

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0103195
Insp Area: 3

Site Address: 5980 88TH ST SAC
Parcel No: 062-0060-104 SUITE 200

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

CONTRACTOR
BUZZ OATES
8615 ELDER CREEK RD
SACRAMENTO, CA 95828

OWNER
EXCHANGE INTERMEDIARY INC
8615 ELDER CREEK RD
SACRAMENTO CA 95828

ARCHITECT

Nature of Work: CONVERT 485 SQ FT OF EXISTING WAREHOUSE TO CONDITIONED OFFICE SPACE.

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 7B License Number 20021 Date 3-15-01 Contractor Signature M. Schaub

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 3-15-01 Owner Signature M. Schaub

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 3-15-01 Applicant/Agent Signature M. Schaub

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 COMP INS FUND (CA) Policy Number 1579398-01 Exp Date 03/01/2002

____ (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 3-15-01 Applicant Signature M. Schaub

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 # <u>0103195</u>	Insp. Area <u>3C</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 5980 88th Street Suite 200 Sac. Suite _____
 PARCEL # 062-0060-104

<p align="center">CONTACT</p> Name <u>Mike Schaecher</u> Street Address <u>8615 Elder Creek Rd.</u> City/State/Zip <u>Sacramento, CA 95828</u> Phone <u>381-3600</u> FAX <u>381-4707</u> E-mail: _____		<p align="center">LICENSED CONTRACTOR Lic No. # <u>702621</u></p> Name <u>Buzz Oates Ent. II</u> Address <u>8615 Elder Creek Rd.</u> City/State/Zip <u>Sacramento, CA 95828</u> Phone <u>381-3600</u> FAX <u>381-4707</u> E-mail: _____	
<p align="center">ARCHITECT/ENGINEER</p> Name <u>Carol Vock</u> Address <u>8615 Elder Creek Rd.</u> City/State/Zip <u>Sacramento, CA 95828</u> Phone <u>381-3600</u> FAX <u>381-4707</u> E-mail: _____		<p align="center">OWNER</p> Name <u>Buzz Oates Ent. II</u> Address <u>8615 Elder Creek Rd.</u> City/State/Zip <u>Sacramento, CA 95828</u> Phone <u>381-3600</u> FAX <u>381-4707</u> E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Comp Ins.
 → WORKER'S COMPENSATION POLICY # 1579398-01 EXPIRATION DATE: 3-01-02

NATURE OF WORK IN DETAIL: Convert 485 sq ft. of existing warehouse to conditioned office space

OCCUPANT/TENANT: Grafil Inc. VALUATION: \$ 9,700.00

FLOOD STATUS:			S.C.A.T.								
JOB DESCRIPTION			BLDG	SHELL	APT	TI ()	REM ()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req	Fed Code	Vio. File			
				<u>S1+B</u>	<u>III N</u>	<input checked="" type="checkbox"/> <u>SPR</u> <input checked="" type="checkbox"/> <u>ALARM</u>	<u>10</u>	[H] [Quad]			
<u>B</u>	<u>E</u>	P	M	E	F	S	D	PW	UTIL		
<u>13 y</u>	<u>13 y</u>	<u>13 JMT</u>	<u>13 JMT</u>	<u>T.L.M.13</u>	<u>3</u>		<u>702</u>				

COMMENTS: include sprinkler plans with T.I.

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



BUZZ OATES
AIR CONDITIONING, INC.

6251 A. Sky Creek Drive
Sacramento, CA 95828
Office: (916) 381-4611
Fax: (916) 381-3307
Lic. No. 611351

May 29, 2001

Project: Grafil • 5980 88th Street • Sacramento, CA

Air Balance Report



FAN & OUTLET TEST DATA

LOCATION GRAFIL SYSTEM _____

MOTOR NAMEPLATE DATA

MFG YORK FR _____
HP _____ V _____ FLA _____
PH _____ SF _____ RPM _____

SHEAVE DATA:

DIA _____ SHAFT _____
ADJ _____ FIXED _____

FAN NAMEPLATE DATA

MFG _____
MODEL B111A042A46
TYPE HP

SIZE

SHEAVE DATA:

DIA _____ SHAFT _____ HUB _____

BELTS

STARTER _____ SIZE _____

HEATERS

FAN DESIGN DATA

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS			
AMPS			
BHP			
FAN RPM			
SP -			
SP +			
TSP ESP			
FILTER SP			
CFM TOTAL			
CFM RA			
CFM OA			

CFM _____ TSP _____
ESP _____ RPM _____ BHP _____

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
OPEN		S1	14x14			500	450	460				
OPEN		S1	14x14			500	420	490				
OFFICE		S1	10x10			300	400	290				
BATH		S1	8x4			45	30	45				
OPEN		R1	160			940	960	970				
OFFICE		R1	100			280	300	290				

REMARKS: _____

