

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0402173

Insp Area: 1

Thos Bros: 297C4

Site Address: 520 CAPITOL ML SAC St: #400

Parcel No: 006-0146-031

STE 400

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

BROWNING CONSTRUCTION INC
9050 RANCHVIEW CT
SACRAMENTO CA 95624

OWNER

BTV CROWN EQUITIES
2870 GATEWAY OAKS DR #110
SACRAMENTO CA 95833

ARCHITECT

NIELSEN & ASSOCIATES
550 HOWE AVE
SACRAMENTO CA 95825

Nature of Work: INTERIOR REMODEL FOR STE 400

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 4/7/04 Contractor Signature David 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: CITY OF SACRAMENTO

Date _____ Owner Signature APR 17 2004

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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 4/7/04 Applicant/Agent Signature David 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 4/7/04 Applicant Signature David 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.

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

ACTIVITY # 0402173 Insp. Area

Applicant to complete all areas down to valuation

ADDRESS 520 CAPITOL MARK Suite 400
 PARCEL # _____

<p style="text-align: center;">CONTACT</p> <p>Name <u>Darnell Browning</u> Street Address <u>9050 Ranchview Ct.</u> City/State/Zip <u>FTK Grove, CA 95624</u> Phone <u>423-1105</u> FAX <u>685-5835</u> E-mail: _____</p> <p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Melton + Associates</u> Address <u>550 Howe Ave</u> City/State/Zip <u>Sacramento, CA 95825</u> Phone <u>925-0333</u> FAX _____ E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>461321</u></p> <p>Name <u>Browning Construction Inc.</u> Address <u>9050 Ranchview Ct.</u> City/State/Zip <u>FTK Grove, CA 95624</u> Phone <u>423-1105</u> FAX <u>685-5835</u> E-mail: _____</p> <p style="text-align: center;">OWNER</p> <p>Name <u>BTU Crown Equities</u> Address <u>2870 Gateway Oaks Dr #110</u> City/State/Zip <u>Sacramento CA 95833</u> Phone <u>569-1900</u> FAX <u>569-1911</u> E-mail: _____</p>
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→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Compensation
 → WORKER'S COMPENSATION POLICY # 713 016444 EXPIRATION DATE: 10-20-04

NATURE OF WORK IN DETAIL: Interior Improvement 9605 sq ft

OCCUPANT/TENANT: _____ VALUATION: \$ 215,400⁰⁰

FLOOD STATUS				S.C.A.T.									
JOB DESCRIPTION				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 <input type="checkbox"/>	
INSPECTION DISCIPLINES				BLDG	MECH	PLUMB	ELEC	SITE	FIRE				
# Stories	1 st Flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Reg. Y/N		Fed Code	Vio. Fee				
<u>8</u>		<u>9605</u>		<u>R</u>	<u>11-FR</u>	<u>Y</u>		<u>15</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>			

COMMENTS: Office TI into exist. office bldg; no planning issues apparent PAU REED 2/12/04

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



AIRCO MECHANICAL, INC.
 CONTRACTORS & ENGINEERS
 5720 Alder Avenue, Sacramento, CA 95828
 Contractors License Number 31142
 p. 916-381-4523 f. 916-381-1749

Air Outlet Test Report

Project: Hunter Richey
 Job Number: 04-0856-00
 System: AH-4

Test Date: 04/23/04
 Readings By: Lyle Jacobson
 Test Apparatus: Flow Hood

Area Served	Outlet			Design			Test			Final		
	NO.	Type	Size	Htg CFM	Cig Min CFM	Cig Max CFM	CFM	CFM	CFM	Htg CFM	Cig Min CFM	Cig Max CFM
VAV 4-1	1	S1	12"			460	440	450				460
	2	S1	12"			460	485	450				460
			TOTAL	460	140	920	925	900		465	130	920
VAV 4-2	1	S1	10"			395	465	430	380			390
	2	S1	8"			255	270	245	455			260
			TOTAL	325	100	650	735	675	835	325	100	650
VAV 4-3	1	S1	10"			380	405	395				390
	2	S1	10"			380	385	375				370
			TOTAL	380	115	760	790	770		380	120	760
VAV 4-4	1	S1	10"			390	395	385				385
	2	S1	10"			400	425	405				405
			TOTAL	395	120	790	820	790			115	790
VAV 4-5	1	S1	14"			740	690	735				730
	2	S1	12"			430	490	445				440
			TOTAL	585	180	1170	1180	1180		590	175	1170
VAV 4-6	1	S1	12"			440	450	585	435			440
	2	S1	12"			440	575	485	430			440
	3	S1	12"			480	480	450	495			500
	4	S1	12"			480	325	455	560			480
		TOTAL	920	280	1840	1830	1975	1920	920	285	1860	
VAV 4-7	1	S1	12"			470	605	495				470
	2	S1	12"			470	325	445				470
			TOTAL	470	145	940	1130	940		475	145	940

Notes



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Air Outlet Test Report

Project: Hunter Richey
 Job Number: 04-0856-00
 System: AH-4

Test Date: 04/23/04
 Readings By: Lyle Jacobson
 Test Apparatus: Flow Hood

Area Served	Outlet			Design			Test			Final		
	NO.	Type	Size	Htg CFM	Cig Min CFM	Cig Max CFM	CFM	CFM	CFM	Htg CFM	Cig Min CFM	Cig Max CFM
VAV 4-8	1	S1	12"			490	500					490
	2	S1	14"			730	735					730
			TOTAL	610	185	1220	1235			610	185	1220
VAV 4-9	1	S1	10"			390	390	365				400
	2	S1	10"			390	345	350				380
			TOTAL	390	135	780	735	715		390	140	780
VAV 4-10	1	S1	14"			720	680	715				730
	2	S1	14"			720	745	700				710
			TOTAL	720	220	1440	1425	1415		720	220	1440
VAV 4-11	1	S1	12"			510	495	505				510
	2	S1	12"			510	565	505				510
			TOTAL	510	155	1020	1060	1010		510	155	1020
VAV 4-12	1	S1	12"			510	630	510				510
	2	S1	14"			750	850	740				470
	3	S1	14"			750	695	770				770
	4	S1	12"			510	390	500				500
			TOTAL	1260	380	2520	2565	2520		1265	390	2250

Notes



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 p. 916-381-4523 f. 916-381-1749

Air Outlet Test Report

Project: Hunter Richey

Test Date: 04/23/04

Job Number: 04-0856-00

Readings By: Lyle Jacobson

System: AH-4

Test Apparatus: Flow Hood

Area Served	Outlet			Design			Test			Final		
	NO.	Type	Size	Htg CFM	Clg Min CFM	Clg Max CFM	CFM	CFM	CFM	Htg CFM	Clg Min CFM	Clg Max CFM
VAV 4-13	1	S1	8"			155	140		160			155
	2	S1	6"			125	70		125			120
	3	S1	8"			125	145		125			125
	4	S1	8"			230	270	210	215			225
	5	S2	6"			125	135		105			125
	6	S1	6"			125	130	115	115			120
	7	S1	8"			155	205	155	155			155
	8	S1	8"			125	110	130	140			130
	9	S1	8"			175	200	165	170			175
	10	S1	6"			175	175	170	190			180
	11	S1	8"			125	90	125	125			125
	12	S1	8"			155	165	150	155			160
			TOTAL		450	1795	1835	1220	1780		445	1795
VAV 4-14	1	S2	10"			400	505	335	435			400
	2	S2	6"			100	105	75	90			95
	3	S1	6"			110	160	105	105			115
	4	S1	8"			155	280	205	145			155
	5	S1	6"			125	155	115	125			130
	6	S1	6"			75	150	100	75			75
	7	S1	6"			75	180	120	65			70
	8	S2	6"			125	150	120	145			130
	9	S1	6"			125	130	90	115			120
			TOTAL		325	1290	1815	1265	1300		325	1290

Notes



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 Contractors License Number 31142
 p. 916-381-4523 f. 916-381-1749

Air Outlet Test Report

Project: Hunter Richey
 Job Number: 04-0856-00
 System: TF-1

Test Date: 04/23/04
 Readings By: Lyle Jacobson
 Test Apparatus: Flow Hood

Area Served	Outlet			Design	Ctg Max CFM	Test			Final		
	NO	Type	Size			CFM	CFM	CFM	Htg CFM	Ctg Min CFM	Ctg Max CFM
TF-1	1	E-1	8"		125						120
			TOTAL		125						120

Notes