

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0007681
Insp Area: 2

Site Address: 6600 BRUCEVILLE RD SAC
Parcel No: 117-0170-072 DAN MOORE MOB

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

CONTRACTOR
KAISER FOUNDATION HOSPITALS
1780 2ND ST
BERKELEY CA 94710

OWNER
KAISER FOUNDATION HOSPITALS
6600 BRUCEVILLE RD
SACRAMENTO CA 95823

ARCHITECT

Nature of Work: REMODEL PHARMACY INTO PULMONARY REHAB UNIT

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 _____ License Number _____ Date _____ Contractor 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 7/10/05 Owner Signature *[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 7/10/05 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 *[Signature]* Policy Number _____ Exp Date _____

(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 7/10/05 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.

CITY OF SACRAMENTO

APPLICATION FOR COMMERCIAL BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

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

ACTIVITY # 0007681

Insp. Area 2

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 6600 Bruceville Road, Sacramento, CA 95823 Suite _____
Dan Moore Medical Office Building
 PARCEL # _____

<p style="text-align: center;">CONTACT</p> <p>Name <u>Roland N. Delmendo, AIA</u> Address <u>3540 Folsom Blvd., Sacramento, CA 95816</u> Phone <u>916-453-1234</u> FAX <u>916-453-1236</u> E-mail <u>rdelmendo@db-arch.com</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>187350</u></p> <p>Name <u>Kaiser Permanente Construction Services</u> Address <u>1780 2nd Street, Berkeley, CA 94710</u> Phone <u>510-559-5310</u> FAX <u>510-559-5087</u> E-mail _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Dreyfuss & Blackford Architects</u> Address <u>3540 Folsom Blvd., Sacramento, CA 95816</u> Phone <u>916-453-1234</u> FAX <u>916-453-1236</u> E-mail _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>Kaiser Foundation Hospitals</u> Address <u>1950 Franklin St., Oakland, CA 94612</u> Phone _____ FAX _____ E-mail _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: Self-Insurance (see attached)
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: Remodel existing abandoned Pharmacy into a Pulmonary Rehabilitation unit, approximately 840 sf / MOB

OCCUPANT/TENANT: Kaiser VALUATION: \$ 30,000

FLOOD STATUS: _____		S.C.A.T. _____								
JOB DESCRIPTION		BLDG <input checked="" type="checkbox"/>	SHELL _____	APT _____	TI() _____	REM <input checked="" type="checkbox"/>	SW _____	FIRE _____	ADD _____	OTH _____
INSPECTION DISCIPLINES		BLDG <input checked="" type="checkbox"/>	MECH <input checked="" type="checkbox"/>	PLUMB _____	ELEC <input checked="" type="checkbox"/>	SITE _____	FIRE <input checked="" type="checkbox"/>			
# 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>13 ft</u>	<u>13 ft</u>	<u>840</u>	<u>P</u>	<u>B</u>	<u>IFR</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<u>IS</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	
<u>13 ft</u>	<u>13 ft</u>				<u>(B B)</u>		<u>15 ft</u>			

COMMENTS: FIRE CARD, NO PLANS.

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

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) _____

2. I (have/have not) _____ signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name _____ Address _____

City _____ Telephone _____

Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

Signed [Signature]

Job Address 6600 BRUCEVILLE RD

Permit No: 0007681

DIFFUSER AND GRILLE TEST SHEET

Room No.	Outlet No.	Code	Size	Effective Area	Required		Tested		
					FPM Vel.	CFM	FPM Vel	CFM	
Office	9	E	24"						
	10	E	48"			65	70		
F-47	11		24x24			190	200		
F47	12	CR	24x24			135	145		
						480	400		①

Remarks:
① SET TO MATCH SUPPLY

**RAGLEN
SYSTEM
BALANCE, INC.**

DATE 9-28-00
PAGE 1
UNIT PRE READ

DIFFUSER AND GRILLE TEST SHEET

Room No.	Outlet No.	Code	Size	Effective Area	Required		Tested	
					FPM Vel.	CFM	FPM Vel.	CFM
	A	CD	E				170	
	B	I	E				190	
			TOTAL	TU			360	KU
	C	LINEAR	E				100	
	D	IWS				680	300	
	E	LINEAR					100	
	F						125	
	G						90	
	H						CLOSED	
							1	
		TOTAL		TU			715	
	N	CR					70	
	K						200	
	L						100	
	M						100	
	N						140	
	O						165	

Remarks:
SEE DRAWING FOR LOCATION OF INLETS
DTU OPEN 100%