

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0009430
Insp Area: 4

Site Address: 2500 VENTURE OAKS WY SAC
Parcel No: 274-0320-039 STES 360 380 390

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

CONTRACTOR
CARLISLE CONSTRUCTION INC
113 SOMBRERO WY
FOLSOM CA 95630

OWNER
CALIFORNIA FARM BUREAU FEDERATI
1601 EXPOSITION BL
SACRAMENTO CA 95815

ARCHITECT

Nature of Work: INTERIOR 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.

X License Class B License Number 74111 Date 7-7-00 Contractor Signature Carlisle

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 above mentioned property for inspection purposes.

X Date 7-7-00 Applicant/Agent Signature Carlisle

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.

X 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 692-99 UNIT 0002153 Exp Date 10/01/2000

____ (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.

X Date 7-7-00 Applicant Signature Carlisle

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 # 0009430 C Insp. Area 4C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1500 Venturra Oaks Dr Suite 360, 380 + 390
 PARCEL # 274-0020-021

<p style="text-align: center;">CONTACT</p> <p>Name <u>David Carlisle</u> Street Address <u>113 Sombbrero Way</u> City/State/Zip <u>Folsom CA 95630</u> Phone <u>916-217-0122</u> FAX <u>916-635-0151</u> E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>743717</u></p> <p>Name <u>Carlisle Construction, Inc.</u> Address <u>113 Sombbrero Way</u> City/State/Zip <u>Folsom CA 95630</u> Phone <u>916-217-0122</u> FAX <u>916-635-0151</u> E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Stafford Space Planning</u> Address <u>7585 Bald Dr.</u> City/State/Zip <u>Loomis, CA 95650</u> Phone <u>916-652-3400</u> FAX <u>916-652-7805</u> E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>The Hetter Company</u> Address <u>1211 Gold Country Blvd #102</u> City/State/Zip <u>Bald River CA 95670</u> Phone <u>916-638-2400</u> FAX <u>916-635-6888</u> E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Fund
 → WORKER'S COMPENSATION POLICY # 672-97-0032157 EXPIRATION DATE: 10-01-00

NATURE OF WORK IN DETAIL: Remove interior walls and flooring, Construct new interior walls, New flooring, Alter HVAC, Re-route lighting + plugs, Relocate sinks, Relocate Doors, Painting, Relocate Fire sprinkler heads.

OCCUPANT/TENANT: Accom and spec suites VALUATION: \$ 47,860.00

FLOOD STATUS: <u>NA</u>		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC		SITE	FIRE		
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vio. File	
		<u>5751.4</u>				SPR	ALARM	<u>15</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<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
 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: _____ Phone: 215-6733
 Site Address: _____ 958 Suite: 380
 (Street) (Zip)
 Business Owner/Representative: _____ Phone: 916-217-0222
 Nature of Business: _____
 Property Owner: _____ Phone: 916-639-2400
 Address: _____ Suite: 102
 (Street) _____
 _____ (City) _____ (State) _____ (Zip)

2 Are you developing an undetermined tenant space? Yes ___ No X Is this permit for a shell building? Yes ___ No X

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 X

4 Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No X

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 ___ No ___

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? Yes ___ No ___

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 violation after reasonable notice of the violation.

Applicant's Name: _____ (Print)
 _____ (Signature) _____ (Date)

BID Use Only: Plan Ck# <u>0009430</u> Permit # <u>0009430</u> OK to issue prmt? <u>Yes</u> <u>9/1/00</u> F.D. Appr Req'd? <u>Yes</u> No init date	
Hold on Certificate of Occupancy? <u>Yes</u> No	
Fire Dept. Use Only: OK to issue permit? ini' _____ date _____ OK to issue Certificate of Occupancy? ini' _____ date _____	



AIRCO Commercial Services, Inc.
 5700 Alder Avenue, Sacramento, CA 95828
 Sacramento: 916/381-4526
 Santa Rosa: 707/576-7644
 San Jose: 408/436-7770

Fax: 916/381-1629
 License #: 572243

AIR OUTLET TEST REPORT

PROJECT 2800 Venture Oaks Dr # 390 SYSTEM VAV
 OUTLET MANUFACTURER Titus type TEST APPARATUS EW hood

AREA SERVED	OUTLET				DESIGN CFM		PRELIMINARY		FINAL CFM		REMARKS
	NO.	TYPE	SIZE	AK	MAX	MIN	VEL OR CFM	VEL OR CFM	MAX	MIN	
3-19	1	MCO	12		550	605	478	528	549		
	2	MCO	10		330	417	358	352	328		328
3-1	1	MCO	9		175	128	153	177			177
	2	MCO	9		175	127	152	176			176
	3	MCO	6		50	63	101	51			51
3-16	1	MCO	10		380		401	409			409
	2	MCO	10		380		25	398			398
	3	MCO	10		380		756	411			411

REMARKS:

TEST DATE 10/12/00

READINGS BY [Signature]



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AIR OUTLET TEST REPORT

PROJECT 2500 Venture Oaks SYSTEM Suite 360
 OUTLET MANUFACTURER _____ TEST APPARATUS Flow Hood

AREA SERVED	OUTLET				DESIGN CFM		PRELIMINARY				FINAL CFM		REMARKS
	NO.	TYPE	SIZE	AK	MAX	MIN	VEL OR CFM	VEL OR CFM			MAX	MIN	
VAV 3-3	1				260		315	245	285	250			
Ad 18	2				260		260	305	250	245			
	3				260		190	210	255	260			
					700		765	760	790	755			
VAV 3-4	1				260		190	265	255	255			
Ad 17	2				260		215	300	270	265			
	3				180		90	115	160	170			
					700		485	690	575	690			
VAV 3-15					325		290						
Ad 7					350		315						

REMARKS:

TEST DATE _____

READINGS BY S. Christensen



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 5700 Alder Avenue, Sacramento, CA 95828
 Sacramento: 916/381-4526
 Santa Rosa: 707/576-7644
 San Jose: 408/436-7770

Fax: 916/381-1629
 License #: 572243

AIR OUTLET TEST REPORT

PROJECT 25000 sq ft office SYSTEM Suite 390
 OUTLET MANUFACTURER _____ TEST APPARATUS Flow Hood

AREA SERVED	OUTLET				DESIGN CFM		PRELIMINARY				FINAL CFM		REMARKS
	NO.	TYPE	SIZE	AK	MAX	MIN	VEL OR CFM	VEL OR CFM			MAX	MIN	
VAU 3-1	1				175		205	165					
AD 19	2				175		220	180					
					350		425	345					
VAU 3-16	1				380		625	360	380	355			
AD 21	2				380		560	320	355	370			
	3				390		655	385	410	360			
					1140		1840	1075	1145	1085			
VAU 3-19	1				550		785	560	560				
AD 22	2				330		495	310	320				
					480		670	370	380				

REMARKS:

TEST DATE _____ READINGS BY S. Christiansen