

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0108425

Insp Area: 2

Thos Bros: 358C2

Site Address: 8765 CENTER PK SAC

Parcel No: 117-0211-030

SUITE D-300

Sub-Type: TI

Housing (Y/N): N

CONTRACTOR

MARKET ONE BUILDERS INC
1419 N MARKET BL #1
SACRAMENTO CA 95834

OWNER

PAN PACIFIC
8765 CENTER PK
SAC, CA. N/A

ARCHITECT

CARRILLO ARCHITECTURAL GROUP INC.
1321 HOWE AVE- STE 202
SACRAMENTO CA 95825

Nature of Work: T/I SPEC 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 B License Number 737694 Date 8/23/01 Contractor Signature KAT SCHREFF

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 8/23/01 Applicant/Agent Signature KAT SCHREFF

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 FUND Policy Number 692-99 0002229 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 8/23/01 Applicant Signature KAT SCHREFF

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

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 8765 CENTER PK #D300 Permit No. 01-08425

Building Use: RETAIL Occupancy: M

Building Owner: PAN PACIFIC Construction Type: VN

Owner Address: 8765 CENTER PK #B350 SAC Sprinkled? Yes No

Portion of Building Occupied: SUITE #D300 Area: 1500 Sq. Ft.

11/28/01 Will Richardson DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By:GTD,MJB,RVL,AW]

This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE

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 #	Insp. Area
01-08425	26

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 8765 CENTER PARKWAY Suite _____
 PARCEL # 117-0211-030

CONTACT

Name KURTIS BRINK
 Street Address 1419 NORTH MARKET BLVD
 City/State/Zip SACRAMENTO CA 95834
 Phone 916-600-6847 FAX 916-928-7475
 E-mail: _____

LICENSED CONTRACTOR Lic No. # 737694

Name MARKET ONE BUILDERS
 Address 1419 NORTH MARKET BLVD
 City/State/Zip SACRAMENTO CA 95834
 Phone (916) 928-7474 FAX 916-928-7475
 E-mail: _____

ARCHITECT/ENGINEER

Name CARRILLO ARCH GROUP INC.
 Address 1321 HOWE AV. STE 202
 City/State/Zip SACRAMENTO CA
 Phone 916-688-8686 FAX _____
 E-mail: _____

OWNER

Name PAN PACIFIC
 Address 8785 CENTER PKWY STE 335
 City/State/Zip SACRAMENTO CA
 Phone _____ FAX _____
 E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # 692-00 UNIT 0002229 EXPIRATION DATE: 10-01-04

NATURE OF WORK IN DETAIL: INTERIOR OFFICE T.I.
SPEC. T.I. FIRST TIME

OCCUPANT/TENANT: MAX MUSEBE UNKNOWN VALUATION: \$ 22,000

FLOOD STATUS: <u>NR</u>		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI(✓)	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y</u> N	Fed Code	Vio. File		
<u>1</u>	<u>1500</u>			<u>B</u>	<u>VN</u>	<u>SPR</u> ALARM	<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>	D	PW	UTIL	

COMMENTS: _____

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					
1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
8/31/01	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # _____
 ADDRESS: _____
 Commercial Residential



ACCEPTED BY (S&C): _____

CATEGORY	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Staff	Staff	Date	Staff	Staff	Date	Staff	Staff	Date
ARCHITECTURE									
FIRE SAFETY									
CONCRETE									
MECHANICAL/PLUMBING									
ELECTRICAL				3	Gmc				
FIRE									
PLANNING									

STAFF COMMENTS: _____

Date of Request: _____

By: _____

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 8765 CENTER PK

Assessor's Parcel Number: 117-0211-030

Previous Use: SHELL BID

Description of Request/Proposed Use: FIRST TIME T/I WITH

PARKING

Is This a Change of Use? NO

Zoning Designation: SC-PUD

Prior Applications for Project Site(P#, Z#, DRPB#): P99-013

Comments: SUBJECTS TO CONDITIONS OF P99-013

PARKING OKAY

Are There Any Planning Issues?: (circle one) YES ~~NO~~

* Staff Site Plan Check Required? (Circle one) YES NO

* Field Inspection Required? (Circle one) YES NO

* Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: Michael York 7-2-01

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

MICROFILM AFTER FINAL



9276 BEATTY DRIVE
 SACRAMENTO, CA 95826-9702
 PHONE 916-361-1799
 FAX 916-361-1796
 CONTRACTOR'S LICENSE# 698122

LICENSE NO. 698122

HELPING TO SOLVE YOUR ENERGY NEEDS TODAY & TOMORROW

DATE: 10/31/01

PAGE: 1 OF 1

Project System LAGUNA VILLAGE #0079

AIR DISTRIBUTION TEST SHEET

Terminal Number	Room Number	Terminal		Factor	Design		Test - FPM or CFM			Final FPM	CFM	
		Type	Size		FPM	CFM	Test 1	Test 2	Test 3		COOL	HEAT
AC-1	1					570					510	RA
	2					440					500	1200
	3					130					130	370 CFM
	4					210					210	OUTSIDE
	5					220					220	AIR
						1570					1570	
AC-2	1					533					500	RA
	2					533					450	1100
	3					533					420	370 CFM
							1599					OUTSIDE
											AIR	
AC-3	1					533					510	RA
	2					533					530	1300
	3					533					520	260 CFM
							1599				1560	OUTSIDE
											AIR	
AC-4	1					533					500	RA
	2					533					520	1200
	3					533					520	340 CFM
							1599				1540	OUTSIDE
											AIR	

Remarks _____
