

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0100226
Insp Area: 4

Site Address: 2150 RIVER PLAZA DR SAC
Parcel No: 274-0320-068 STE 420

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

CONTRACTOR
MARKET ONE BUILDERS INC
1419 N MARKET BL #1
SACRAMENTO CA 95834

OWNER
SPIEKER PROPERTIES I, P
2150 RIVER PLAZA DR STE
SACRAMENTO CA 95833

ARCHITECT

Nature of Work: INTERIOR REMODEL INCLUDING PARTIAL HT PARTITIONS, RELOCATE A SINK, RELOCATE LIGHT FIXTURES. UPGRADE MECHANICAL AND FIRE SPRINKLERS

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 737694 Date 1-5-01 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.

Date 1-5-01 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 STATE FUND Policy Number 692-99 0002229 Exp Date 10/01/2001

(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 1-5-01 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.

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 # 0100226 Insp. Area

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2150 River Plaza Drive Suite 420
 PARCEL # _____

<p style="text-align: center;">CONTACT</p> <p>Name <u>John Russell</u> Street Address <u>1419 N. Market Blvd. Ste 1</u> City/State/Zip <u>Sacramento Ca. 95834</u> Phone <u>916-928-7478</u> FAX <u>916-928-7475</u> E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>737694</u></p> <p>Name <u>Market One Builders</u> Address <u>1419 N. Market Blvd. Ste 1</u> City/State/Zip <u>Sacramento, Ca. 95834</u> Phone <u>916-928-7474</u> FAX <u>916-928-7475</u> E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Nielsen + Associates</u> Address <u>550 Howe Ave.</u> City/State/Zip <u>Sacramento, Ca. 95825</u> Phone <u>916-925-0333</u> FAX <u>916-925-8608</u> E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>Spieker Properties</u> Address <u>2150 River Plaza Dr. Ste 160</u> City/State/Zip <u>Sacramento Ca. 95833</u> Phone <u>916-922-5600</u> FAX <u>916-920-5666</u> E-mail: _____</p>

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

NATURE OF WORK IN DETAIL: T.I. work to include: new office partition walls, relocate a sink, move light fixtures, upgrade mechanical, and fire sprinklers.

OCCUPANT/TENANT: HEWITT & PROUT VALUATION: \$ 40,000

FLOOD STATUS:		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	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>4</u>		<u>39609</u>		<u>B</u>	<u>II-2.4</u>	<u>(Y)</u>			<u>[H] [Quad]</u>	
<u>(B)</u>	<u>(L)</u>	<u>(P)</u>	<u>(M)</u>	<u>(E)</u>	<u>(F)</u>	<u>S</u>		<u>D</u>	<u>PW</u>	<u>UTIL</u>
<u>13 dt</u>	<u>13 dt</u>	<u>13 JMT</u>	<u>13 JMT</u>	<u>13 T.L.M.</u>	<u>13 BSF</u>					

COMMENTS: _____

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



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 GATEWAY OAKS ONE SYSTEM Suite 420
 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	
4-27	1				235		90%	230	340				
	2				245		575	260	240				
	3				240		485	215	240				
	4				235		565	220	230				
						1060		7450	1025	1050			
4-25	1				265		620	540	215				
	2				255		250	205	260				
	3				250		260	215	245				
	4				290		265	210	285				
						1050		1395	1170	1065			
4-26					40		70%	195	230				
					40		375	180	230				
					40		260	170	260				
	1				225		485	245	220				
	2				110		160	75	75				
	3				130		170	185	130				
						1175		1550	1070	1135			
4-24	1				230		565	210	245				
	2				70		130	50	75				
	3				160		485	220	160				
					470		1140	490	480				

REMARKS:

TEST DATE 2-12-01 READINGS BY DAVID O'CONNOR



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 License #: 572243

AIR OUTLET TEST REPORT

PROJECT CAVALRY ONE SYSTEM Suite 420
 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	
A 4	1				200		575	175	200				
4 44	1				210		415	205					
COOLING UNIT	2				75		155	80					
					285		570	285					

REMARKS:

TEST DATE 2-12-01 READINGS BY DAVID O'CONNOR

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: February 28, 2001

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

2150 River Plaza Dr #420

Has been conducted by Inspector

Wilborn

On 2/22/01

01-00226

Permit Number

3369

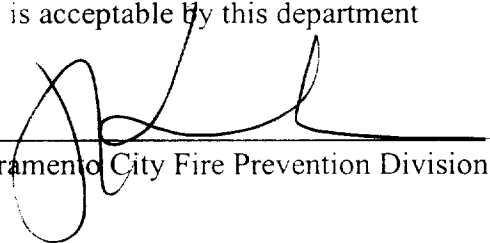
Square Footage

199/194 remodel

Type of Inspection

The system is acceptable by this department

By:


Sacramento City Fire Prevention Division

TI-879

F.D. Reference Number

