

CITY OF SACRAMENTO

Permit No: 0400504

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 2700 GATEWAY OAKS DR SAC

Thos Bros:

Parcel No: 225-0230-076 SUITE 200

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

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

OWNER

SUTTER HEALTH
2200 RIVER PLAZA DR
SACRAMENTO, CA 95833

ARCHITECT

BOULDER ASSOCIATES
4747 TABLE MESA DR
SUITE 202 80303

Nature of Work: MINOR DEMO/REMODEL FOR 3838 sf OFFICE, INCLUDING REWORK OF EXISTING HVAC & ELECT

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 2-10-04 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 2-10-04 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 STATE FUND Policy Number 692-0002229-2003 Exp Date 10/01/2004

(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 these provisions.

Date 2-10-04 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.



AIRCO MECHANICAL, INC.

CONTRACTORS & ENGINEERS

5720 Alder Avenue Sacramento, CA 95828

p. 916-381-4523

f. 916-381-1749

Air Outlet Test Report

Project: Sutter Health
 Job Number: 030849-00-03
 System: VAV

Test Date: 2-23-09
 Readings By: Rick Luna
 Test Apparatus: TE-185

Area Served	Outlet			Design			Test			Final		
	NO.	Type	Size	Htg CFM	Cig Min CFM	Cig Max CFM	CFM	CFM	CFM I	Htg CFM	Cig Min CFM	Cig Max CFM
2-15	1	SI	10"			365	475	350	365	230		365
	2	SI	10"			365	325	310	300	230		350
	3	SI	12"			450	475	470	430	250		425
	4	SI	12"			450	385	370	420	250		420
	5	SI	12"			500	625	520	505	300		505
Totals				1320	320	2130	2225		2065	1260		2065
2-14	1	SI	12"			465	490	500	425	195		425
	2	SI	14"			690	575	575	650	235		650
	Totals				415	175	1155	1065	1075	675	430	
2-16	1	SI	10"			340	280	345				345
	2	SI	10"			340	280	340				340
	3	SI	12"			475	575	470				470
	Totals					290	1155	1135				
2-17	1	SI	10"			340	350	335				340
	2	SI	10"			340	200	345				345
	3	SI	10"			345	250	360				350
	Totals					260	1025	900				

Notes:
 275 190 230
 270 190 230
 350 235 250
 350 235 250
 275 190 230

12 1/2 x 14 TSM

126 x 14 1220
 112 x 14 415

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APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
PLANNING & BUILDING DEPARTMENT
 1231 I Street, Suite 200 or 2101 Arena Bl., 200
 Sacramento, CA 95814 Sacramento, CA 95834
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY # 0400504	Insp. Area
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Applicant to complete all areas down to valuation

ADDRESS 2700 GATEWAY OAKS DRIVE Suite 200
PARCEL # _____

<p style="text-align: center;">CONTACT</p> <p>Name <u>BRIAN KLUBBEN</u> c/o → Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>737694</u></p> <p>Name <u>MARKETONE BUILDERS</u> Address <u>1419 N. MARKET BLVD STE 1</u> City/State/Zip <u>SACTO, CA. 95834</u> Phone <u>916-928-7474</u> FAX <u>916-928-7475</u> E-mail: <u>BKLUBBEN@MIB.COM</u></p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>BOULDER ASSOCIATES</u> Address <u>2015 J STREET STE 205</u> City/State/Zip <u>SACTO CA. 95814</u> Phone <u>492-8796</u> FAX <u>492-8798</u> E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>SUTTER HEALTH</u> Address <u>2200 RIVER PLAZA DR</u> City/State/Zip <u>SACTO, CA. 95833</u> Phone <u>286-6580</u> FAX <u>286-6659</u> E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → **INSURANCE CO:** STATE FUND
 → **WORKER'S COMPENSATION POLICY #** 662229-2003 **EXPIRATION DATE:** 10-2004

NATURE OF WORK IN DETAIL: MINOR DEMO & T.I. FOR 3838 SF OF OFFICE SPACE INCLUDING REWORK OF EXISTING HVAC & ELECTRICAL SYSTEMS.

OCCUPANT/TENANT: SUTTER HEALTH FINANCE VALUATION: \$ 75,000

FLOOD STATUS						S.C.A.T.																	
JOB DESCRIPTION						BLDG <input type="checkbox"/>		SHELL <input type="checkbox"/>		APT <input type="checkbox"/>		TI () <input type="checkbox"/>		REM () <input type="checkbox"/>		SW <input type="checkbox"/>		FIRE <input type="checkbox"/>		-ADD <input type="checkbox"/>		OTHER <input type="checkbox"/>	
INSPECTION DISCIPLINES						BLDG		MECH		PLUMB		ELEC		SITE		FIRE							
# Stories	1 st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code		Vio. File													
						SPR	ALARM																
B	L	P	M	E	F	S		D		PW	UTIL												

COMMENTS:

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