



CITY OF SACRAMENTO

Downtown Permit Center
1231 I Street, Suite 200
Sacramento, CA 95814

www.cityofsacramento.org
Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
Inspection: 1-916-808-7622

North Permit Center
2101 Arena Blvd., Suite 200
Sacramento, CA 95834

OWNER BUILDER VERIFICATION

1. Check one below - I or my immediate family (parent, spouse, or child) will perform:

- A - [] all the work authorized by this permit.
B - [X] a portion of the work.
C - [X] none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do:

- [] all of the authorized work. [] a portion of the authorized work.

Name _____ Phone _____
Address _____
Type of Work _____

Name _____ Phone _____
Address _____
Type of Work _____

Name _____ Phone _____
Address _____
Type of Work _____

Name _____ Phone _____
Address _____
Type of Work _____

3. [] I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner Robert Newton (Printed name), [Signature] (Signature)
Date 9/9/05 Case No. Permit No. 0510671
Job Address 6450 WAREHOUSE WAY

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.

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 # 0510671	Unsp. Area
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Applicant **MUST** complete ALL Unshaded Areas

ADDRESS: 6150 WAREHOUSE WAY Suite: _____

PARCEL #: 061-0210-015

<p style="text-align: center;">CONTACT</p> Name: <u>ROBERT NEWTON</u> Street Address: <u>P.O. Box 160293</u> City/State/Zip: <u>SACRAMENTO, CA 95816</u> Phone: <u>916-483-9860 Fax same</u> E-Mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> Name: _____ Street Address: _____ City/State/Zip: _____ Phone: _____ E-Mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name: <u>NEWTON ASSOCIATES</u> Street Address: <u>P.O. Box 160293</u> City/State/Zip: <u>SACRAMENTO, CA 95816</u> Phone: <u>916-483-9860</u> E-Mail: _____	<p style="text-align: center;">FERNANDO OWNER</p> Name: <u>FERNANDO ORTIZ</u> Street Address: <u>6150 WAREHOUSE WAY</u> City/State/Zip: <u>SACRAMENTO, CA 95823</u> Phone: <u>916-428-1728</u> E-Mail: _____

⇒ Will permittee have any employees on the jobsite? No Yes ⇒ Insurance Co.: _____

⇒ WORKER'S COMPANSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: INCREASE IN OFFICE SPACE -

OCCUPANT/TENANT: ELECTOR CONTROLS VALUATION: 60,000


FLOOD STATUS:				SCAT:						
JOB DESCRIPTION	BLDG	SHELL	APT	TI ()	REM ()	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC		SIEM	FIRE		
# Stories	1 st Flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Reg. Y/N	Red Code	Wio. [H]	File [Quad]	
						SPR	ALARM			
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>T</u>	<u>S</u>		<u>D</u>	<u>FW</u>	
<u>OST</u>									<u>UTIL</u>	

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT: Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

02City of Sacramento
Development Services Department
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 6150 WAREHOUSE WAY	APN: 061-0210-015
DRPB AREA / PUD / SPD: NA	ZONING: M-2S
EXISTING LAND USE: WAREHOUSE (24,000 SQ FT)	
PROPOSED USE: TI TO CONVERT 4,000 SQ FT OF WAREHOUSE INTO OFFICE	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER DR PB Required Planning application must be approved <i>before</i> project can be submitted for plan check
<input type="checkbox"/>	Application(s) IN PROGRESS: File Number: Application must be approved before project can be submitted for plan check.
<input type="checkbox"/>	Application(s) COMPLETED: File Number & approval date: Building permit must conform to approved plans and comply with all conditions of approval. Do NOT accept applications for a building permit prior to the end of the 10-day appeal period.
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input checked="" type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Route to SITE for inspection only , plan check not required.
<input type="checkbox"/>	Preliminary review ONLY ; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
CONDITIONS AND COMMENTS:	CURRENTLY HAS 4,000 SQ FT OF OFFICE AND WILL ADD ADDITIONAL 4,000 SQ FT FOR A TOTAL OF 8,000 SQ FT OF OFFICE. OFFICE PARKING RATIO IS : LESS THAN 1 SPACE 400 NO MORE THAN 1 SPACE PER 275 SQ FT. 16 SPACES FOR WAREHOUSE MIN AND 32 MAX. OFFICE 20 MIN AND 29 MAX TOTALS: 36 MIN UP TO 61 PARKING SPACES MAX. CURRENT PARKING SPACES ARE 40 AND MEET PARKING REGULATIONS. 8,000 SQ FT OF OFFICE IS ALLOWED IN BY RIGHT M-2S ZONE. NO PLANNING ENTITLEMENTS APPARENT.
DATE: 07-20-2005	BY: PMORGAN 

City of Sacramento, California
Sacramento City Building Department
1231 I Street Suite 200
Sacramento, Ca.95814

To all Concern:

Oct 19, 2004

This is to inform all who may be concern that Newton Associates, Consulting Engineers
(Robert Newton, Principal) shall represent the Owner of warehouse building known as
6150 Warehouse Way, located in the City of Sacramento, Ca. in all aspects regarding,
Planning, Building Permits, and all other related issues.

Sincerely



Fernando Ortiz, President
Elevator Controls, Owner

PERMIT NO.
0510671

CITY OF SACRAMENTO
2101 ARENA BLVD. #200
BUILDING INSPECTIONS DIVISION

AREA NO.
32

WHEN CORRECTIONS HAVE BEEN MADE, CALL 808-7622 FOR REINSPECTION OF WORK.

JOB LOCATION 6150 Warehouse Wg

INSPECTION REQUESTED Final

THE UNDERSIGNED BUILDING PLUMBING MECHANICAL ELECTRICAL
INSPECTOR THIS DAY INSPECTED THIS STRUCTURE FOR THE REQUESTED INSPECTION AND FOUND THE FOLLOWING VIOLATIONS OF CITY AND/OR STATE LAWS GOVERNING SAME:

- 1) ~~1) Kitchen~~ kitchen counter top receptacles ~~shall~~ GFCI protected
- 2) ~~2) Also~~ pole circuit breaker for 808 V water heater.
- 3) ~~3) Ground~~ ground wire for the WH ceiling
- 4) ~~4) Check~~ proper cover for the light switch above ceiling
- 5) ~~5) Check~~ floor at WH with in 12' of unused MC above ceiling
- 6) ~~6) Check~~ of unused MC above ceiling
- 7) Properly terminate ground wire.
- 8) ID AC units disconnects

INSPECTOR Seoey K. SDB-6884 DATE 05/01/06

BUILDING INSPECTIONS 808-5716

INSPECTOR'S COPY

PERMIT NO.
0510671

CITY OF SACRAMENTO
2101 ARENA BLVD, #200
BUILDING INSPECTIONS DIVISION

AREA NO.
3

WHEN CORRECTIONS HAVE BEEN MADE, CALL 808-7622 FOR REINSPECTION OF WORK.

JOB LOCATION 6150 Wayne House WY

INSPECTION REQUESTED Rough Wall

THE UNDERSIGNED BUILDING PLUMBING MECHANICAL ELECTRICAL
INSPECTOR THIS DAY INSPECTED THIS STRUCTURE FOR THE REQUESTED INSPECTION AND FOUND THE FOLLOWING VIOLATIONS OF CITY AND/OR STATE LAWS GOVERNING SAME:

- 1) Support conduits above panel.
 - 2) Extend T-Boxes at north door
 - 3) Complete Rough Behind existing
& restrooms,
 - 4) Remove switch from inside wall
West Door
- OK to One side if all other
inspectors agree

INSPECTOR Doug Pierson 804-4718
DATE 1/25/05

BUILDING INSPECTIONS 808-5716
INSPECTOR'S COPY

PERMIT NO.
0510671

CITY OF SACRAMENTO
2101 ARENA BLVD, #200
BUILDING INSPECTIONS DIVISION

AREA NO.
3

WHEN CORRECTIONS HAVE BEEN MADE, CALL 808-7622 FOR REINSPECTION OF WORK.

JOB LOCATION 6150 Warehouse Wy.
INSPECTION REQUESTED Top Plbg.

THE UNDERSIGNED INSPECTOR THIS DAY INSPECTED THIS STRUCTURE FOR THE REQUESTED INSPECTION AND FOUND THE FOLLOWING VIOLATIONS OF CITY AND/OR STATE LAWS GOVERNING SAME:

BUILDING PLUMBING MECHANICAL ELECTRICAL

1) Provide revised plan to plan check for decrease in number of windows. (3 instead of 4)

Top Plbg. OK

Check @ Final.

804-9471

INSPECTOR J. Brooks

DATE 12/29/05

BUILDING INSPECTIONS 808-5716

INSPECTOR'S COPY

PERMIT NO.

0510671

CITY OF SACRAMENTO
2101 ARENA BLVD, #200
BUILDING INSPECTIONS DIVISION

AREA NO.

3C

WHEN CORRECTIONS HAVE BEEN MADE, CALL 808-7622 FOR REINSPECTION OF WORK.

JOB LOCATION 6150 Ware house Wy

INSPECTION REQUESTED P.59 19.39

THE UNDERSIGNED

BUILDING

PLUMBING

MECHANICAL

ELECTRICAL

INSPECTOR THIS DAY INSPECTED THIS STRUCTURE FOR THE REQUESTED INSPECTION AND FOUND THE FOLLOWING VIOLATIONS OF CITY AND/OR STATE LAWS GOVERNING SAME:

- ① Relocate drain for pop-off to outside Building
- ② need Air Balance Report for final

INSPECTOR

Phil Lenoir

DATE

5/1/06

BUILDING INSPECTIONS 808-5716

INSPECTOR'S COPY

APPLICATION FOR COMMERCIAL BUILDING PERMIT

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 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION
 1231 I Street, Rm. 200
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ACTIVITY # 0510671	Insp. Area
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⇒ Will permittee have any employees on the jobsite? No Yes ⇒ Insurance Co.: _____

⇒ WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: INCREASE IN OFFICE SPACE -

OCCUPANT/TENANT: ELECTOR CONTROLS VALUATION: 60,000


FLOOD STATUS:			S.C.A.T.								
JOB DESCRIPTION	BUDG	SHELL	APT	TH	REM	SW	FIRE	ADD	OTH		
INSPECTION DISCIPLINES:			BUDG	MECH	PLUMB	ELEC		SHE	FIRE		
# Stories	1 st Flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Reg	SPR	ALARM	Code	Viol	File
										[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>	<u>PW</u>	<u>UTIL</u>
<u>JST</u> <u>DIA</u>											

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT: Yes No

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Development Services Department
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DATE: 07-20-2005	BY: PMORGAN 

Scan

EVCO Heating & Air Conditioning

AIR BALANCE REPORT

Project name Elevator Controls Date 3-28-06

Project address 6150 Warehouse Way Permit number _____

Sacramento, CA Techs Name EVAN ROWLANDS

95826 Signature 

Equip. #	Brand Name	Model #	Location	-----
1 South	Carrier	48H5D006-5	Roof	
Supply	Number	Design CFM	First reading	Balanced to
	17	2000	1960	1865
Return				
	8	2000	1960	1550
OSA	Economizer			
		0	0	285
Equip # 2 North	Carrier	48H5006-5	Roof	
Supply	Number	Design CFM	First reading	Balanced to
	13	2000	1940	1800
Return				
	6	2000	1940	1450
OSA	Economizer			
		0	0	350
Equip #	Brand Name	Model #	Location	-----
Supply	Number	Design C F M	First reading	Balanced to
Return				
OSA				

(916) 988-8681

8863 Greenback Lane. #330. Orangevale, CA 95662

Lic. 713447