

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0100649
Insp Area: 1

Site Address: 2801 CAPITOL AV SAC
Parcel No: 007-0173-004 #150

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

CONTRACTOR
COLIN CONSTRUCTION
11367 TREE TOP LN
NEVADA CITY CA 95959

OWNER
SUTTER COMMUNITY HOSPITALS
1481 RIVERPARK DR #100
SACRAMENTO CA 95815

ARCHITECT

Nature of Work: INTERIOR REMODEL/OCCUPIED/INCL MRI INSTALLATION

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 B1 License Number _____ Date 10/1/2001 Contractor Signature Mohamed

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 03/13/02 Applicant/Agent Signature Mohamed

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 COMPENSATION INS FUND Policy Number 692-00 UNIT 0002632 Exp Date 10/01/2001

____ (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 03/13/02 Applicant Signature Mohamed

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
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

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

ACTIVITY # 0100649	Insp. Area 1C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 3000 Suite 150
 PARCEL # 007 0173 00A

CONTACT Name _____ Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		LICENSED CONTRACTOR Lic No. # <u>B401776</u> Name <u>CONCRETE CONSTRUCTION CO</u> Address <u>1367 TUBES TUB LANE</u> City/State/Zip <u>NEWKOG CITY CA 95959</u> Phone <u>(916) 396-3969</u> FAX <u>(916) 396-3969</u> E-mail: _____	
ARCHITECT/ENGINEER Name <u>MARK L. ...</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		OWNER Name <u>Sutter Comm. Hospitals</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	

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

NATURE OF WORK IN DETAIL: ... FOR EXISTING COMMERCIAL
... occupied: including MRI installation

OCCUPANT/TENANT: _____ VALUATION: \$ 165000

FLOOD STATUS:		S.C.A.T. <u>X1.31, X1.32</u>								
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE			
# Stories	1st flr 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>1012</u>	<u>M</u>	<u>B</u>	<u>11-1R</u>	<input checked="" type="checkbox"/> SPR <input type="checkbox"/> ALARM	<u>15</u>	[H]	[Quad]	
<u>B</u>	<u>L</u>	<u>R</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	PW	UTIL	

COMMENTS: contractor to bring in 3 sets F Spr drawings
SPRIL by FIRE DEF.

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

Apr-27-01 12:57P Luppen & Hawley Inc.

CIRCO System Balance, Inc.

SB JOB# _____
SECTION _____ PAGE _____
DATE _____

FAN & OUTLET TEST SHEET

AREA SERVED Radiological Association of Sec. UNIT FCU-1

MOTOR NAMEPLATE DATA

MFG DIA FR -
HP 1/4 V 208 FLA 1.5
PH 1 SF - RPM 1725

SHEAVE DATA

DIA _____ SHAFT _____
ADJ % _____ FIXED _____

FAN NAMEPLATE DATA

MFG CARRIET
MODEL # SD0EH036 --- 601
TYPE FAN COIL
SIZE 52 5/8 X 18 1/2

SHEAVE DATA

DIA _____ SHAFT _____
BELTS _____

FAN DESIGN DATA

DATA	TEST 1	TEST 2	TEST 3
VOLTS	209	209	
AMPS	1.1	1.1	
B.H.P.			
R.P.M.	Direct drive - 1		
S.P. -		.29	
S.P. +		.15	
T.S.P.		.44	
FILTER S.P.	.18	.14	
CFM TOTAL	1240	1195	
CFM R.A.	985	910	
CFM O.A.		230	

CFM _____ SP _____ RPM _____ BHP _____
MIN O.A. _____

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	<u>SUPPLY</u>											
		CR	12"Ø	1.0	550		475		540			
			5"Ø		200		245		200			
					200		250		205			
					200		170		195			
			60"Ø	1	60		120		55			
					1200		1240		1195			
	<u>RETURN</u>											
		CR	24x22	1.0	180		205		165			
			24x22		180		180		170			
			12x12		60		60		45			
			24x22		600		360		540			
					980		895		910			

REMARKS: _____



AABC

CHARTER MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

Apr-27-01 12:57P Luppen & Hawley Inc.

P.03

CIRCO System Balance, Inc.

SB JOB# _____
 SECTION _____ PAGE _____
 DATE _____

FAN & OUTLET TEST SHEET

AREA SERVED Restroom UNIT FCU-2

MOTOR NAMEPLATE DATA

MFG N/A FR -
 HP 1/4 V 208 FLA 1.2
 PH 1 SF - RPM 1620

SHEAVE DATA
 DIA _____ SHAFT _____
 ADJ % _____ FIXED _____

FAN NAMEPLATE DATA

MFG CARRISIL
 MODEL # 50 QEH 018-301
 TYPE FAN coil
 SN SIZE 0591272979

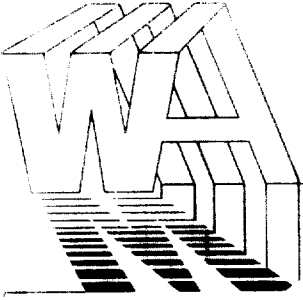
SHEAVE DATA
 DIA _____ SHAFT _____
 BELTS _____

DATA	TEST 1	TEST 2	TEST 3
VOLTS	208	204	
AMPS	.9	.9	
BHP	.19	.19	
R.P.M.	1620 →		
S.P. -	.30	.30	
S.P. +	.15	.15	
T.S.P.	.45	.45	
FILTER S.P.	.17	.17	
CFM TOTAL	628	614	
CFM R.A.	485	505	
CFM O.A.	-	85	

FAN DESIGN DATA
 CFM _____ SP _____ RPM _____ BHP _____
 MIN O.A. _____

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
					<u>SUPPLY</u>							
	6	CR	20x22	1.0		185		180		170		
	7	1				125				25		
	8	1	12x22	1.0	350	350	440	440	270	270		
						620		628		614		
					<u>RETURN</u>							
	2-5	CR	20x22	1.0		270		150		200		
	1-6	1				200		225		205		
						370		435		505		

REMARKS FCU-2



WILLIAM MERKEL ASSOCIATES STRUCTURAL ENGINEERING

2804 Fulton Ave. • Sacramento, CA 95821 • (916) 481-1962 • Fax (916) 481-0161

April 6, 2001

Building Department
City of Sacramento
Sacramento

Project Name: Permit # 0100649
MRI Installation
Radiological Associates of Sacramento
Old Tavern Building
2801 Capitol Ave.
Sacramento, CA

Project No. WMA00114

Dear Sir:

This letter is to confirm the use of 2500 psi concrete on the project in lieu of the 3000 psi shown on the plans. The 2500 psi concrete is more than adequate to support the loads.

If you have any questions or comments, please feel free to call.

Very truly yours,

WILLIAM MERKEL ASSOCIATES

William H. Merkel SE1990
corr\00114.lt1

