

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0400616

Insp Area: 1

Thos Bros: 297 F5

Site Address: 3001 P ST SAC

Parcel No: 007-0281-013

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

GARDNER CONTRACTORS INC
2041 HALLMARK DR STE 9
SACRAMENTO CA 95825

OWNER

SUTTER TERRACE DENTAL GROUP
3001 P ST
SACRAMENTO CA 95816

ARCHITECT

Nature of Work: INTERIOR TI IN EXISTING BLDG. NEW OFFICE AREA, HVAC, POWER AND LIGHTING, FIRE SPRINKLER DROPS, ADDITION TO EXISTING FIRE ALARM SYSTEM.

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 N/A

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 763587 Date 1-22-04 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 & 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 1-22-04 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 by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

X 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 17482032003 Exp Date 06/01/2004

(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 1-22-04 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.

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 3001 P ST Permit No.: 0400616  
Building Use: OFFICE Occupancy: B  
Building Owner: SUTTER TERRACE DENTAL GROUP Construction Type: \_\_\_\_\_  
Owner Address: SACRAMENTO, CA Sprinkled?  Yes  No  
Portion of Building Occupied: T.I. Area: \_\_\_\_\_ Sq. Ft.  
8/17/04 DAVID HAN  DENNIS RICHARDSON  
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[ Finaled By: PWC,MSK,AAC,JW ]

*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 Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.*

**POST IN A CONSPICUOUS PLACE**

**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

<b>ACTIVITY #</b> <u>0400616</u>	<b>Insp. Area</b>
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*Applicant to complete all areas down to valuation*

**ADDRESS** 3001 P STREET, SUITE B Suite B  
**PARCEL #** 007 - 0281 - 013

<b>CONTACT</b>		<b>LICENSED CONTRACTOR</b> Lic No. # <u>703587</u>	
Name <u>BRIAN WILLIAMS</u>		Name <u>GARDNER CONTRACTORS, INC.</u>	
Street Address <u>9838 Old Placerville Rd, Suite A</u>		Address <u>2041 Hallmark Dr. Suite 9</u>	
City/State/Zip <u>Sacramento, CA 95827</u>		City/State/Zip <u>Sacramento CA 95825</u>	
Phone <u>916-854-2910</u> FAX <u>916-854-2945</u>		Phone <u>916-646-6135</u> FAX <u>916-646-6127</u>	
E-mail: <u>brianw@pwcarchitects.com</u>		E-mail:	
<b>ARCHITECT/ENGINEER</b>		<b>OWNER</b>	
Name <u>PERKINS, WILLIAMS &amp; COTTEBILL ARCHITECTS</u>		Name <u>SUTTER TERRACE DENTAL GROUP</u>	
Address <u>9838 Old Placerville Rd. Suite A</u>		Address <u>3001 P street, Suite A</u>	
City/State/Zip <u>Sacramento, CA 95827</u>		City/State/Zip <u>Sacramento, CA 95816</u>	
Phone <u>916-854-2910</u> FAX <u>916-854-2945</u>		Phone <u>916-736-6757</u> FAX <u>916-736-6755</u>	
E-mail:		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:** Interior tenant improvements in existing shell building. Improvements include new private and open office areas, HVAC, power and lighting; and fire sprinkler drops and addition to existing fire alarm system.

**OCCUPANT/TENANT:** \_\_\_\_\_ **VALUATION: \$** 30,000

<b>FLOOD STATUS</b>						<b>S.C.A.T.</b>				
<b>JOB DESCRIPTION</b>		BLDG <input type="checkbox"/>	SHELL <input type="checkbox"/>	APT <input type="checkbox"/>	TI ( ) <input type="checkbox"/>	REM ( ) <input type="checkbox"/>	SW <input type="checkbox"/>	FIRE <input type="checkbox"/>	ADD <input type="checkbox"/>	OTHER <input type="checkbox"/>
<b>INSPECTION DISCIPLINES</b>		BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1 <sup>st</sup> flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
						SPR	ALARM			
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u> <i>AP-INT 1/22/04</i>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	<u>PW</u>	<u>UTIL</u>

**COMMENTS:** X Need OS & Supply Air Calculations, #s indicated on drawings.

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

# AIRTEX

Job No: GC-3 Area Served: HALLMARK T.I.  
 Date: July 15, 2004 Page: 1 of 1 Unit No: (E) AC-5

Motor Nameplate Data			Unit Nameplate Data		Data Item	Test 1	Test 2	Test 3
MFR:	N/A		MFR:	BRYANT		Volts		
FR:			M/N:	580DP072074		AMPS		
HP:	2.0	V:	S/N:	N/A		BHP		
FLA:	PH:		<del>Sheave Data Blower</del>			RPM		
SF:	RPM:		P/N:			SP -		
<del>Sheave Data</del>			Shaft:			SP +		
P/N:			Belts:			TSP		
Shaft:			<del>Fan Design Data</del>			Filter SP		
Adj:			CFM:	1965		CFM Total	1895	1860
Fixed:			SP:	1.0"		CFM RA	1350	1355
			RPM:	N/A		CFM OA	545	505
			BHP:	1.66				
			OSA:					

Room	Opening			Factor	Design		Test 1		Test 2		Test 3	
	No.	Type	Size		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
OPEN 1	1	S	10			355	260		325		320	
OFFICE 1	2	S	8			105	125		100		100	
OPEN 2	3	S	10			380	285		365		350	
OFFICE 2	4	S	8			110	160		105		95	
ENTRY	5	S1	14			630	495		600		590	
MRR	6	S1	10			55	200		55		60	
WRR	7	S1	6			55	90		50		50	
OPEN 3	8	S	10			275	280		260		260	
TOTAL				ZD-1	1.48/.98	1965	1895		1860		1825	
OPEN 3	9	R	8			185	150		175		155	
HALL	10	R	12			495	445		450		465	
ENTRY	11	R	12			575	370		340		380	
OFFICE 2	12	R	8			100	135		155		145	
OFFICE 1	13	R	8			85	95		90		90	
OPEN 1	14	R	10			155	155		145		140	
TOTAL						1595	1350		1355		1375	
OSA						370	545		505		450	

Remarks: OPERATIONAL CHECK REVEALD A HIGH PRESSURE CONDITION.  
 RECOMMEND CONDENSER COIL CLEANING.