

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 9909872
Insp Area: 1

Site Address: 555 CAPITOL ML SAC
Parcel No. 006-0145-025 14TH FLOOR

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

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

OWNER
DOWNTOWN PLAZA TOWERS ASSOCIATES
555 CAPITOL ML
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: INTERIOR 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 205570 Date 11/14/99 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 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 improvements 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 11/10/99 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 VILLANOVA INS CO Policy Number WC10099897 Exp Date 06/29/2000

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 11/10/99 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

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 555 CAPITOL MALL 14TH FL Permit No. 99-09872

Building Use: OFFICE Occupancy: B-2

Building Owner: DOWNTOWN PLAZA TOWERS ASSOC. Construction Type: _____

Owner Address: 555 CAPITOL MALL SAC., CA Sprinkled? [] Yes [X] No

Portion of Building Occupied: #1450 Area: 12852 Sq. Ft.

5/15/00 Nicholas Buchberger DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By: VF.RVL.JM]

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

POST IN A CONSPICUOUS PLACE

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 # 9909872 Insp. Area 1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 555 CAPITAL MALL Suite 14TH FLOOR
 PARCEL # 006-0145-025

| | |
|---|---|
| <p style="text-align: center;">CONTACT</p> <p>Name <u>MIKE ALLEN</u> Address <u>9807 FAIR OAKS BLVD.</u> Phone <u>904-5000</u> FAX <u>904-5008</u> E-mail _____</p> | <p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>705570</u></p> <p>Name <u>M. P. ALLEN G.C. INC.</u> Address <u>9807 FAIR OAKS BLVD.</u> Phone <u>904-5000</u> FAX <u>904-5008</u> E-mail <u>MPALLEN@MPALLEN.COM</u></p> |
| <p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>RMW ARCHITECTS</u> Address <u>1718 3RD ST. SACTO 95814</u> Phone <u>449-1400</u> FAX <u>449-1414</u> E-mail _____</p> | <p style="text-align: center;">OWNER</p> <p>Name <u>DOWNNEY BRAND ET AL</u> Address <u>555 CAPITAL MALL</u> Phone <u>441-0131</u> FAX _____ E-mail _____</p> |

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: YILLANOVA INS.
 → WORKER'S COMPENSATION POLICY # WC10099897 EXPIRATION DATE: 6/29/2000

NATURE OF WORK IN DETAIL: TEENANT IMPROVEMENT FOR LAW FIRM
INT OFFICE RENOV
180,000

OCCUPANT/TENANT: DOWNNEY BRAND VALUATION: \$ 200,000

| | | | | | | | | | | |
|---------------------------------------|---------------------------------------|--|--|---|--|--|--|-------------------------------|------------------------------|------------------------------|
| FLOOD STATUS: | | | | S.C.A.T. | | | | | | |
| JOB DESCRIPTION | | <input checked="" type="checkbox"/> BLDG | <input type="checkbox"/> SHELL | <input type="checkbox"/> APT | <input type="checkbox"/> TI() | <input checked="" type="checkbox"/> REM(X) | <input type="checkbox"/> SW | <input type="checkbox"/> FIRE | <input type="checkbox"/> ADD | <input type="checkbox"/> OTH |
| INSPECTION DISCIPLINES | | <input checked="" type="checkbox"/> BLDG | <input checked="" type="checkbox"/> MECH | <input checked="" type="checkbox"/> PLUMB | <input checked="" type="checkbox"/> ELEC | <input type="checkbox"/> SITE | <input checked="" type="checkbox"/> FIRE | | | |
| # Stories | 1st flr Area | Total Area | Use Zone | Occp Group | Const type | Fire Rec. Y/N | Fed Code | Vio. File | | |
| | | <u>12852</u> | | <u>B-2</u> | <u>1 AR</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 | <input type="checkbox"/> S | <input checked="" type="checkbox"/> D | PW | UTIL | |

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

Cal-State Mechanical

Consultants, Inc.

Air Conditioning Heating
Refrigeration

- Design
- Installation
- Service

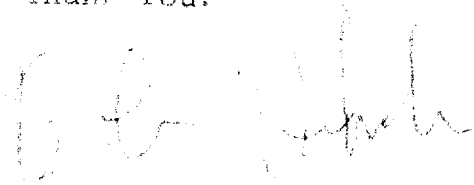
Commercial & Residential

TO: Sacramento City Inspection 01 December 1999

PROJECT: Downey Brand
14th Fl
555 Capitol Mall

Penetration thru a 12" high pressure duct with a 2" copper vent pipe will not effect the function of the 2 mixing boxes down down stream. A sheetmetal sleeve surrounds the pipe, separating it from the air flow. The sleeve has now been properly sealed eliminating leaks. We are getting the amount of air required, out of the supply registers controlled by the two mixing boxes.

Thank You:



Bob Holcomb