

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0104689
Insp Area: 4

Site Address: 2399 GATEWAY OAKS DR SAC
Parcel No: 274-0320-078 #101

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

CONTRACTOR
HMH BUILDERS INC
8589 THYS CT
SAC 95828

OWNER
NATOMAS/WEST INVESTORS/LTD PTNR
7919 FOLSOM BL #300
SACRAMENTO CA 95826

ARCHITECT

Nature of Work: OFFICE TI #101

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 ABC-1 License Number 782799 Date 5-25-01 Contractor Signature Mark H. [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 3 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 5-25-01 Applicant/Agent Signature Mark H. [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 INS CO OF TH STATE OF PA Policy Number 7083206/07 Exp Date 08/01/2003

____ (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 5-25-01 Applicant Signature Mark H. [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.

Date of Request: 4.16.01
By: Brent

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 2301 Gateway Oaks Drive
Assessor's Parcel Number: 274-0320-032
Previous Use: unimproved Building shell -
Description of Request/Proposed Use: office tenant improvement

Is This a Change of Use? NO

Zoning Designation: OB-PUD
Gateway Cent. P.U.D.

Prior Applications for Project Site(P#, Z#, DRPB#): P 97-073

Comments: Use is okay in zone.
Building constructed under P97-073.
Must have been
Can check same for compliance.

Are There Any Planning Issues?: (circle one) YES NO

- * Staff Site Plan Check Required? (Circle one) YES NO
- * ~~Field Inspection Required?~~ (Circle one) ~~YES~~ NO
- * Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: [Signature] May 4.16.01. no exterior changes - check plans.

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL

CITY OF SACRAMENTO
BUILDING INSPECTION DIVISION
APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 A Building Permit Cannot be Approved Without This Completed Form

Business Name CALIF BANK TRUST Phone: _____
 Site Address 2399 Gateway Oaks Suite: _____
(Street) (Zip)
 Business Owner/Representative Mark Krishaw Phone: _____
 Nature of Business BANKING OFFICE
 Property Owner NATOMA WEST INVESTORS Phone: _____
 Address 7919 N Tolson Blvd Suite: _____
(Street) (City) (State) (Zip)

2 Are you developing an undetermined tenant space? Yes No Is this permit for a shell building? Yes No

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3 Does/Will your business generate hazardous waste? Yes No
 4 Does/Will your business handle store or transport any solid, liquid, or gaseous chemicals? Yes No

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.
 5 Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes No
 6 Do you handle, store or transport any amount of acutely hazardous materials? Yes No
 7 Is/Will your business be located within 1,000 feet of a school? Yes No

If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.
 8 Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes No

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 J STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: MARK HILTON
Mark Hilton (Print)
Mark Hilton (Signature) 5-25-01 (Date)

BID Use Only: Plan Ck# _____	Permit # _____
OK to issue prmt? Y _____	F.D. Appr Req'd? Yes No _____
init date _____	
Hold on Certificate of Occupancy? Yes No _____	
Fire Dept. Use Only:	
OK to issue permit? ini' _____	date _____
OK to issue Certificate of Occupancy? init _____	date _____

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

2511 Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0104689C	Insp. Area 4C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2399 Gateway Oaks Drive Suite 101
 PARCEL # 274-0320-032

<p>CONTACT Name <u>(architect below)</u> Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	<p>LICENSED CONTRACTOR Lic No. # <u>78099A</u> Name <u>Harrison-Mahon-Higgins</u> Address <u>8509 Third Court</u> City/State/Zip <u>Sacramento CA 95826</u> Phone <u>916/393-4925</u> FAX <u>916/393-9195</u> E-mail: <u>ralsgood@hnh.com</u></p>
<p>ARCHITECT/ENGINEER Name <u>Lee/John Donaldson Architects</u> Address <u>450 Central Court</u> City/State/Zip <u>Stockton, CA 95207</u> Phone <u>209/493-0405</u> FAX <u>209/493-0415</u> E-mail: <u>lida@hreadn.com 943-0415</u></p>	<p>OWNER Name <u>Hatoma's West Investors</u> Address <u>3610 American River Dr. Ste. 100</u> City/State/Zip <u>Sacramento, CA 95804</u> Phone _____ FAX _____ E-mail: _____</p>

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

NATURE OF WORK IN DETAIL: Interior office improvements in new
shell space

OCCUPANT/TENANT: CALIF. BANK + Trust VALUATION: \$ 300,000

FLOOD STATUS: <u>NR.</u>	S.C.A.T. <u>207; 200</u>								
JOB DESCRIPTION	BLDG	SHELL	APT	TI <input checked="" type="checkbox"/>	REM()	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	<input type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
# Stories	1st fir Area	Total Area	Use Zone	Occp Group	Const type	Fire Req <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fed Code	Vio. File	
<u>B</u>	<u>L</u>	<u>9705</u>	<u>M</u>	<u>B</u>	<u>NN</u>	<input checked="" type="checkbox"/> SPR <input type="checkbox"/> ALARM	<u>15</u>	[H] [Quad]	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	PW	UTIL

COMMENTS: *customer to bring 3rd set for fire, & 4th for Site

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



Insp. Area 4c

AUTHORIZATION TO START WORK

CITY OF SACRAMENTO, BUILDING INSPECTIONS DIVISION
1231 I ST., ROOM 200, SACRAMENTO, CA 95814

Company: HARBISON McHenry Higgins Builders PC # 0104689
Address: 8539 Jays Ct Sacramento Ca. BID App. SMS
Job Phone: 997-4506 Office Ph. 388-9176 Fee 350
SUBJECT: Project Address: 2349 GATEWAY OAKS DR. Suite # 101

I request permission to start the following work HVAC, T-BAR ceiling, wall frame
Rough Elect, Rough in Plumbing **ISSUED**

APR 19 2001 C.H.
Sacramento Building Division (SMS)

I realize that all work will be at the owner's and contractor's risk without assurance that the permit for the project will be granted. Any code conflicts will be corrected. I agree not to cover or conceal any work or portion thereof. I realize that inspections will not be made on this project until a building permit is issued. All changes required to conform to the approved plans will be completed without dispute. Work affecting the structural integrity of the existing building is not permitted.

I will expedite necessary revisions, corrections and clarifications as required to obtain the building permit.

If it should be determined subsequently by the City that changes in the design of the building are necessary after commencement of the work authorized, I assume full responsibility and all risk of loss which may result by reason of such changes. I agree that the building shall conform to the approved final plans as amended, without regard to the stage of completion.

This authorization is valid for 30 days while the plans are being processed for permit. These state required declarations must be properly executed before this authorization is valid. This authorization is valid when initialed by authorized Building Department personnel and stamped approved. Keep posted on job site at all times.

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 _____
Plans and specifications must be kept on the job at all times and it is unlawful to remove them from the same without written permission from the Building Inspection Division.
The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of the Business and Professions Code and my license is in full force and effect.

Lic. Class: A, B, C Lic. Number: 780999 HARBISON McHenry Higgins Builders
Mark H. [Signature] COMPANY NAME
SIGNATURE DATE 4-19-01

AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Lane
Sacramento, CA 95827

AIR OUTLET TEST REPORT

PROJECT LA 100 - 2nd Floor Rest SYSTEM VAV

OUTLET MANUFACTURER _____ TEST APPARATUS ANALOG FLOW METER

AREA	OUTLET				DESIGN		PRELIMINARY			FINAL CFM		NOT	
	SERVED	No.	Type	Size	AK	Max	Min	Vel or CFM	Vel or CFM	Vel or CFM	MAX		MIN
1AV		2	B			20		20	100	100	100		
10		2	B			20		20	100	100	100		
		3	B			335		335	230	230			
		4	B			335		335	230	230			
		5	B			175		175	175	175			
		6	B			175		175	100	100			
						175		175	100	100			
1AV		3	B			175		175	100	100	100		
10		3	B			175		175	115	115	115		
		4	B			100		100	100	100	100		
		5	B			175		175	200	200	200		
		6	B			175		175	300	300	300		
		7	B			175		175	200	200	200		
		8	B			175		175	90	90	90		
						175		175	1400	1385	1385		

REMARKS: _____

Test Date: _____ Reading By: _____

AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Lane
Sacramento, CA 95827

AIR OUTLET TEST REPORT

PROJECT California State Park & Forest SYSTEM VAV

OUTLET MANUFACTURER _____ TEST APPARATUS Analyst's method

AREA	OUTLET				DESIGN		PRELIMINARY			FINAL CFM		NOTE
	SERVED	No	Type	Size	AK	Max	Min	Vel or CFM	Vel or CFM	Vel or CFM	MAX	
VAV	1	2				420		305	420	425	425	
1-1	2	5				425		312	425	425	205	
						425						
VAV	1	51	12			420		375	430		430	
1-2	2	5	12			420		375	405		405	
	3	51	12			420			420		420	
	4	5	12			420		375	430		420	
						420						
VAV	1	51	12			420		345	420		345	
1-3	2	5	12			420		350	420		350	
						420						
VAV	1	2				425		320	425		320	
1-4	2	2				425		320	425		220	
						425		320	425		425	
VAV	1	2				400		300	400			
1-5	2	2				400		300	400			
1-4B	3	2				400		300	400			

REMARKS: _____

Test Date: _____ Reading By: _____

AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Lane
Sacramento, CA 95827

AIR OUTLET TEST REPORT

PROJECT Country Club - RUST SYSTEM VAV

OUTLET MANUFACTURER _____ TEST APPARATUS Flow 2000 #2

AREA	OUTLET				DESIGN		PRELIMINARY			FINAL CFM		NOT
	SERVED	No.	Type	Size	AK	Max	Min	Vel or CFM	Vel or CFM	Vel or CFM	MAX	
VAV	1-6	1	S	12		440		300		440	440	
VAV	1-7	2	S	10		350		300		345	350	
VAV	1-70	3	S	10		350		330		350	350	
VAV	1-8	3	S	10		250		230		250	250	
		3	SI	10		250		230		260	260	
		4	S	10		250		230		260	260	
		5	S	10		250		230		260	260	
		6	S	10		250		230		260	260	
		7	S	10		250		230		260	260	
		8	S	10		250		230		260	260	
						1265				1800	1800	

REMARKS: _____

Test Date: _____ Reading By: _____

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 2399 GATEWAY OAKS DR #101 Permit No.: 0104689
Building Use: OFFICE Occupancy: B
Building Owner: NATOMAS/WEST INVESTORS/LTD Construction Type: V-NHR
PTNR
Owner Address: SACRAMENTO, CA Sprinkled? Yes No
Portion of Building Occupied: SUITE 101 Area: _____ Sq. Ft.
Date 7/17/03 By: DAVID HAY (Print) Sign [Signature] **DENNIS RICHARDSON**
CHIEF BUILDING OFFICIAL

[Finaled By: MW,KLH,AAC,SB]

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