

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0103361
Insp Area: I

Site Address: 1515 S ST SAC
Parcel No: 009-0091-014

N BLDG 5TH FLOOR

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

CONTRACTOR
JOE BENVENUTI
2101 EVERGREEN ST
SAC, CA. 95815

OWNER
JOE BENVENUTI
2101 EVERGREEN ST
SAC, CA. 95815

ARCHITECT

Nature of Work: 51871 SQ FT 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.

X License Class 5 License Number 1000000000 Date 1/1/2002 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.

X Date 1/1/2002 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

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 1591977-01 Exp Date 01/01/2002

(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 1/1/2002 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.

CITY OF SACRAMENTO

30 DAY **TEMPORARY**
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 1515 - S STREET Permit No. 0103361

Building Use: OFFICE Occupancy: B

Building Owner: JOE BENVENUTI Construction Type: I-FR

Owner Address: 2101 EVERGREEN ST SAC., CA Sprinkled? [] Yes [] No

Portion of Building Occupied: 5TH FL, 1ST PHASE Area: _____ Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

7/31/01 *Dennis Richardson* DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[TCO approvals: DP, MJS, WS (STATE FIRE MARSHALL)]

BC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE

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>0103361</u>	Insp. Area <u>IC</u>
------------------------------	-------------------------

Applicant **MUST** complete **ALL Unshaded areas**
 North Building

ADDRESS 1515 S Street ~~1000~~ 5th Floor Suite _____

PARCEL # _____

CONTACT Name <u>Robert Gray</u> Street Address <u>2101 Svangreen St.</u> City/State/Zip <u>Sacramento, CA</u> Phone <u>929-3003</u> FAX <u>929-2890</u> E-mail: _____	LICENSED CONTRACTOR Lic No. # _____ Name <u>J.B. Lo</u> Address <u>2101 Svangreen St.</u> City/State/Zip <u>Sacramento, CA</u> Phone <u>929-3003</u> FAX _____ E-mail: _____
ARCHITECT/ENGINEER Name <u>State of CA Real Estate Sec</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	OWNER Name <u>State</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: Cal Comp Ins.
 → WORKER'S COMPENSATION POLICY # W991104789 EXPIRATION DATE: 12/01/01

NATURE OF WORK IN DETAIL: Interior alteration
(State of CA/current tenant/No fire review)

OCCUPANT/TENANT: State VALUATION: \$ 480,000.00

FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	RE	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		<u>BLDG</u>									
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> N	Fed Code	Vio. File	[H] [Quad]		
<u>B</u>	<u>L</u>	<u>51871</u>	<u>M</u>	<u>B</u>	<u>E</u>	<input checked="" type="checkbox"/> ALARM	<u>15</u>				
		P	M	<u>E</u>	<u>X</u>	S	D	PW	UTIL		

COMMENTS: _____

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

MEETING NOTES

Sept 25, 2000

TOPIC: Authority of the Office of the State Fire Marshal pertaining to state occupied privately owned office/tenant space.

Attendees: Vickie Sakamoto and John Woods from State Fire Marshal's office. City representatives: Dennis Richardson, Troy Malaspino, Gerry Lau, Bryon Nakashima, Dave Brock, Lisa Beaver, Ron Yasui, Carolyn Cooper, Jim Krantz, Ross Woodman, and Craig Pack.

Key points:

- The State Fire Marshal has ultimate authority over state occupied lease space relative to all fire protection systems and life safety matters pertaining to exiting once the space is occupied.
- This authority does not exist prior to initial occupancy in new lease space. As such 1st time tenant improvements for state use are exclusively under the authority of both the city Building and Fire Departments. The State Fire Marshal's office is aware of these projects and does an advisory review for the state real estate leasing group but does not exercise regulatory authority.
- State occupied lease space when remodeled is under dual authority. Permits will be issued by the city with the State Fire Marshal being responsible for all fire and life safety plan review and inspections, the city will review and inspect all other disciplines. There may be some overlap in the respective reviews which could result in differing opinions or code interpretations. Where this occurs the city and State Fire Marshal's Office will work through and resolve those issues. The city, excluding the Fire Dept, and the State Fire Marshal's office will both inspect these projects and coordinate efforts prior to the city finaling the permit or issuing a certificate of occupancy.
- On remodeled space the State Fire Marshal will approve two sets of plans and have the applicant provide them to the city Building Dept. to include with the city approved plans. The S. F. M. will fax their N-11 inspection reports to the city to coordinate documentation of permit records prior to city finaling permits and issuing a certificate of occupancy.
- This policy becomes effective from this time forward and all existing projects previously approved and for which building permits have been issued are excluded and the projects shall continue on uninterrupted.

TRANSLATION:

- STATE OWNED BUILDING - STATE JURISDICTION
- 1ST TIME T.I. FOR STATE OCCUPANCY - CITY BLDG & FIRE JURISDICTION
- (E) STATE OCCUPANCY T.I - STATE JURISDICTION



SHIMOTSU
ARCHITECTURE

April 3, 2001

Mr. John Tang
City of Sacramento Building Department
1231 I Street, Suite 200
Sacramento, CA 95814

RE: 1515 S Street, 5th Floor North TI
Response to Life Safety Plan Check Comments
Plan Check # 0103361

Dear Mr. Tang:

In response to your plan check corrections dated 4/2/01, outlined below are numbered responses corresponding to your comments:

1. All sheets have been stamped and signed by a registered architect.
2. The spaces occupied in people in the north east corner of the floor includes Room ID #30, 34, 35, 36 and 37. Room ID #39 is not part of this office, as misidentified in your comment. In Conference Room #30, we have added another exit door on the west wall. By doing this, the OL for the Conference Room #30 would have only one-half of the OL going through the north east office in question. Adding the OL in numerical order (Rooms #30, 34, 35, 36 and 37), the total OL is $9.5+2+3+3+9=26.5$. Since $OL\ 26.5 < OL\ 30$, one exit is OK.
3. The Conference Room #30 has an OL of $289/15=19.27$ or rounding down to 19. By adding another exit door on the west wall, one-half of the OL 19 can exit through each of the two doors. Since the OL of the Conference Room #30 is $OL\ 30 < OL\ 50$, only one exit is required. Therefore, CBC 1004.2.2 exception 2 would apply – allowing for exit access through an adjoining or intervening room, which in turn provides direct access to a corridor that provides direct access to an exit.
4. The requirement for an elevator lobby isolation has been accomplished by adding a smoke guard system at the existing elevator doors and frames.

2705 K Street, Suite 6 Sacramento, CA 95816

916.325.1880ph 916.325.1885fax www.shimotsu.com

JB copy

Mr. John Tang
April 3, 2001
Plan Check #0103361
Page 2

5. Exit Door #5 by Reception Area #54 has been moved slightly north as well as Exit Door #3 to the rated corridor. The revised distance between the two required exit doors exceeds the 93'-6" diagonal distance figure.
6. Door #2 is not a rated door. Doors #3 (fire & glazing ratings) and #7 (fire rating) have been appropriately identified to be labeled, refer to Sheet A2.1, Door Types, description under Doors #3 & #7 respectively.
7. Refer to Sheet A2.1, Door Type Note #2 addresses tempered glass in doors.
8. We are using the exception noted in the code section you reference as justification for not providing high and low level exit signs. That is, the Group A occupancies are protected throughout by an approved supervised fire sprinkler system.
9. Refer to Sheet A2.1, new note added near the north arrow, regarding the exit sign illumination.
10. Refer to Detail 2/A8 for added language.
11. Refer to Sheet A2.1, Door Type Note #7 addressing 18" minimum on strike side of door.

All of the corrections noted above have been identified on the drawings with a cloud and delta 1. If you have any further questions, please give me a call.

Sincerely,

SHIMOTSU ARCHITECTURE, INC.



Gary R. Shimotsu, AIA
Project Architect

GRS:jm

cc: Jim Gately, JB Co.
Rebecca Hansen, REDS
Clem Enriquez, DOC
Charlene Leventon, DOC
Veronica Carrasco, Shimotsu Architecture, Inc.



NEIGHBORHOODS, PLANNING
AND DEVELOPMENT SERVICES
DEPARTMENT

**CITY OF SACRAMENTO
CALIFORNIA**

1231 I STREET, #200
SACRAMENTO, CA
95814-2997
916-264-7619
FAX: 916-264-7046

DEVELOPMENT SERVICES DIVISION

April 3, 2001

JOE BENVENUTI
2101 EVERGREEN ST
SAC, CA. 95815

Property at: 1515 S ST
Activity #: 0103361

Date Submitted: 03/19/2001
Cycle #: 1

Nature of Work: 51871 SQ FT OFFICE REMODEL

Please find attached all the comments pertaining to your project in the City of Sacramento. The current review is now complete. When you have prepared a complete response package to all comments, you may re-submit for recheck at your earliest convenience.

When re-submitting plans and supporting information, identify all changes by such means as; clouds, deltas, highlighting, and where possible, detailed transmittal letters clarifying how you have responded to all plan review comments. Only submit replacement plan sheets for those that have been revised/changed. If you have checked out plans, return them intact. Do not insert replacement sheets into previously reviewed plans. Your re-submittal package will track with the original sets and, when approved, be merged by this office. Please note that under normal circumstances we require complete response to all comments prior to accepting follow-up submittals for further review. For ease of processing, please return a copy of this letter with your resubmittal package.

STATUS REPORT

DISCIPLINE	APPROVED	COMMENTS	PLAN CHECKER
Residential			*****
Structural	04/02/2001		John Tang
Life Safety		04/02/2001	John Tang
Plumbing			
Mechanical			
Electrical	04/03/2001		Gary McDowell
Fire			
Site			
Utilities			
Public Works			*****
Processing			Staff

NOTE: Discipline not entered if "Plan Checker" space blank / not applicable if "Plan Checker" space *****

REVIEW NO. 1 PC# 0103361

Sheet 1
of 2

JOB ADDRESS: 1515 S. ST.

Date: 4/2/01
John Tang, 264-7563

By: _____

DISCIPLINE: Life-Safety

Scope: _____

MAKE CORRECTIONS NOTED BELOW, REVIEW AND INCLUDE WITH NEXT SUBMITTAL:

- () APPROVED AS NOTED
- (x) Make corrections, review and include with next submittal
- () See notes on sheets _____, revise and include with next submittal.
- () Complete plan check cannot be done without the information requested below. Include this information with your next submittal.

IMPORTANT NOTE:

RETURN CHECK SET OF PLANS WITH NEXT SUBMITTAL!

Cloud, delta and date all revisions with next submittal of plans. Indicate detail and sheet number in last column where correction was made on the plans.

ITEM #	COMMENTS	Sh/Det. No.
1	All architectural plans must be signed & wet-stamped by a registered architect or a certified interior designer.	
2	People working in office spaces & workstation, including room # 30, 34, 35, 36, 39, & 37 @ north-east corner of building, require two-way to get into two different stairways. There is only one-way exiting through room # 37 & door # 3 into rated corridor. In addition, the combined occupant load in room # 30, 34, 35, 36, & 37 exceed 30, two exits are required.	A2.1
3	Conference room has an occupant load of 20. When O/L exceeds 10, exiting can only go through one intervening room & also requires two-way (above IST floor with O/L more than 10), so reception room must be fire rated. Otherwise, relocate the conference room adjacent to fire-rated corridor.	A2.1
4	Provide elevator lobby isolation per UBC section 1004.3.4.5.	A2.1
5	Refer to workstation 62, two exits door # 3 & 5 are too close, they do not meet 1/2 the maximum diagonal distance of the room served.	A2.1
6	Call out 20 minutes fire door for door # 2, 3, & 7. Call out 45 minutes fire rating with tempered glass per UBC section 1004.3.4.3.2.2.	A2.1

REVIEW NO. 1 PC# 0103361Sheet 2
of 2JOB ADDRESS: 1515 S. ST.Date: 4/2/01

By: _____

John Tang, 264-7563DISCIPLINE: Life-Safety

Scope: _____

ITEM #	COMMENTS	Sht/Det. No.
7	Provide vision panel for door # 5, 9, 11, & 12 with tempered glass per UBC section 2406.4, item 5.	A2.1
8	Provide high & low level exit sign @ one-hour fire-rated exit corridor of group A occupancy per UBC section 1007.2.8.	A2.1
9	Provide exit sign illumination emergency power when O/L exceeds 100 per UBC section 1003.2.9.2.	A2.1
10	Refer to section 2/A8.1, call out main runner & cross runner. Be sure that swayed wires attach to main runner only.	A8.1
11	Call out 18" minimum on the strike side of door (typical).	A2.1

State of California - Resources Agency
OFFICE OF THE STATE FIRE MARSHAL
Code Enforcement

STATE LEASED
PERMIT # 0103361



Microfilm

Fire Safety Correction Notice

Page 1 of 1

File No: _____

Name: Department of Corrections

Address: 1515 S Street, 5TH floor, Sacramento, CA 95814

The California Health and Safety Code and the State Fire Marshal's regulations require the following fire safety deficiencies be corrected.

On January 11, 2002, I was accompanied by Joe Damico (JIB Company) and Kim Kirkpatrick (DSEM) to conduct a final inspection of the 5TH floor phase II remodel project at the above facility.

Deficiency # 1 on EN-11 dated 12/18/01 has been corrected.

Deficiencies # 2 and 3 on EN-11 dated 11/10/02 have been corrected.

Final approval is granted. All work was completed per approved plans.

The above deficiencies are to be corrected within 10 days. When ALL deficiencies have been corrected, sign and return the certification on the opposite side of this form. If you have any questions, contact the Office of the State Fire Marshal at (916) 445-8314

ISSUED BY (Deputy State Fire Marshal)

Vickie Sakamoto

RECEIVED BY

Joe Damico

DATE

1/11/02