

**Development Services**  
We Help Build A Great City

**CITY OF SACRAMENTO**

www.cityofsacramento.org

Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT

Inspection Request: 1-916-808-7622

**Downtown Permit Center**  
New City Hall  
915 I Street, 3rd Floor  
Sacramento, CA 95814

**North Permit Center**  
2101 Arena Blvd., Suite 200  
Sacramento, CA 95834

Permit No. 0611645  
 Date Applied 07/31/2006  
 Type Commercial  
 Subtype Tenant Improvement  
 Category Office

Permit Address 4100 EAST COMMERCE WY  
 SACRAMENTO CA  
 Site Location SUITE A

Parcel No. 22500701030000

Owner KELLEY SIOUKAS PROPERTIES  
 2277 FAIR OAKS BL. SUITE 275  
 SACRAMENTO, CA  
 916-641-7100

Applicant MORGAN DAVIS/ BLUE NORTERN BUILDERS INC  
 MORGAN DAVIS/ BLUE NORTERN BUILDERS INC  
 108 MAIN ST  
 ROSEVILLE CA  
 916-772-4192

Valuation \$ 235,000.00

Fee Items	# of Each	Amount
Permit--Building-Com	1	\$1,994.25
Plan Ck--Building Com	1	\$1,615.66
Review--Fire Department	1	\$93.18
Strong Motion	1	\$49.35
City Business Oper Tax	1	\$94.00
Bldg-Technology Surcharge	1	\$144.40
General Plan Surcharge	1	\$138.65
<b>Total</b>		<b>\$4,129.49</b>

NOV 17 2006

**NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES**

**LICENSED CONTRACTOR'S 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: 820947  
 Date: 11/17/06 Contractor: Blue Northern Builders, Inc

**OWNER-BUILDER DECLARATIONS**

I hereby affirm that I am exempt from the Contractor's License Law (C.L.L.) for the following reason (Sec. 7031.5.B&P 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/she is licensed pursuant to the provisions of C.L.L. Chapter 9 (commencing with Sec.7000) of Division 3 of the B&P Code) or that he/she is exempt there from and the basis for the alleged exemption. Any violation of Sec. 7031.5 by any applicant for a permit subjects the applicant to civil penalty of not more than five hundred dollars (\$500):

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 B&P Code: The C.L.L. does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his 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 did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractor(s) to construct the project (Sec. 7044, B&P Code: The C.L.L. does not apply to an owner of property who holds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the C.L.L.)

I am exempt under Sec. \_\_\_\_\_ B & P.C. for this reason:  
 Date: \_\_\_\_\_ Owner: \_\_\_\_\_

**WORKERS COMPENSATION DECLARATION**

I hereby affirm that I have a certificate of consent to self-insure, or a Certificate of Worker's Compensation Insurance, or a certified copy thereof (Sec 3800, Labor Code).  
 Policy Number: \_\_\_\_\_ Company: \_\_\_\_\_  
 Certified copy is hereby furnished.  
 Certified copy is filed with the city building inspection department or city Sacramento department.  
 Date: 11/17/06 Applicant: Morgan Davis, Blue Northern Builders, Inc

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to construction. I hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

Date: 11/17/06 Applicant or Agent: Morgan Davis

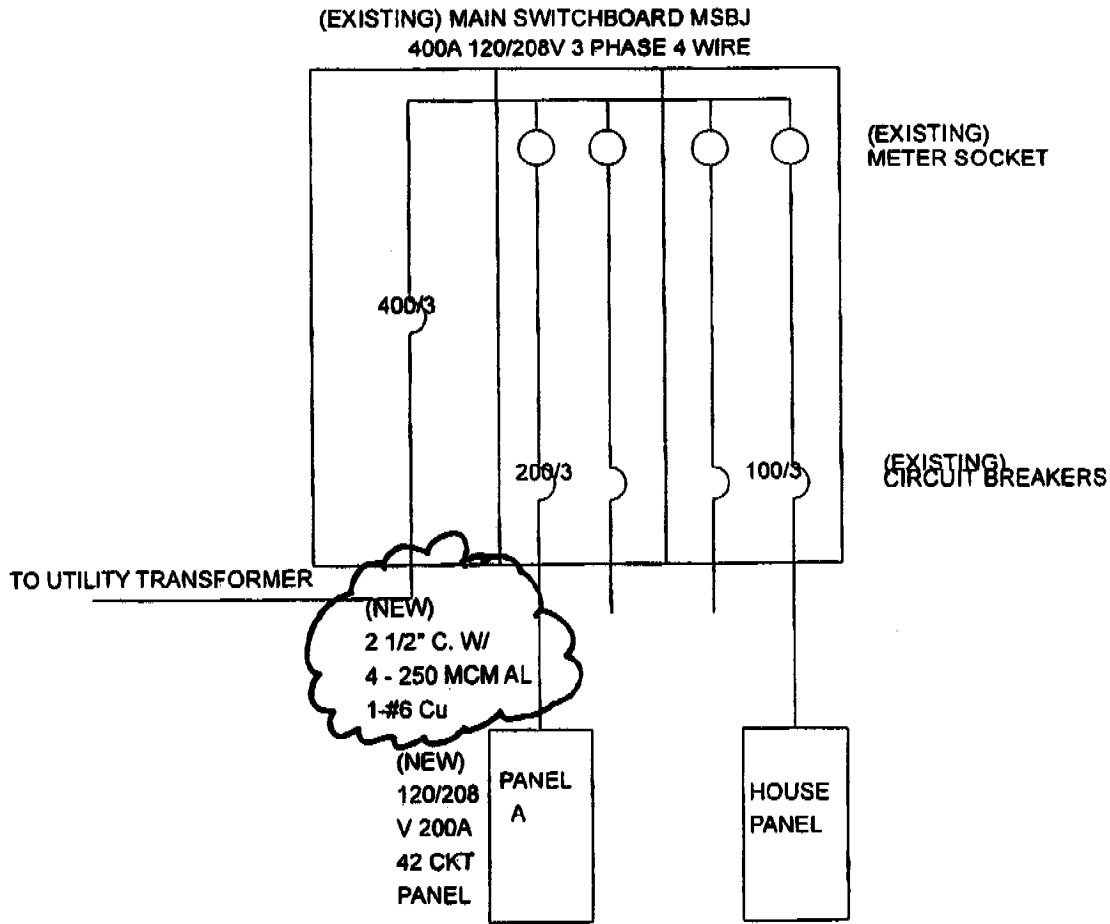
Description of Work:  
 2452 SQ FT TI FOR MEDICAL OFFICE SPACE FROM ORIGINAL # 0506737

**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**



**Sigerson Architects**  
**Saxon Sigerson AIA**  
Architect  
7940 California Avenue, Suite 4  
Fair Oaks, California 95628  
(916) 863-6470  
Fax (916) 966-9948

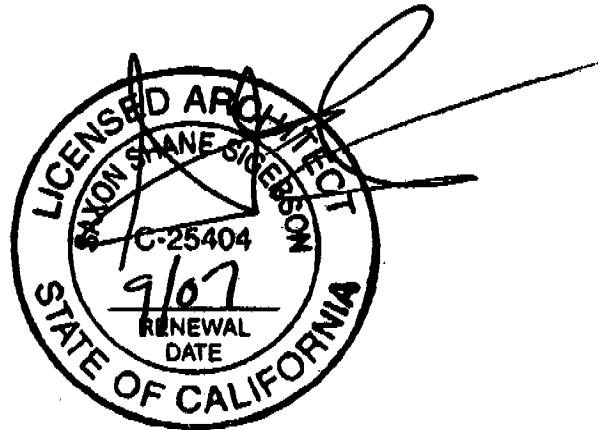
Permit # 0611645  
4100 E. Commerce



SINGLE LINE DIAGRAM

DR. AREVALLO 4100 E. COMMERCE WAY, SUITE A SACRAMENTO, CA

Revised  
2/23/07



**2005 CERTIFICATE OF ACCEPTANCE (Part 1 of 2) LTG-1-A**

PROJECT NAME <b>DR AREVALO MEDICAL OFFICE</b>		DATE <b>3/23/07</b>
PROJECT ADDRESS <b>4100 EAST COMMERCE WAY SUITE 100 SACRAMENTO</b>		Checked by/Date Enforcement Agency Use
TESTING AUTHORITY <b>MIRACLE ELECTRIC CO</b>	TELEPHONE <b>791 4291</b>	

GENERAL INFORMATION			
DATE OF BLDG. PERMIT	PERMIT # <b>0611645</b>	BLDG. CONDITIONED FLOOR AREA	CLIMATE ZONE
BUILDING TYPE	<input checked="" type="checkbox"/> NONRESIDENTIAL	<input type="checkbox"/> HIGH RISE RESIDENTIAL	<input type="checkbox"/> HOTEL/MOTEL GUEST ROOM
PHASE OF CONSTRUCTION	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> ADDITION	<input checked="" type="checkbox"/> ALTERATION
			<input type="checkbox"/> UNCONDITIONED

**STATEMENT OF ACCEPTANCE**

This Certificate of Acceptance summarizes the results of the acceptance tests related to building lighting requirements per Title 24, Part 1 (10-103(b)) and Part 6. (Sections 119(d), 119(e), 131(d))

- Please check one:
- I hereby affirm that I am eligible under the provisions of Division 3 of the Business and Professions Code to sign this document as the person responsible for its preparation; and that I am licensed in the State of California as a civil engineer or electrical engineer, or I am a licensed architect.
  - I affirm that I am eligible under the exemption to Division 3 of the Business and Professions Code by Section 5537.2 or 6737.3 to sign this document as the person responsible for its preparation; and that I am a licensed contractor performing this work.
  - I affirm that I am eligible under the exemption to Division 3 of the business and Professions Code to sign this document because it pertains to a structure or type of work described pursuant to Business and Professions Code sections 5537, 5538, and 6737.1.

(These sections of the Business and Professions Code are printed in full in the Nonresidential Manual.)

TESTING AUTHORITY - NAME <b>MIRACLE ELECTRIC CO</b>	SIGNATURE 	DATE <b>3/23/07</b>	LIC.# <b>AA9352</b>
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**INSTRUCTIONS TO APPLICANT**

For Detailed instructions on the use of this and all Energy efficiency Standards acceptance forms, please refer to the Nonresidential Manual published by the California Energy Commission.  
 Part 1 of 2 - Statement of Acceptance  
 Part 2 of 2 - Summary of Acceptance Tests



**2005 ACCEPTANCE REQUIREMENTS FOR CODE COMPLIANCE**

**Lighting Control Acceptance Document** **LTG-2-A**  
Form 1 of 2

PROJECT NAME <u>DR. AREVALO MEDICAL OFFICE</u>	DATE <u>3/23/07</u>	
PROJECT ADDRESS <u>4100 EAST COMMERCE WAY SUITE 100 STERLING</u>	Checked by/Date Enforcement Agency Use	
TESTING AUTHORITY <u>MIRACLE ELECTRIC CO</u>		TELEPHONE <u>916 791 4291</u>
LIGHTING CONTROL SYSTEM NAME / DESIGNATION		

Intent: Lights are turned off when not needed per 119(d) & 131(d).

**Construction Inspection**

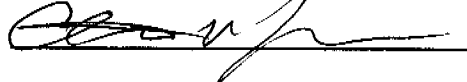
- 1 Instrumentation to perform test includes, but not limited to:
  - a. Light meter
  - b. Hand-held amperage and voltage meter
  - c. Power meter
- 2 Occupancy Sensor Construction Inspection
  - Occupancy sensor has been located to minimize false signals
  - Occupancy sensors do not encounter any obstructions that could adversely effect desired performance
  - Ultrasonic occupancy sensors do not emit audible sound (119a) 5 feet from source
- 3 Manual Daylighting Controls Construction Inspection
  - If dimming ballasts are specified for light fixtures within the daylit area, make sure they meet all the Standards requirements, including "reduced flicker operation" for manual dimming control systems
- 4 Automatic Time Switch Controls Construction Inspection
  - a. Automatic time switch control is programmed for (check all):
    - Weekdays
    - Weekend
    - Holidays
  - b. Document for the owner automatic time switch programming (check all):
    - Weekdays settings
    - Weekend settings
    - Holidays settings
    - Set-up settings
    - Preference program setting
    - Verify the correct time and date is properly set in the time switch
    - Verify the battery is installed and energized
    - Override time limit is no more than 2 hours

**Certification Statement:** I certify that all statements are true on this LTG-2-A form including the PASS/FAIL Evaluation.

I affirm I am eligible to sign this form under the provisions described in the Statement of Acceptance on form LTG-1-A

Name: CHRIS JERSON

Company: MIRACLE ELECTRIC CO

Signature: 

Date: 3/23/07

**2005 ACCEPTANCE REQUIREMENTS FOR CODE COMPLIANCE**

**Lighting Control Acceptance Document** **LTG-2-A**  
Form 2 of 2

PROJECT NAME: DR AREVALO MEDICAL OFFICE DATE: 3/23/07

- A. Select Acceptance Test** (Indicate lighting control systems Names/Designations by the applicable tests below)
- 1 Occupancy Sensor
  - 2 Manual Daylighting Controls
  - 3 Automatic Time Switch Controls

B. Equipment Testing Requirements	Applicable Lighting Control Systems		
	1	2	3
Check and verify those items applicable to selected system:			
<b>Occupancy Sensor - Step 1: Simulate an unoccupied condition</b>			
a. Lights controlled by occupancy sensors turn off within a maximum of 30 minutes from start of an unoccupied condition per Standard Section 119(d)	Y / N		
b. The occupant sensor does not trigger a false "on" from movement in an area adjacent to the controlled space or from HVAC operation	Y / N		
c. Signal sensitivity is adequate to achieve desired control	Y / N		
Step 2: Simulate an occupied condition			
a. Status indicator or annunciator operates correctly	Y / N		
b. Lights controlled by occupancy sensors turn on when immediately upon an occupied condition OR (this requirement is mutually exclusive with Step 2.c.)	Y / N		
c. Sensor indicates space is "occupied" and lights turn on manually	Y / N		
Step 3: System returned to initial operating conditions			
Y / N			
<b>Manual Daylighting Controls - Step 1: Manual switching control</b>			
a. At least 50% of lighting power in daylit areas is separately controlled from other lights		Y / N	
b. The amount of light delivered to the space is uniformly reduced		Y / N	
Step 2: System returned to initial operating conditions			
Y / N			
<b>Automatic Time Switch Controls - Step 1: Simulate occupied condition</b>			
a. All lights can be turned on and off by their respective area control switch			Y / N
b. Verify the switch only operates lighting in the ceiling-height partitioned area in which the switch is located			Y / N
Step 2: Simulate unoccupied condition			
a. All non-exempt lighting turn off per Section 131(d)1			Y / N
b. Manual override switch allows only the lights in the selected ceiling height partitioned space where the override switch is located, to turn on or remain on until the next scheduled shut off occurs			Y / N
c. All non-exempt lighting turns off			Y / N
Step 3: System returned to initial operating conditions			
Y / N			

*Note: Shaded areas do not apply for particular test procedure*

- C. PASS / FAIL Evaluation (check one):**
- PASS: All applicable **Construction Inspection** responses are complete and all applicable **Equipment Testing Requirements** responses are positive (Y - yes)
  - FAIL: Any applicable **Construction Inspection** responses are incomplete OR there is one or more negative (N - no) responses in any applicable **Equipment Testing Requirements** section. Provide explanation below. Use and attach additional pages if necessary.

# PECK

HEATING & AIR CONDITIONING, INC.

3650 CINCINNATI AVENUE • ROCKLIN, CA 95765 • (916) 624-0415

Sales • Service • Installation

April 3, 2007

Blue Northern  
KSP Arena Corporate Center  
4100 East Commerce Way  
Building J, Suite A  
Sacramento, CA 95834

0611645  
M-39 AP  
WZG 98%  
STE A

RE: Air Balance

RTU - Unit #1

	<u>Supply Air</u>	<u>Return Air</u>	<u>Outside Air</u>
Reception	255 CFM	250 CFM	400 CFM
Business Office	248 CFM	244 CFM	
Vital Signs	150 CFM		
Exam Room #3	202 CFM	200 CFM	
Exam Room #4	205 CFM	200 CFM	
Exam Room #5	208 CFM	202 CFM	
Exam Room #6	207 CFM	205 CFM	
Exam Room #7	197 CFM	200 CFM	
Office	203 CFM	201 CFM	
Lab	200 CFM	200 CFM	
Patients Bath	75 CFM		
Hall - North	150 CFM	148 CFM	
Hall - South	100 CFM	97 CFM	

RTU - Unit #2

	<u>Supply Air</u>	<u>Return Air</u>	<u>Outside Air</u>
Sick Waiting Room	342 CFM		400 CFM
Sick Waiting Room	346 CFM		
Well Waiting Room	305 CFM		
Well Waiting Room	294 CFM	1200 CFM	
Vital Signs #1	250 CFM		
Exam Room #1	244 CFM	248 CFM	
Exam Room #2	242 CFM	240 CFM	
Lounge	255 CFM	251 CFM	
Staff Bath	112 CFM		

REF - 1: Exhaust Fan - 240CFM @ 0.50 S.P.

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 808-5716

Building Address: 4100 EAST COMMERCE WY SUITE A Permit No.: 0611645  
Building Use: MEDICAL OFFICE DBA: DR MANUEL AREVALO Occupancy: B  
Building Owner: KELLEY SIOUKAS PROPERTIES Construction Type: V-N  
Owner Address: SACRAMENTO, CA 95825  Yes  No  
Portion of Building Occupied: ENTIRE Area: 2,452 Sq. Ft.  
04/09/2007 Stella Germano Carl Hefner  
Date By: (Print) Sign DEPUTY CHIEF BUILDING OFFICIAL

[ Finaled By: WZG, GRS, JM, MM, JL ]

*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 15 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 Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.*

**POST IN A CONSPICUOUS PLACE**