

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: **0505677**

Insp Area: **4**

Thos Bros: **277B7**

Site Address: **2150 RIVER PLAZA DR SAC St: 165**

Parcel No: **274-0320-068**

Sub-Type: **REM**

Housing (Y/N): **N**

CONTRACTOR

VALLEY COMMERCIAL CONTRACTORS L.P.
NIELSEN & ASSOCIATES
21550 OXNARD ST # 760
WOODLAND HILLS, CA 91367

OWNER

PO BOX 194610
SAN FRANCISCO, CA 94119

ARCHITECT

SPIEKER PROPERTIES L P
550 HOWE AVE
SACRAMENTO CA 95825

Nature of Work: OFFICE TO OFFICE REMODEL OF 4,568 SF EXPANDING TENANT SPACE BY REMOVING AN INTERIOR WALL

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 739378 Date 4/28/05 Contractor Signature Jerry Peak

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractor's 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, 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 _____

PAID
CITY OF SACRAMENTO
APR 28 2005
NORTH PERMIT CENTER

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 4/28/05 Applicant/Agent Signature Jerry Peak

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 **046-01 UNIT 0004854** 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 4/28/05 Applicant Signature Jerry Peak

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.

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 # 050077	Insp. Area 4
-----------------------------	------------------------

Applicant to complete all areas down to valuation

ADDRESS 2150 River Plaza Drive Suite 165
PARCEL # 274-0320-068

CONTACT Name <u>Kim Schafer</u> Street Address <u>1512 Eureka Rd Ste 220</u> City/State/Zip <u>Roseville, CA 95661</u> Phone <u>916-781-8116</u> FAX <u>916-781-8127</u> E-mail: <u>Kschafer@valley.ca</u>		LICENSED CONTRACTOR Lic No. # <u>739378</u> Name <u>Valley Commercial Contractors</u> Address <u>1512 Eureka Rd. Ste. 220</u> City/State/Zip <u>Roseville, CA 95661</u> Phone <u>916-781-8116</u> FAX <u>916-781-8127</u> E-mail:	
ARCHITECT/ENGINEER Name <u>Nielson & Associates</u> Address <u>1731 Roseville Pkwy, Ste 250</u> City/State/Zip <u>Roseville, CA 95661</u> Phone <u>916-781-6800</u> FAX <u>916-781-6966</u> E-mail:		OWNER Name <u>Equity Office Properties</u> Address <u>1620 Arden Way Ste 250</u> City/State/Zip <u>Sacramento, CA 95815</u> Phone <u>916-644-8801</u> FAX E-mail:	

→ Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** State Comp. Insur. Fund
 → **WORKER'S COMPENSATION POLICY #** 046105-4854 **EXPIRATION DATE:** 8/31/05

NATURE OF WORK IN DETAIL: Tenant Improvement
Office remodel of 4,568 SF

OCCUPANT/TENANT: Titan Health **VALUATION: \$** 42,279

FLOOD STATUS				S.C.A.T.						
JOB DESCRIPTION		BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TI <input checked="" type="checkbox"/>	REM <input type="checkbox"/>	SW <input type="checkbox"/>	FIRE <input type="checkbox"/>	ADD <input type="checkbox"/>	OTHER <input type="checkbox"/>
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1 st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Fed Code	Vio. File	
<u>B</u>	<u>L</u>	<u>4,568</u>	<u>M</u>	<u>B</u>	<u>TI</u>	<u>SPR</u>	<u>ALARM</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>
						<u>S</u>		<u>845</u>		

COMMENTS:

REGIONAL SANITATION FEES? Yes No **HEALTH DEPARTMENT?** Yes No
WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Yes No



AIR OUTLET TEST REPORT

PROJECT NAME TITAN HEALTH

PROJECT NUMBER PS334

PROJECT ADDRESS 2150 RIVER PLAZA DR

SUITE NUMBER 165

OUTLET MANUFACTURER _____

TEST APPARATUS FLOW HOOD

AREA SERVED	OUTLET				DESIGN CFM		PRELIMINARY		FINAL CFM		REMARKS			
	NO.	TYPE	SIZE	AR	MAX	MIN	VEL OR CFM	VEL OR CFM	MAX	MIN				
ZONE 1-37	1				265		500	310	270		270	60		
	2				350		715	335	350		350	85		
	3				350		575	310	350		350	85		
					965		1810	965	970		970	230		

REMARKS:

TEST DATE 6-1-05

DAVE O'CONNOR
Project Technician

Jimmy MILLER
Project Manager

AIR OUTLET TEST REPORT

PROJECT NAME Titan Health PROJECT NUMBER P5334
 PROJECT ADDRESS 2150 River Plaza SUITE NUMBER 165
 OUTLET MANUFACTURER Titus TEST APPARATUS Flowhood

AREA SERVED	OUTLET				DESIGN CFM		PRELIMINARY		FINAL CFM		REMARKS	
	NO.	TYPE	SIZE	AK	MAX	MIN	VEL OR CFM	VEL OR CFM	MAX	MIN		
AC-CAC1	1	2Way	20x20	-	750	⊕	720				720	⊕
VAU 1-38	1	4Way	8	-	160	40	210	165			165	45
	2	↓	8	-	160	40	185	160			160	40
	3	↓	8	-	160	40	65	155			155	35
	4	↓	8	-	160	40	180	160			160	40

REMARKS:

TEST DATE 5-27-05

Ken Silva
Project Technician

Jimmy Miller
Project Manager