

CITY OF SACRAMENTO
1231 T Street, Sacramento, CA 95814

Permit No: 0108074
Insp Area: 2

Site Address: 940 FLORIN RD SAC
Parcel No: 031-0430-004

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

CONTRACTOR

OWNER
FLORIN 5 DEVELOPERS
615 10TH ST
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: REMOVE AND REPLACE EXISTING THREE HVAC UNITS AND ADD NEW UNIT. CUT-IN NEW UNIT AND REPLACE DUCT WORK ON EXISTING THREE UNITS.

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 8 of the Business and Professions Code and my license is in full force and effect.

License Class B License Number 392764 Date 7-19-01 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 7-19-01 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 _____ Policy Number _____ Exp Date _____

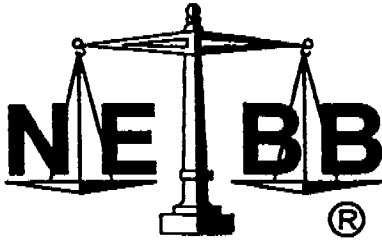
(This section need not be completed if the permit is for **RIGHTS PLANNING AND DEVELOPMENT SERVICES**) I agree that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree 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 7-19-01 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.

Microfilm



**AIR CONTROL
BALANCING, INC.**
1959 N. Gateway Blvd., Suite 103, Fresno, CA. 93727
Phone (559) 454-8000 Fax (559) 454-8589

Air Outlet Test Report

Project: BANK OF AMERICA Loc: SACRAMENTO
FLORIN & GREENHAUEN PH'S.

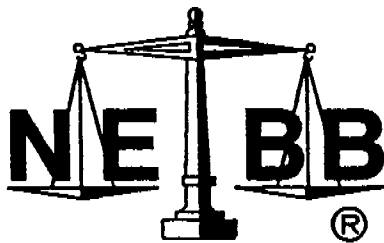
System: AC-1

Area Served	No.	Type	Size	AK	Design Velocity	Design Air Flow	Prelim. Air Flow		Final Air Flow	Remarks
S/A										
LOBBY	1	CS	2416	1.0		680	800	680	720	
SERVICE AREA	2	"	"	"		680	840	760	710	
"	3	"	"	"		680	670	650	700	
"	4	"	"	"		680	840	770	700	
LOBBY	5	"	"	"		680	780	730	720	
						<u>3400</u>	<u>3930</u>	<u>3590</u>	<u>3550</u>	
P/A										
SERVICE AREA	6	CR	2420	1.0		905	880	800	920	
"	7	"	"	"		910	940	860	960	
"	8	"	"	"		905	1050	960	940	
						<u>2770</u>	<u>2870</u>	<u>2620</u>	<u>2820</u>	
OSA	-	OPN	37x24	5.24	130	680	1060	970	730	

Remarks:

Test Date: 10/24/01 By: RA
12/20/01 RA

N.E.B.B. Certified
Testing, Adjusting & Balancing Services



Air Outlet Test Report

Project: BANK OF AMERICA Loc: SACRAMENTO
FLORIN & GREENHAUEN BNS.

System: AC-2

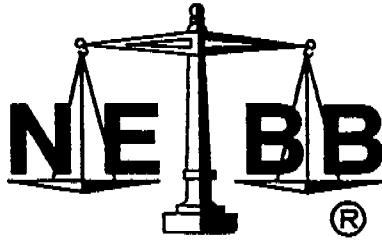
Area Served	No.	Type	Size	AK	Design	Design	Prelim.		Final	Remarks
					Velocity	Air Flow	Air Flow		Air Flow	
S/A										
COPY RM.	9	CS	2408	1.0		200	150	160	190	
TELLER	10	"	2410	"		330	210	310	290	
"	11	"	"	"		330	240	330	280	
"	12	"	"	"		330	240	300	290	
"	13	"	1208	"		NS	150	170	180	#1
SAFETY DEPOSIT	14	"	2408	"		200	160	180	190	
OFFICERS	15	"	2410	"		330	310	330	300	
"	16	"	"	"		330	290	310	320	
"	17	"	"	"		330	320	360	300	
						2380	2070	2450	2340	
R/A										
TELLER	18	CR	2418	1.0		950	920	1120	900	
"	19	"	"	"		950	860	990	930	
						1900	1780	2110	1830	
OSA	-	OPN	24x5	0.71	676	480	290	340	510	

Remarks:

#1 - DESIGN CFM FOR (E) OUTLET #13 IS NOT SPECIFIED

Test Date: 10/23/01 By: RA
12/20/01 RA

N.E.B.B. Certified
Testing, Adjusting & Balancing Services



Air Outlet Test Report

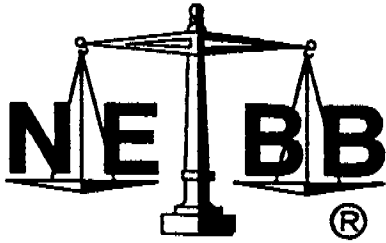
Project: BANK OF AMERICA Loc: SACRAMENTO
FLORIN & GREENHAVEN RD'S.

System: AC-3

Area Served	No.	Type	Size	AK	Design Velocity	Design Air Flow	Prelim. Air Flow		Final Air Flow	Remarks
S/A										
LOAN OFFICERS	20	CS	2410	1.0		385	630	560	400	
"	21	"	"	"		385	390	350	390	
"	22	"	"	"		385	560	430	370	
"	23	"	"	"		385	260	210	390	
"	24	"	"	"		385	670	620	400	
"	25	"	"	"		385	610	560	380	
"	26	WS	20x20	"		385	N.I.	N.I.	400	#1
MANAGER	27	CS	2408	"		80	340	310	220	
						2775	3460	3040	2950	
R/A										
LOAN OFFICERS	28	WR	20x36	1.0		1090	1160	1020	1120	
"	29	"	"	"		1085	1280	1140	1190	
						2175	2440	2160	2310	
OSA	-	OPN	37x24	5.24	116	600	1020	860	640	

Remarks:

#1 - OUTLET #26 WAS NOT INSTALLED AT TIME OF TEST #1 & 2. DUE TO THE (E) WOODEN CEILING, THE OUTLET WAS RELOCATED AND CHANGED TO A SIDE WALL STYLE DIFFUSER.



Air Outlet Test Report

Project: BANK OF AMERICA Loc: SACRAMENTO
FLORIN & GREENHAUEN RDS.

System: AC-4

Area Served	No.	Type	Size	AK	Design Velocity	Design Air Flow	Prelim. Air Flow		Final Air Flow	Remarks
S/A										
COMPUTER ROOM	30	CS	2408	1.0		200	230		110	#1
"	31	"	"	"		200	240		100	#1
BREAK ROOM	32	"	2412	"		360	340		370	
"	33	"	"	"		360	370		390	
"	34	"	"	"		360	330		390	
WOMEN'S	35	"	2407	"		150	170		140	
MEN'S	36	"	"	"		150	190		150	
OFFICE	37	"	2409	"		220	250		240	
						2000	2120		1890	
RIA										
CORRIDOR	38	CR	2418	1.0		1600	1940		1460	
OSA	-	OPN	24 X 5	0.71	563	400	180		430	

Remarks:

#1 - CFM FOR OUTLETS #30 & #31 WAS REDUCED DUE TO THE ROOM'S INFLUENCE OF THE (E) SANYO WALL MOUNTED A/C UNIT

Test Date: 10/23/01 By: RA
12/20/01 RA

CITY OF SACRAMENTO
BUILDING INSPECTIONS DIVISION
PERMIT SERVICES

PERMIT # 0108074

ADDRESS: 940 FLORIN RD

This application will need one or more of the following items
before it can be issued:

- Owner/Builder Form (legal document)
- Current Certificate of Workers' Comp.
- Hazardous Materials Form (hazmat)
(Orig. in folder, golden-applicant, 2 to fire)
- Letter of Authorization Required to sign by Contractor or Owner
- School Impact Fee (copy of paid receipt)
- HCD Forms (state 445-4782) for Modular/Coaches
- County Regional Sanitation Fee (copy of receipt)
(Deloras Ross @ 827-7th street, Rm 105, window 10-ph:875-6679)
- Habitat Conservation Plan Fee (Dob Robinson or Farmarz Ansari)
- PERMIT FEES 1848.01 Duc

Driveway Permit \$ _____
(public works)

Encroachment Permit \$ _____

- Special Conditions (enter computer, mark margin of permit at final, attach instructions to permit, and 1 copy in each folder, + CUSTOMER COPY)
- Special Inspections XI (1 copy each folder, 1 to CAROLINE)
- Flood Elevation Certificate (1 copy B. Nakashima, 1 in folder)
- Other _____

Date Notified 7-16-01 Plans in Bin// #71
Initials By py Processed By: LV

Microfilm @ Final

APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION**

1231 I-Street, Rm. 200
Sacramento, CA 95814 ☎ 916-244-7819 FAX 916-244-7046

ACTIVITY # <i>0108074</i>	Insp. Area <i>2C</i>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 940 FLORIN RD Suite _____

PARCEL # _____

CONTACT		LICENSED CONTRACTOR Lic No. # <i>392764</i>	
Name <i>ACC Adams</i>	Street Address <i>2170 ADIRONDACK DR.</i>	Name <i>ACC Adams</i>	Address <i>2170 ADIRONDACK DR.</i>
City/State/Zip <i>ROCKING, CA 95001</i>	Phone <i>530-530-2811</i> FAX _____	City/State/Zip <i>ROCKING, CA</i>	Phone <i>530-530-2811</i> FAX _____
E-mail: _____		E-mail: _____	
Mechanical ENGINEER		OWNER <i>JONES LANG LASALLO</i>	
Name <i>CARLTON ENGINEER</i>	Address <i>3932 PENDEKOSH RD.</i>	Name <i>BoFA</i>	Address <i>1 SOUTH VAN NESS AVE 6TH FLOOR</i>
City/State/Zip <i>SHANGHAI SPRINGS, CA 95002</i>	Phone <i>530-677-5515</i> FAX <i>530-677-6095</i>	City/State/Zip <i>SAN FRANCISCO, CA 94103</i>	Phone _____ FAX _____
E-mail: _____		E-mail: _____	

→ Will permittee have any employees on the job? No Yes → INSURANCE CO: _____

→ WORKERS COMPENSATION POLICY # _____ EXPIRATION DATE _____

NATURE OF WORK IN DETAIL: *REMOVE AND REPLACE EXISTING 3 UNITS AND ADD NEW HVAC UNIT CUT-IN NEW UNIT AND REPLACE DUCT WORK ON EXISTING UNITS*

OCCUPANT/TENANT: _____ VALUATION: *\$180,000*

FLOOD STATUS: _____		JOB DESCRIPTION: _____		INSPECTION DISCIPLINES: _____		FIRE: _____		VALUATION: _____	
# Stories	1st floor	2nd floor	3rd floor	Const type	Fire Req. Y/N	Fed Code	Vio. File		
<i>B</i>	<i>L</i>	<i>W</i>	<i>W</i>	<i>V-N</i>	<i>S</i>	<i>15</i>	<i>[H]</i>	<i>[Quad]</i>	<i>UTIL</i>

COMMENTS: _____

REGIONAL SANITATION PERMIT? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

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 # 0108074	Insp. Area 2C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 940 Florin Road SAC. Suite _____
PARCEL # _____

CONTACT		LICENSED CONTRACTOR Lic No. # <u>392764</u>	
Name <u>Ace Adams</u>		Name <u>Ace Adams</u>	
Street Address <u>2170 Adirondack Dr.</u>		Address <u>2170 Adirondack Dr</u>	
City/State/Zip <u>Redding CA. 96001</u>		City/State/Zip <u>Redding CA. 96001</u>	
Phone <u>(530) 520-2811</u> FAX _____		Phone <u>(530) 520-2811</u> FAX _____	
E-mail: _____		E-mail: _____	
ARCHITECT/ENGINEER Structural		OWNER <u>Jane Lang LASALLE</u>	
Name <u>Carlton Engineering Inc.</u>		Name <u>BANK of AMERICA Project Management</u>	
Address <u>3932 Ponderosa Road</u>		Address <u>1 South VAN Ness Ave. 6th Floor</u>	
City/State/Zip <u>Shingle Springs CA. 95682</u>		City/State/Zip <u>SAN FRANCISCO, CA. 94103</u>	
Phone <u>(530) 677-5515</u> FAX <u>(530) 677-6645</u>		Phone _____ FAX _____	
E-mail: _____		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: M/E Systems Engineering Mechanical + Electrical Engineering, 1135 Pine St. #214 Redding, CA 96001 (530) 244-7147
Remove + Replace existing H.V.A.C., Structural, and T BAR ceiling.

OCCUPANT/TENANT: _____ **VALUATION:** \$ 180,000.00

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	FIRE		
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File		
				<u>B</u>	<u>V-N</u>	SPR	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>	<u>D</u>	<u>20</u>	PW	UTIL	

COMMENTS: _____

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