

**CITY OF SACRAMENTO**

**1231 I Street, Sacramento, CA 95814**

**Permit No: 0006899**

**Insp Area: 1**

**Site Address: 2801 K ST SAC**

Parcel No: 007-0113-018

SUITE 400

Sub-Type: REM

Housing (Y/N): N

**CONTRACTOR**

WEST FORK CONSTRUCTION  
3801 POWER INN RD  
SACRAMENTO 95826

**OWNER**

FORT SUTTER MEDICAL VENTURE  
2012 H ST #101  
SACRAMENTO CA 95814

**ARCHITECT**

BOULDER ASSOCIATES  
4747 TABLE MESA DR  
SUITE 202 80303

**Nature of Work: INTERIOR REMODEL**

**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 724016 Date 8/02/00 Contractor Signature Debra Owens

**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 8/02/00 Applicant/Agent Signature Debra Owens

**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.

OR 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 229-00 UNIT 0019113 Exp Date 01/01/2001

(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 8/02/00 Applicant Signature Debra Owens

**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 **[REDACTED]** BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

1231 I Street, Rm. 200  
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # 0006899 Insp. Area 1C

**Applicant MUST complete ALL Unshaded areas this page only**

ADDRESS 2801 K Street, Sacramento Suite 400  
PARCEL # 007-0113-018

<b>CONTACT</b> Name <u>West Fork Construction</u> Address <u>3501 Power Inn Rd</u> <u>Sacramento</u> Zip <u>95826</u> Phone <u>452-8197</u> FAX <u>452-8190</u>		<b>LICENSED CONTRACTOR</b> Lic No. # <u>724016</u> Name <u>West Fork Construction</u> Address <u>3501 Power Inn Rd</u> <u>Sacramento</u> Zip <u>95826</u> Phone <u>452-8197</u> FAX <u>452-8190</u>	
<b>ARCHITECT/ENGINEER</b> Name <u>Boulder Associates</u> Address <u>3031 F St, Sacramento</u> <u>Sacramento</u> Zip <u>95816</u> Phone <u>452-8796</u> FAX <u>452-8790</u>		<b>OWNER</b> <u>[REDACTED]</u> Name <u>Fort Sutter Medical Bldg</u> Address <u>3321 Power Inn Rd, Ste 100</u> <u>Sacramento</u> Zip <u>95826</u> Phone <u>736-9000</u> FAX <u>736-6979</u>	

→ Will the permittee have any employees on the jobsite?  Yes  No  
 → If yes, WORKER'S COMPENSATION POLICY # 229-00-0019113 EXPIRATION DATE: 1/01/01  
 NAME OF INSURANCE COMPANY: State Fund

NATURE OF WORK IN DETAIL: Tenant Improvement Remodel

DBA: \_\_\_\_\_ VALUATION: \$ 78,200<sup>00</sup>

FLOOD STATUS:			S.C.A.T.							
JOB DESCRIPTION		BLDG	SHEL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>YN</u>	Fed Code	Viol. File		
<u>B</u>	<u>1</u>	<u>P</u>	<u>M</u>	<u>B</u>	<u>I-PE</u>	Spr <u>Y</u> Alarm <u>N</u>	<u>15</u>			

COMMENTS:

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

# AIRTEX

Job No: 1117-21

Area Served: Restroom

Date: 9/12/00

Page: 1 of 1

Unit No: 11P-1

Motor Nameplate Data	Unit Nameplate Data	Data Item	Test 1	Test 2	Test 3
MFR:	MFR:	Volts			
FR:	M/N:	AMPS			
HP:	S/N:	BHP			
V:	<b>Sheave Data Blower</b>				
FLA:	PH:	RPM			
SF:	RPM:	SP -			
<b>Sheave Data</b>		SP +			
P/N:	Shaft:	TSP			
Shaft:	<b>Fan Design Data</b>		Filter SP		
Adj:	CFM:	CFM Total			
Fixed:	SP:	CFM RA			
	RPM:	CFM OA			
	BHP:				
	OSA:				

Room	Opening			Factor	Design		Test 1		Test 2		Test 3	
	No.	Type	Size		FPM	CFM	FPM	CFM	FPM	CFM		
1117		S	2'				205				215	
417		S	2'								185	
418		S	2'				205	200	185		210	
419		S	2'				105		12		135	
420		S	2'				115		135		75	
421		S	2'				65		60		50	
422		S	2'				105		105		95	
423		S	2'				135		200		205	
424		S	2'				205		205		140	
425		S	2'				105		10		75	
426	11A	S	2'				200		245		200	
							140				1610	
025												

Remarks:

# AIRTEX

Job No: WF-21  
 Date: 9/12/00

Area Served: \_\_\_\_\_  
 Page: 2 of \_\_\_\_\_  
 Unit No: 110-2

Motor Nameplate Data	Unit Nameplate Data	Data Item	Test 1	Test 2	Test 3
MFR:	MFR:	Volts			
FR:	M/N:	AMPS			
HP:	S/N:	BHP			
FLA:	<b>Sheave Data Blower</b>	RPM			
PH:		SP -			
SF:	P/N:	SP +			
<b>Sheave Data</b>		Shaft:			
P/N:	Belts:	TSP			
Shaft:	<b>Fan Design Data</b>		Filter SP		
Adj:	CFM:	CFM Total			
Fixed:	SP:	CFM RA			
	RPM:	CFM OA			
	BHP:				
	OSA:				

Room	Opening			Factor	Design		Test 1		Test 2		Test 3	
	No.	Type	Size		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
412	11	S	2			1100	130	130	130	135	135	
412	12	S	2			1100	160	155	165	165	165	
412	13	S	2			1100	170	170	170	185	185	
412	14	S	2			1100	175	155	160	150	150	
413	15	S	2			1100	175	170	115	125	125	
412	16	S	2			1100	170	170	125	140	120	
411	17	S	2			1100	170	170	170	110	110	
412	18	S	2			1100	205	210	220	210	210	
												1195
CSA												

Remarks: \_\_\_\_\_

# AIRTEX

Job No: WF-21

Area Served: \_\_\_\_\_

Date: 9/12/00

Page: \_\_\_\_\_ of \_\_\_\_\_

Unit No: HF-2

Motor Nameplate Data		Unit Nameplate Data		Data Item	Test 1	Test 2	Test 3
MFR:		MFR:		Volts			
FR:		M/N:		AMPS			
HP:	V:	S/N:		BHP			
FLA:	PH:	Sheave Data Blower		RPM			
SF:	RPM:	P/N:		SP -			
Sheave Data		Shaft:		SP +			
P/N:		Belts:		TSP			
Shaft:		Fan Design Data		Filter SP			
Adj:		CFM:		CFM Total			
Fixed:		SP:		CFM RA			
		RPM:		CFM OA			
		BHP:					
		OSA:					

Room	Opening			Factor	Design		Test 1		Test 2		Test 3	
	No.	Type	Size		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	19	S	2			115	115	120	120	120	120	120
	20	S	2				145	145	135	135	135	135
	21	S	2				145	145	135	135	135	135
	22	S	2				145	145	145	145	145	145
	23	S	2				30	30	30	30	30	30
	24	S	2				140	140	145	145	145	145
							800	800	700	700	700	700
CVR												

Remarks: \_\_\_\_\_

# AIRTEX

Job No: WF-1 Area Served: \_\_\_\_\_

Date: 9/12/00 Page: 1 of \_\_\_\_\_ Unit No: HFD-6

Motor Nameplate Data		Unit Nameplate Data	Data Item	Test 1	Test 2	Test 3	
MFR:		MFR:	Volts				
FR:		M/N:	AMPS				
HP:	V:	S/N:	BHP				
FLA:	PH:	<b>Sheave Data Blower</b>	RPM				
SF:	RPM:		SP -				
<b>Sheave Data</b>		P/N:	SP +				
P/N:		Shaft:	TSP				
Shaft:		Belts:					
Adj:		<b>Fan Design Data</b>	Filter SP				
Fixed:			CFM Total				
			SP:	CFM RA			
			RPM:	CFM OA			
		BHP:					
		OSA:					

Room	Opening			Factor	Design		Test 1		Test 2		Test 3	
	No.	Type	Size		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
412	25	S	10'			400	400		400		400	
412	26	S	10'			400	285		390		290	
412						400	285		790		790	
412						220						

Remarks: \_\_\_\_\_

# AIRTEX

Job No: WF-21 Area Served: 1200 sq ft room

Date: 10-12-05 Page: 1 of 1 Unit No: EF 1

Motor Nameplate Data			Unit Nameplate Data		Data Item	Test 1	Test 2	Test 3
MFR:			MFR:		Volts			
FR:			M/N:		AMPS			
HP:	V:		S/N:		BHP			
FLA:	PH:		Sheave Data Blower		RPM			
SF:	RPM:		P/N:		SP -			
	Sheave Data		Shaft:		SP +			
P/N:			Belts:		TSP			
Shaft:			Fan Design Data		Filter SP			
Adj:			CFM:		CFM Total			
Fixed:			SP:		CFM RA			
			RPM:		CFM OA			
			BHP:					
			OSA:					

Room	Opening			Factor	Design		Test 1		Test 2		Test 3	
	No.	Type	Size		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
415							- 700		- 90		- 90	

Remarks: \_\_\_\_\_