

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0400478**  
**Insp Area: 4**  
**Thos Bros: 298 B1**

**Site Address: 1610 ARDEN WY SAC**  
Parcel No: 277-0272-016 STE 298

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

CONTRACTOR  
BROWNING CONSTRUCTION INC  
9050 RANCHVIEW CT  
SACRAMENTO CA 95624

OWNER  
EQUITY OFFICE PROPERTIES  
160 ARDEN WAY SU 250  
SACTO, CA 95815

ARCHITECT

**Nature of Work: OFFICE REMODEL, 2983 SF**

**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 461321 Date 2-11-04 Contractor Signature Daniel Brown

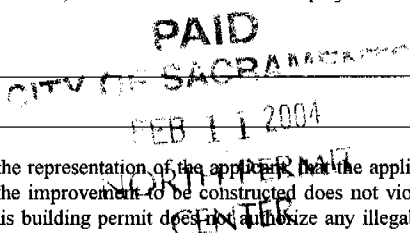
**OWNER-BUILDER DECLARATION:** I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code; any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior 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 2-11-04 Applicant/Agent Signature Daniel Brown

**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 713016444 Exp Date 10/01/2004

\_\_\_\_\_, (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 2-11-04 Applicant Signature Daniel Brown

**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.**



### AIR OUTLET TEST REPORT

PROJECT NAME Ameriquast Mortgage PROJECT NUMBER P4135  
 PROJECT ADDRESS 1610 Arden way SUITE NUMBER 298  
 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	
ZONE 1-27	1				260		240					
VAV 1	2				260		270					
					520		510					
VAV 2	1				120		110					
	2				120		130					
	3				120		125					
					360		365					
ZONE 1-28	1				280		285					2.8704
VAV 3					280		285					
ZONE 1-31	1				140		175	150	140			
VAV-4	2				170		150	180	165			
	3				50		70	50	65			
	4				100		60	80	100			
					460		455	460	470			

REMARKS:

TEST DATE 1-27-4

S. Christian  
Project Technician

Jimmy Miller  
Project Manager



### AIR OUTLET TEST REPORT

PROJECT NAME Americrest Mortgage

PROJECT NUMBER P4135

PROJECT ADDRESS 1610 Acacia Way

SUITE NUMBER 298

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	
Zone 129	1				440		300	415	450	435	
VAV 6	2				260		340	305	235	270	
	3				260		330	215	245	265	
					960		970	935	930	970	
Zone 130	1				230		185	230			
VAV 5	2				110		120	110			
	3				140		190	150			
					480		495	490			

REMARKS:

TEST DATE 1-27-4

S. Christensen  
Project Technician


[Signature]  
Project Manager

CITY OF SACRAMENTO

30 DAY TEMPORARY  
**Certificate of Occupancy**  
For Information Contact (916) 264-5716

Building Address: 1610 ARDEN WY #298 Permit No.: 0400478  
Building Use: OFFICE DBA: AMERIQUEST MORT Occupancy: N  
Building Owner: EQUITY OFFICE PROPERTIES Construction Type: \_\_\_\_\_  
Owner Address: SACRAMENTO, CA Sprinkled?  Yes  No  
Portion of Building Occupied: SUITE 298 Area: 2983 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

3/10/04  
Date By: (Print)  Sign **DENNIS RICHARDSON**  
CHIEF BUILDING OFFICIAL

[TCO approvals:DSP,CDY,AWC,CP]

***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.*

**POST IN A CONSPICUOUS PLACE**

City of Sacramento Planning Division  
**PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL**

ADDRESS: 1610 Arden Way	APN: 277-0272-016
DRPB AREA / PUD / SPD: Point West	ZONING: SC-R-PUD
EXISTING LAND USE: Office Bldg	
PROPOSED USE: Tenant Improvements (Interior)	
<b>PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:</b>	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	<b>Use is NOT allowed; applicant CANNOT submit for plan check.</b>
<input type="checkbox"/>	<b>Requires APPLICATION(s):</b> PC            ZA            IR            ER            DR            PB
	Required Planning application must be submitted <i>before</i> project can be submitted for plan check.
<input type="checkbox"/>	<b>Application(s) IN PROGRESS:</b>
	Applicant may submit for concurrent building permit plan check, at applicant's risk. Building Division must check with Planning staff and/or SITE before issuing building permit.
<input type="checkbox"/>	<b>Application(s) COMPLETED:</b>
	Building permit must conform to approved plans and comply with all conditions of approval. Do NOT issue building permit prior to end of 10 day appeal period.
<input type="checkbox"/>	<b>Plans may be submitted for plan check.</b> Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input checked="" type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input checked="" type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input checked="" type="checkbox"/>	<del>Route to SITE for plan check and inspection.</del>
<input type="checkbox"/>	Preliminary review ONLY; the information on this form <b>must be reviewed again and confirmed</b> at the time of building permit submittal.
COMMENTS: All proposed improvements are interior. No exterior improvements proposed. Meets all Setback and lot coverage requirements.	
DATE: 01/12/04	BY: Bonnie Surgeon

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DEPARTMENT**  
 1231 I Street, Suite 200 or 2101 Arena Bl., 200  
 Sacramento, CA 95814 Sacramento, CA 95834  
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

<b>ACTIVITY #</b> <u>0400478</u>	<b>Insp. Area</b>
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Applicant to complete all areas down to valuation

**ADDRESS** 1610 Arden Way Suite 298  
**PARCEL #** 277-0272-016

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Darrell Browning</u>                  Street Address <u>9050 Ranchview Ct.</u>                  City/State/Zip <u>Elk Grove CA 95624</u>                  Phone <u>423-1105</u> FAX <u>685-5835</u>                  E-mail:</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>461321</u></p> <p>Name <u>Dr. Browning Const. Inc.</u>                  Address <u>9050 Ranchview Ct.</u>                  City/State/Zip <u>Elk Grove CA 95624</u>                  Phone <u>916-423-1105</u> FAX <u>916-422-6855835</u>                  E-mail:</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Nickson &amp; Associates</u>                  Address <u>550 Howe Ave.</u>                  City/State/Zip <u>Sacto, CA 95825</u>                  Phone <u>925-0333</u> FAX                  E-mail:</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>Equity Office Properties</u>                  Address <u>1610 Arden Way Suite 250</u>                  City/State/Zip <u>Sacramento CA 95815</u>                  Phone <u>614-8850</u> FAX <u>614-8840</u>                  E-mail:</p>

→ Will permittee have any employees on the jobsite?  No  Yes → **INSURANCE CO:** State compensation  
 → **WORKER'S COMPENSATION POLICY #** \_\_\_\_\_ **EXPIRATION DATE:** 10-04

**NATURE OF WORK IN DETAIL:**  
REMODEL

**OCCUPANT/TENANT:** AMERIQUEST MORTGAGE **VALUATION:** \$ 48,400

<b>FLOOD STATUS</b>						<b>S.C.A.T.</b>				
<b>JOB DESCRIPTION</b>		<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> SHELL	<input type="checkbox"/> APT	<input type="checkbox"/> TI	<input checked="" type="checkbox"/> REM	<input type="checkbox"/> SW	<input type="checkbox"/> FIRE	<input type="checkbox"/> -ADD	<input type="checkbox"/> OTHER
<b>INSPECTION DISCIPLINES</b>		<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> MECH	<input type="checkbox"/> PLUMB	<input type="checkbox"/> ELEC	<input type="checkbox"/> SITE	<input type="checkbox"/> FIRE			
<b># Stories</b>	<b>1<sup>st</sup> Flr Area</b>	<b>Total Area</b>	<b>Use Zone</b>	<b>Occp Group</b>	<b>Const type</b>	<b>Fire Reg. Y/N</b>		<b>Fed Code</b>	<b>Vio. File</b>	
B	L	P	M	E	F	SPR	ALARM	D	PW	UTIL
	1	2		3	4	S				

**COMMENTS:**

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