <i>6"</i>	<i>B/5.3, C.6/5.8</i>	
Hole Position: <i>vert.</i>	Remarks: <i>By Paul Kelly Construction</i>	
Epoxy Type: <i>Simpson Acrylic-10 model AT30</i>		
Holes were clean, dry and anchors fully embedded in epoxy, and was mixed and placed in accordance with Manufacturer's recommended procedures.	Yes: 	No.:



CONSOLIDATED ENGINEERING
LABORATORIES

Project: <i>Equipment Distributor</i>	Date: <i>July 31 01</i>
Location: <i>161 Main Ave Sact</i>	Project No.:
Inspector: <i>Charles Anger</i>	Page No.:

EPOXIED ANCHOR INSTALLATION

Location: <i>Beam Pocket at underside of 2nd fl.</i>	Detail No.: <i>1/S1</i>	Drawing No.: <i>S1</i>	
Anchor Type: <i>5/8" wedge anchor</i>	Amount: <i>4 Anchor Bolts total in 1 Beam Pocket</i>		
Anchor Size: <i>4 1/2"</i>			
Hole Size: <i>3/4"</i>			
Hole Depth: <i>5"</i>			
Hole Position: <i>Hor. Z.</i>	Remarks: <i>Beam Pocket modified from detail 1/S1</i>		
Epoxy Type: <i>Simpson Acrylic Model AT30</i>			
Holes were clean, dry and anchors fully embedded in epoxy, and was mixed and placed in accordance with Manufacturer's recommended procedures.		Yes: <input checked="" type="checkbox"/>	No.: <input type="checkbox"/>



**CONSOLIDATED ENGINEERING
LABORATORIES**

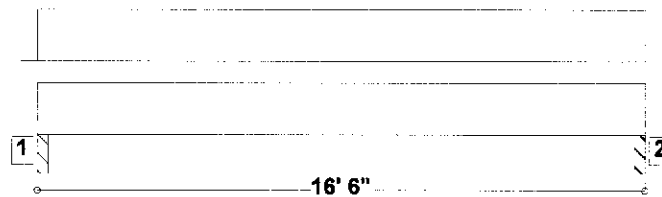
Project: <i>Equipment distributors</i>	Date: <i>July 16 01</i>
Location: <i>161 Main Ave sacramento</i>	Project No.:
Inspector: <i>Charles Anger</i>	Page No.:

EPOXIED ANCHOR INSTALLATION

Location: <i>1st FL S.O.G. (existing) new column footings at 6/A-5, 6/B, 5.8/B, 5, 5.8/C 5.4/C, 5</i>	Detail No.: <i>- 752</i>	Drawing No.: <i>SI</i>
Anchor Type: <i># 5 Rebar</i>	Amount: <i>1 per location into Existing slab on grade with (1) hole 3 inches down and (2nd hole 9 inches below per detail</i>	
Anchor Size: <i>2 Ft 6 in</i>		
Hole Size: <i>3/4" Ø</i>		
Hole Depth: <i>4 1/2"</i>		
Hole Position: <i>Horiz. (spaced per plan)</i>	Remarks:	
Epoxy Type: <i>Simpson - Acrylic adhesive Model AT 30</i>		
Holes were clean, dry and anchors fully embedded in epoxy, and was mixed and placed in accordance with Manufacturer's recommended procedures.	Yes: <i>✓</i>	No.:

5.25" x 14" 2.0E Parallam® PSL

THIS PRODUCT MEETS OR EXCEEDS THE SET DESIGN CONTROLS FOR THE APPLICATION AND LOADS LISTED



Product Diagram is Conceptual.

LOADS:

Analysis for Beam Member Supporting FLOOR - COM. Application. Tributary Load Width: 12'
 Loads(psf): 50 Live at 100% duration; 15 Dead; 20 Partition

SUPPORTS:

	INPUT	BEARING	REACTIONS(lbs.)				
	WIDTH	LENGTH	LIVE/DEAD/TOT.	PLY	DEPTH	DETAIL	OTHER
1	Column	3.50"	3.5"	4950 / 3655 / 8605	1	14.0"	Other:
2	Column	3.50"	3.5"	4950 / 3655 / 8605	1	14.0"	Other:

DESIGN CONTROLS:

	MAXIMUM	DESIGN	CONTROL	CONTROL	LOCATION
Shear(lb)	8431	7084	14210	Passed(50%)	Lt. end Span 1 under Floor loading
Moment(ft-lb)	34074	34074	40742	Passed(84%)	MID Span 1 under Floor loading
Live Defl.(in)		0.415	0.539	Passed(L/468)	MID Span 1 under Floor loading
Total Defl.(in)		0.721	0.808	Passed(L/269)	MID Span 1 under Floor loading

- Deflection Criteria: STANDARD(LL: L/360, TL:L/240).
- Bracing(Lu): All compression edges (top and bottom) must be braced at 2' 8" o/c unless detailed otherwise. Proper attachment and positioning of lateral bracing is required to achieve member stability.
- Concentrated load requirements for standard non-residential floors have been considered.

ADDITIONAL NOTES:

- IMPORTANT! The analysis presented is output from software developed by Trus Joist (TJ). TJ warrants the sizing of its products by this software will be accomplished in accordance with TJ product design criteria and code accepted design values. The specific product application, input design loads, and stated dimensions have been provided by the software user. This output has not been reviewed by a TJ Associate.
- Not all products are readily available. Check with your supplier or TJ technical representative for product availability.
- THIS ANALYSIS FOR TRUS JOIST PRODUCTS ONLY! PRODUCT SUBSTITUTION VOIDS THIS ANALYSIS.
- Allowable Stress Design methodology was used for Code NER analyzing the TJ Residential product listed above.

NO EXCEPTION TAKEN
 REJECTED

MAKE CORRECTIONS NOTED
 REVISE AND RESUBMIT
 SUBMIT SPECIFIED ITEM

CHECKING IS ONLY FOR GENERAL CONFORMANCE WITH THE DESIGN CONCEPT OF THE PROJECT AND GENERAL COMPLIANCE WITH THE INFORMATION GIVEN IN THE CONTRACT DOCUMENTS. ANY ACTION SHOWN IS SUBJECT TO THE REQUIREMENTS OF THE PLANS AND SPECIFICATIONS. CONTRACTOR IS RESPONSIBLE FOR: DIMENSIONS WHICH SHALL BE CONFIRMED AND CORRELATED AT THE JOB SITE; FABRICATION PROCESSES AND TECHNIQUES OF CONSTRUCTION; COORDINATION OF HIS WORK WITH THAT OF ALL OTHER TRADES AND THE SATISFACTORY PERFORMANCE OF HIS WORK.

ROBERT J. CRAWFORD, CONSULTING ENGINEER

DATE

7/10/01

BY

RE

PROJECT INFORMATION

HOME DEPOT # 6649
 PAUL KELLY CONSTRUCTION
 Equipment Distribution, Inc.
 161 Main Ave.
 Sacramento, California

OPERATOR INFORMATION:

WEYERHAEUSER
 TOM MANEELY
 1925 ENTERPRISE BLVD.
 WEST SACRAMENTO, CALIFORNIA 95691
 (916) 371-1000
 (916) 371-6919



TJ-Beam v5.55 Serial Number: 700105976
 BEAMUSA 1111 7/9/2001 11:28:56 AM
 Page 1 of 1

Supplemental Report for 5.25" x 14" 2.0E Parallam® PSL

Member Information:
 NEW MEZZ. FLOOR BM.

Project Information:
 HOME DEPOT # 6649
 PAUL KELLY CONSTRUCTION
 Equipment Distribution, Inc.
 161 Main Ave.
 Sacramento, California

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 (916) 371-1000
 (916) 371-6919

^ 16'- 2.00" ^

Max. Vertical Reaction Total(lb)	8605	8605
Live(lb)	4950	4950
Required Bearing Length(in)	2.19(S)	2.19(S)
Max. Unbraced Length(in)		32

Floor loading on all members, LDF = 1.00

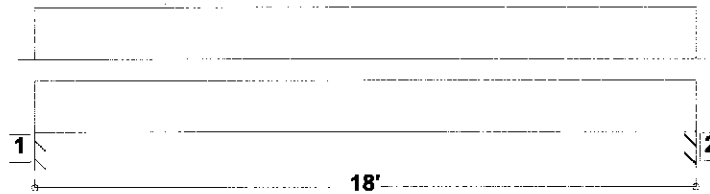
Shear(lb)	8431	-8431
Reaction(lb)	8605	8605
Moment(ft-lb)		34074
Live Defl.(in)		0.415
Total Defl.(in)		0.721

Dead load, LDF = 0.90

Shear(lb)	3581	-3581
Reaction(lb)	3655	3655
Moment(ft-lb)		14472

5.25" x 16" 2.0E Parallam® PSL

THIS PRODUCT MEETS OR EXCEEDS THE SET DESIGN CONTROLS FOR THE APPLICATION AND LOADS LISTED



Product Diagram is Conceptual.

LOADS:

Analysis for Beam Member Supporting FLOOR - COM. Application. Tributary Load Width: 13'
Loads(psf): 50 Live at 100% duration; 15 Dead; 20 Partition

SUPPORTS:

	INPUT	BEARING	REACTIONS(lbs.)				
	WIDTH	LENGTH	LIVE/DEAD/TOT.	PLY	DEPTH	DETAIL	OTHER
1	Column	3.50"	3.5"	5850 / 4331 / 10181	1	16.0"	Other:
2	Column	3.50"	3.5"	5850 / 4331 / 10181	1	16.0"	Other:

DESIGN CONTROLS:

	MAXIMUM	DESIGN	CONTROL	CONTROL	LOCATION
Shear(lb)	9993	8343	16240	Passed(51%)	Lt. end Span 1 under Floor loading
Moment(ft-lb)	44135	44135	52430	Passed(84%)	MID Span 1 under Floor loading
Live Defl.(in)		0.432	0.589	Passed(L/490)	MID Span 1 under Floor loading
Total Defl.(in)		0.752	0.883	Passed(L/282)	MID Span 1 under Floor loading

- Deflection Criteria: STANDARD(LL: L/360, TL:L/240).
- Bracing(Lu): All compression edges (top and bottom) must be braced at 2' 8" o/c unless detailed otherwise. Proper attachment and positioning of lateral bracing is required to achieve member stability.
- Concentrated load requirements for standard non-residential floors have been considered.

ADDITIONAL NOTES:

- **IMPORTANT!** The analysis presented is output from software developed by Trus Joist (TJ). TJ warrants the sizing of its products by this software will be accomplished in accordance with TJ product design criteria and code accepted design values. The specific product application, input design loads, and stated dimensions have been provided by the software user. This output has not been reviewed by a TJ Associate.
- Not all products are readily available. Check with your supplier or TJ technical representative for product availability.
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- Allowable Stress Design methodology was used for Code NER analyzing the TJ Residential product listed above.

NO EXCEPTION TAKEN MAKE CORRECTIONS NOTED
 REJECTED REVISE AND RESUBMIT
 SUBMIT SPECIFIED ITEM

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ROBERT J. CRAWFORD, CONSULTING ENGINEER

DATE 7/10/01 BY R

PROJECT INFORMATION

HOME DEPOT # 6649
PAUL KELLY CONSTRUCTION
Equipment Distributors, Inc.
161 Main Ave.
Sacramento, California

OPERATOR INFORMATION:

WEYERHAEUSER
TOM MANEELY
1925 ENTERPRISE BLVD.
WEST SACRAMENTO, CALIFORNIA 95691
(916) 371-1000
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J-Beam v5.55 Serial Number: 700105976
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 WEST SACRAMENTO, CALIFORNIA 95691
 (916) 371-1000
 (916) 371-6919

^ 17'- 8.00" ^

Max. Vertical Reaction	Total(lb)	10181	10181
	Live(lb)	5850	5850
Required Bearing Length(in)		2.59(S)	2.59(S)
Max. Unbraced Length(in)			32

Floor loading on all members, LDF = 1.00

Shear(lb)	9993	-9993
Reaction(lb)	10181	10181
Moment(ft-lb)		44138
Live Defl.(in)		0.432
Total Defl.(in)		0.752

Dead load, LDF = 0.90

Shear(lb)	4251	-4251
Reaction(lb)	4331	4331
Moment(ft-lb)		18776

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 10-8-01

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

161 MAIN AVE

Has been conducted by Inspector

S. Bodeck

On


10-2-01

01-05718
Permit Number

8956
Square Footage

Remodel - with
Type of Inspection Sprinklers

They system is acceptable by this department.


By: Ross L. Woodman,
Fire Prevention Officer II

01-172
F.D. Reference Number