

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

**Permit No: 0106565**

**Insp Area: 1**

**Site Address: 980 9TH ST SAC**

Parcel No: 006-0036-031 #1480

Sub-Type: REM

Housing (Y/N): N

**CONTRACTOR**

RUDOLPH AND SLETTEN INC  
1750 CREEKSIDE OAKS DR STE150  
SAC CA 95833

**OWNER**

US BANK  
100 PINE ST  
SAN FRANCISCO CA 94111

**ARCHITECT**

**Nature of Work: OFFICE 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/A License Number 198069 Date 9/30/2001 Contractor Signature [Signature]

**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 6/5/2001 Applicant/Agent Signature [Signature]

**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:

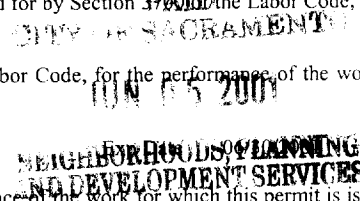
Carrier AMERICAN GUARANTEE & LIABILITY Policy Number WC 3495307-00

(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 6/5/2001 Applicant Signature [Signature]

**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**

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

ACTIVITY # 0106565 Insp. Area 1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 980 9th St Suite 1480

PARCEL # 000-0036-031

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Stafford Space Planning</u></p> <p>Street Address <u>7585 Gold Dr</u></p> <p>City/State/Zip <u>Loomis Ca 95650</u></p> <p>Phone <u>652-3400</u> FAX <u>652-7805</u></p> <p>E-mail: <u>ssp@quiknet.com</u></p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>198069</u></p> <p>Name <u>Rudolph &amp; Sletten</u></p> <p>Address <u>170 Creekside Oaks Dr #150</u></p> <p>City/State/Zip <u>Sacto Ca 95833</u></p> <p>Phone <u>508-5000</u> FAX <u>508-5500</u></p> <p>E-mail: <u>cell # 2574440</u></p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Stafford Space Planning</u></p> <p>Address <u>7585 Gold Dr</u></p> <p>City/State/Zip <u>Loomis Ca 95650</u></p> <p>Phone <u>652-3400</u> FAX <u>652-7805</u></p> <p>E-mail:</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>US Bank Plaza / Grosvenor Int'l</u></p> <p>Address <u>100 Pine St, Ste 3200</u></p> <p>City/State/Zip <u>S.F. Ca 94111</u></p> <p>Phone <u>557-1800</u> FAX <u>557-1810</u></p> <p>E-mail:</p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: \_\_\_\_\_

→ WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: Interior remodel including demolition and new partitions.

OCCUPANT/TENANT: Schlumberger VALUATION: \$ \$90,000.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI ( )	REMI (X)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE	FIRE		
# Stories	1st fir Area	Total Area	Use Zone	Occp Group	Const type	Fire Req (Y) (N)	Fed Code	Vio. File		
		<u>5689</u>		<u>B</u>	<u>I, FR</u>	<u>SPR</u> <u>ALARM</u>	<u>15</u>	[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>	PW	UTIL	

COMMENTS: FIRE SPRINKLER PLAN IS SHIT 14M-4

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 0106565  
 ADDRESS: 900 9th St #1480  
 Commercial    Residential

ACCEPTED by (Staff): [Signature]

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	13	JT	5/25/01						
STRUCTURAL	13	JT	"						
MECHANICAL/PLUMBING	13	KAC	5/25/01						
ELECTRICAL	13	T.L.M.	5/25/01						
FIRE	13	BSF	5/25/01						
PLANNING									

STAFF COMMENTS:

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## VAV DIFFUSER AND GRILLE TEST SHEET

Room No.	Outlet No.	Code	Size	Effective Area	FULL COOL				FULL HEAT	
					Required		Tested		Required	Tested
					FPM Vel	CFM	FPM Vel	CFM	CFM	CFM
1427	1	CD	24X24		200		210			
WOMEN	2				360		360			
MEN	3				350		370			
CORR	4				130		130			
TOTAL VAV-F1					1040		1070	310	325	
1421	5	CD	24X24		150		155			
	6				1		150			
1415	7				225		225			
1421	8				160		170			
1410	9				100		100			
	10				150		145			
	11				1		160			
TOTAL VAV-F2					1085		1105	325	330	
1421	12	CD	24X24		200		210			
	13				1		1			
TOTAL VAV-C1					400		420	120	120	
	14	LSD	11"X4"		225		235			
	15						230			
	16						220			
	17						230			
	18						230			
	19						235			
	20						230			
	21						220			
	22						220			
	23						235			
	24						<del>235</del>			
TOTAL VAV-R-H					<del>2250</del>		<del>2270</del>	675	690	

REMARKS

*Microbika @ Fanal*



## VAV DIFFUSER AND GRILLE TEST SHEET

Room No.	Outlet No.	Code	Size	Effective Area	FULL COOL		FULL HEAT			
					Required	Tested	Required	Tested		
					FPM Vel	CFM	FPM Vel	CFM	CFM	CFM
1414	25	CD	24X24			200		205		
	26							210		
			TOTAL	VAV-C-2		400		415	120	130
1412	27	CD	24X24			200		200		
	28	LSD				180		180		
	29							190		
			TOTAL	VAV-R-132		560		570	170	180
1411	30	LSD				180		190		
	31							180		
	32							195		
			TOTAL	VAV-R-D-2		540		555	160	165
1408	33	LSD				120		115		
	34							115		
1409	35							120		
	36							115		
1406	37							125		
	38							125		
1405	39							120		
	40							120		
			TOTAL	VAV-R-E		960		955	290	295
1407	41	CD	24X24			200		200		
	42					100		95		
1401	43					150		145		
	44					100		100		
1407	45					200		200		
	46					275		280		
						1125		1125	335	340

REMARKS



## VAV DIFFUSER AND GRILLE TEST SHEET

Room No.	Outlet No.	Code	Size	Effective Area	FULL COOL				FULL HEAT	
					Required		Tested		Required	Tested
					FPM Vel	CFM	FPM Vel	CFM	CFM	CFM
1404	48	LSD			210		210			
	49						210			
			TOTAL	VAV-RC		420	420	125	125	
1403	50	LSD	2'x4'		190		190			
	51						200			
	52						190			
			TOTAL	VAV-R-D		570	580	170	175	

REMARKS

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