

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0008647
Insp Area: 4

Site Address: 1510 ARDEN WY SAC
Parcel No: 277-0281-009

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

CONTRACTOR
M P ALLEN
RMW ARCHITECTS
9807 FAIR OAKS BL
FAIR OAKS, CA 95628

OWNER
WORLD SAVINGS & LOAN ASSOCIATION
1901 HARRISON ST.
OAKLAND CA 94612

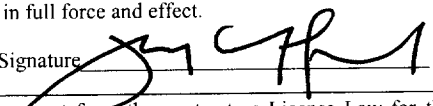
ARCHITECT
1718 3RD ST # 101
SAC, CA.

Nature of Work: 1 st floor int. office remodel

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 705570 Date 9-27-00 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.)

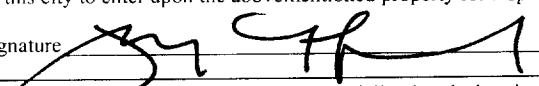
_____, I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

_____, I am exempt under Sec. _____ B & PC for this reason: _____

Date _____ 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 9/22/00 Applicant/Agent Signature 

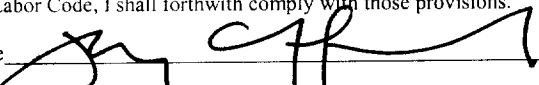
WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:

_____, 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.

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 23823800 Exp Date 04/01/2001

_____, (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 9/22/00 Applicant 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 # 0008647	Insp. Area 40
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1510 ARDEN WAY Suite 1st / 100R
 PARCEL # 277-0281-009

CONTACT Name <u>OWNER</u> Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	LICENSED CONTRACTOR Lic No. # _____ Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
ARCHITECT/ENGINEER Name <u>RMW</u> Address <u>1718 3RD ST - ST. 101</u> City/State/Zip <u>SAC CA 95814</u> Phone <u>449-1400</u> FAX _____ E-mail: _____	OWNER Name <u>World Savings - Rip Betten</u> Address <u>1901 HARRISON ST.</u> City/State/Zip <u>OAKLAND CA 94612</u> Phone <u>510/446-3620</u> FAX <u>510/446-4589</u> 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: 1 ST FLOOR OFFICE REMODEL
3385 sq ft

OCCUPANT/TENANT: MERITRAIN TRAINING GR. VALUATION: \$ 50,775

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>	PLUMB	<u>ELEC</u>	SITE	FIRE			
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y (N)	Fed Code	Vio. File		
				<u>B</u>	<u>II</u>	SPR	ALARM	[H]	[Quad]	
<u>B</u>	<u>L</u>	P	<u>M</u>	<u>E</u>	F	S	<u>D</u>	PW	UTIL	

COMMENTS: _____

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

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
7/28/00	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 000 8647
 ADDRESS: 1510 22nd St
 Commercial Residential

ACCEPTED by (Staff):


DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
FIRE SAFETY	13	JT	8/2/00						
STRUCTURAL	13	JT	4						
MECHANICAL PLUMBING	3/2	JT	8-2-00						
ELECTRICAL	13	JM	8/4/00						
FIRE									
PLANNING									

STAFF COMMENTS:

AIR BALANCE REPORT

Job Name: World Savings
 Job Number: _____

Address: 1570 Arden Way #102
 Plan #: _____

cool/heat cool/heat

Register ID	Calculated CFM	Test 1	Test 2	Test 3	Final
1-11 A	450/180	430	450/165		450/185
B	} }	400	420/160		420/170
C		430	450/160		450/180
1-10 A		250 ^{90%} 225	150	120	200
B	90 80	50	100-80	90	90
C	90 80	95	110-80	90	90
D	100 90	90	100-80	90	90
E	120 105	130	145-105	105	105
F	130 115	115	125-100	115	115
1-12 A	340/160	360	320	325	330/140
B	} }	295	270	300	320/160
C		365	320	325	330/160
D		390	430	360	330/160
E		240	280	280	290/140
1-7 A		340/160		180/140	
B	340/160		160/130		160/130
C	200/80		120/60		120/60
D	150/60		100/40		100/40
E	150/60		130/85		130/85
F	150/60		130/80		130/80
1-8					500/50

Box wide open

Box full open

