

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0001381
Insp Area: 1

Site Address: 980 9TH ST SAC
Parcel No: 006-0036-031

3rd fl

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

CONTRACTOR
RUDOLPH AND SLETTEN INC
1750 CREEKSIDE OAKS DR STE150
SAC CA 95833

OWNER
LPT ASSOCIATES
100 PINE ST STE 3200
SAN FRANCISCO CA 94111

ARCHITECT
VITELLO&ASSOC
1931 H ST
SACRAMENTO CA 95825

Nature of Work: INTERIOR REMODEL (T/I) 6236 SQFT.
PLUMBING; ELECTRICAL; MECHANICAL; BUILDING; &
FIRE: DEMO & NEW PARTITION: NO EXTERIOR

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 none 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 _____ License Number 198069 Date 4/5/00 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 _____

APR 05 2000

NEIGHBORHOODS, PLANNING AND DEVELOPMENT SERVICES

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation 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 4/5/00 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.

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 FREMONT INDUSTRIAL Policy Number JV 517716-2 Exp Date 06/30/2000

_____, (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.

Date 4/5 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
APPLICATION FOR COMMERCIAL BUILDING PERMIT**

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 00.01381 Insp. Area 1C

Applicant MUST complete ALL Unshaded areas

ADDRESS 980 9th St Sec 95814 Suite 3rd Floor
PARCEL # 006-0036-031

CONTACT <u>Andrea Galli</u> Name <u>DLR Group Vitelo</u> Address <u>1931 H St Sec</u> Phone <u>916-446-0206</u> FAX <u>(916) 446-0894</u> E-mail _____		LICENSED CONTRACTOR Lic No. # _____ Name <u>Rudolph & Sletten</u> Address <u>1750 Creekside Oaks Suite 150</u> Phone <u>568-500</u> FAX <u>568-5500</u> E-mail <u>Tim Albani</u>	
ARCHITECT/ENGINEER Name <u>VITELLO C4227</u> Address _____ Phone <u>446-0206</u> FAX _____ E-mail _____		OWNER Name <u>980 9th LLC db Grosvenor International</u> Address <u>100 Pine St Suite 3200, San Francisco 94111</u> Phone <u>(916) 557-1800</u> <u>Liz Hayes</u> FAX _____ E-mail _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: on file
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: Interior finish remodel. Relocate plumbing, electrical, mechanical, dry & fire. Rendition of a few new partitions.

OCCUPANT/TENANT: Commission on State Mandates VALUATION: \$ 93540⁰⁰

FLOOD STATUS: <u>LIR</u>				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	SITE	<input checked="" type="checkbox"/> FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Vio. File		
<u>25</u>		<u>6236</u>		<u>B</u>	<u>1-FR</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<u>15</u>	[H]	[Quad]	
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	S	D	PW	UTIL	
<u>ESB</u>										

COMMENTS: _____

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



CERTIFIED CONTROLS ENGINEERING, INC.

4400 Laird Road
Loomis, Ca. 95650
916-652-3975

SB JOB NO.

SECTION

PAGE
1

FAN AND OUTLET TEST SHEET

DATE

4-28-00

AREA SERVED

US BANK 3RD FLOOR

UNIT

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		MIN TEST 3 HEAT		
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM	
	1	LSD				200		214	197		79		
	2	LSD				200		180	200		76		
	VAV	#1				400		394	397		155		
								.91	.91		.14		
	3	LSD				190		201			93		
	4	}				190		188			89		
	5					225		214			100		
	6					200		190			89		
	7					200		198			89		
	8					225		208			90		
	VAV		#2				1230		1199			550	
									.63 max			.11	
	9		LSD				190		164	190		86	
	10	}				190		152	191		80		
	11					225		200	206		87		
	12					225		215	214		73		
	13					190		212	189		83		
	14					190		220	188		79		
	VAV		#3				1210		1163	1178		508	
									.65 max	.65 max		.12	
	15		LSD				225		193	240		77	93
	16	}				175		165	175		71	79	
	17					175		188	170		70	79	
	18					180		183	186		81	87	
	VAV		#4				755		679	771		299	338
								.43	.55		.08	.11	

REMARKS: #2 NO RA GRILLE - OK

Norm Campbell



CERTIFIED CONTROLS ENGINEERING, INC.

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FAN AND OUTLET TEST SHEET

DATE

4-28-00

AREA SERVED

US BANK 3RD FLOOR

UNIT

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		MIN TEST 3 HEAT	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	19	LSD				225	179	224			91	
	20	}				175	144	177			75	
	21					175	142	184			81	
	22					225	212	224			99	
	23					225	214	236			104	
	VAV # 5					1025	891	1045			450	
							.40	.52			.10	
	24	LSD				240	279	262			86	109
	25	LSD				240	224	248			78	102
	VAV # 6				480	503	510			164	211	
							.59	.59			.06	.10
	26	CD				175	159	177	192		54	
	27	}				150	156	151	159		43	
	28					150	169	164	168		45	
	29					175	177	174	188		47	
	30					300	292	287	305		76	
	31					100	110	111	117		35	
	32					390	469	458	412		261	
	VAV # 7					1440	1532	1522	1541		561	
							.76	.76	.76		.08	
	33	CD				400	502	433			79	
	34	}				400	496	429			81	
	35					400	481	428			86	
	36					400	489	421			79	
	VAV # 8					1600	1968	1711			325	
							.61	.45			.02	

REMARKS: VAV # 7 NO STAT COVER SCREWS. - OK

None



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916-652-3975

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SECTION

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FAN AND OUTLET TEST SHEET

DATE

4-28-00

AREA SERVED

US BANK 3RD FLOOR

UNIT

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		MINI TEST 3 HEAT	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	37	CD				100		89	98		0	10
	38	↓				400		368	390		0	23
	39					400		412	436		46	135
	40					400		395	420		43	130
	41					250		225	247		47	79
	42					250		372	257		49	84
	VAV #9					1800		1861	1848			461
								.60	.58		.03	.06
	43	CD				500		572	485			105
	44	CD				500		447	508			71
	VAV #10					1000		1019	993			176
								.68	.68			.03
	45	CD				400		419				93
	VAV #11							.52				.03

REMARKS:

#10 STAT LEAKS ON COOL - OK

CEF-515

Norm Koenig

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 1-10-01

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

980 9th ST 3rd Floor

Has been conducted by Inspector

R. Robles

On

4-19-00

00-01381-200
Permit Number

6,236
Square Footage

OH Sprinkler-TI
Type of Inspection

They system is acceptable by this department.

R. Woodman
By: Ross L. Woodman,
Fire Prevention Officer II

00-83
F.D. Reference Number

J

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 980 - 9TH ST 3RD FL Permit No. 0001381

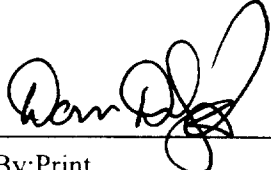
Building Use: OFFICE Occupancy: B

Building Owner: 980 - 9TH ST LLC/GROSVENOR Construction Type: I FR

Owner Address: 100 PINE ST #3200 Sprinkled? [Y] Yes [] No

Portion of Building Occupied: OFFICE - 3RD FL Area: _____ Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy: OFFICE USE/ Final c of o not to be issued until module communicating with fire panel is Ok'd by Fire Dept.

4/28/00  DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

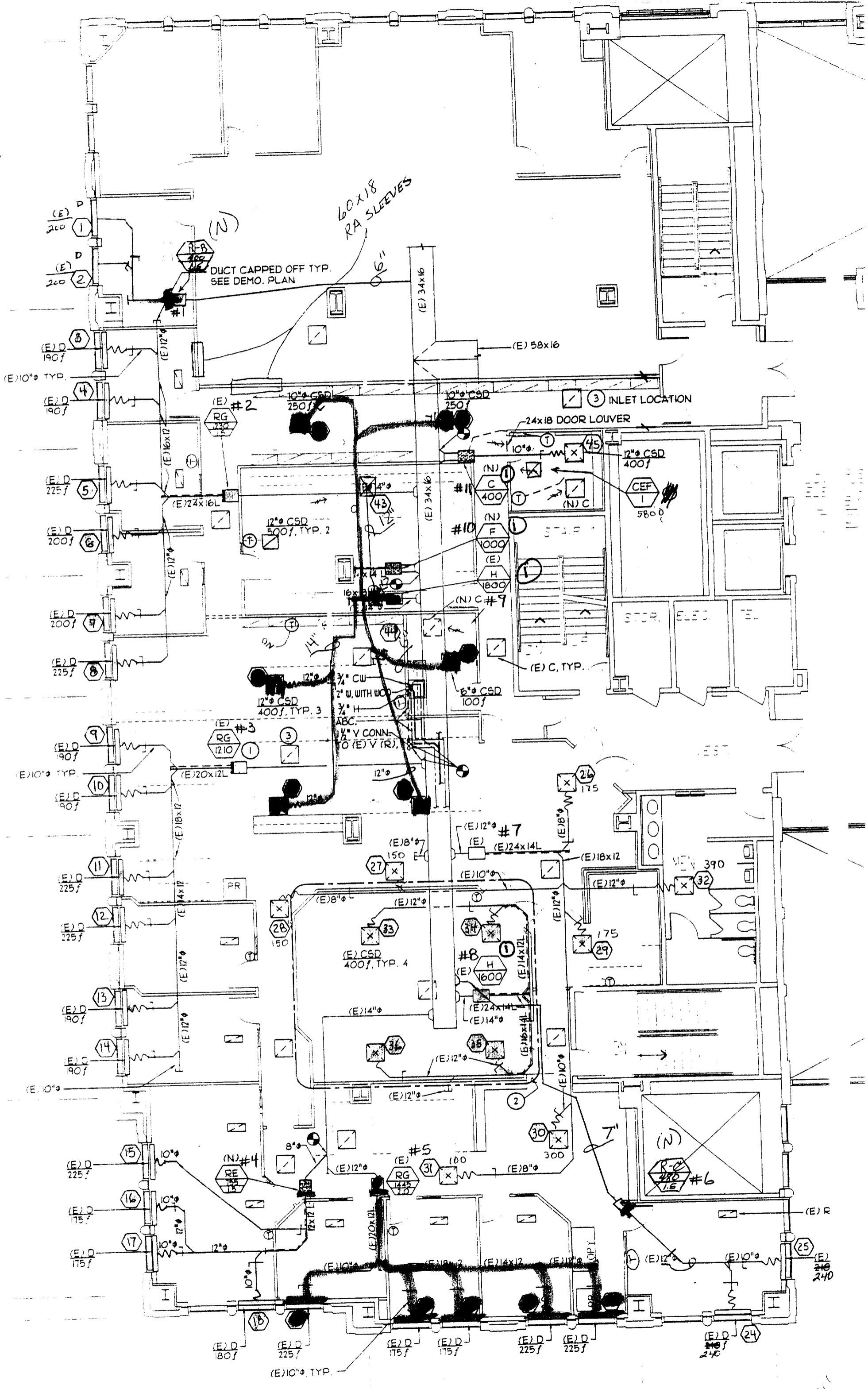
[TCO approvals: VF,JM,RL,DEMELLO]

CBC 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.

882-7678
889-1240

216-1111 Draw K



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