

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0012728
Insp Area: 3

Site Address: 8371 ROVANA CR SAC
Parcel No: 064-0010-115 SUITE 300

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

CONTRACTOR
BUZZ OATES
8615 ELDER CREEK RD
SACRAMENTO, CA 95828

OWNER
BUZZ OATES ENT.
8615 ELDER CREEK ROAD
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: INTERIOR OFFICE REMODEL. 1100 SQ. FT. 300 FT. DEMISING WALL.

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: 9.06 License Number 702621 Date 2/2001 Contractor Signature Thomas M. Oates

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 11/15/00 Applicant/Agent Signature Thomas M. Oates

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 1579398-00 Exp Date 03/01/2001

_____, (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 11/15/00 Applicant Signature Thomas M. Oates

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

ACTIVITY # 0012728 Insp. Area 30

DEVELOPMENT SERVICES D VISION
 PERMIT SERVICES SECTION
 1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046
 ADDRESS 8371 ROYANA CIRCLE
 PARCEL # 064-0010-0117

Applicant **MUST** complete ALL Unshaded areas
 Suite 300

CONTACT

Name TOM MCDONNELL
 Address 8615 ELDER CREEK RD
 Phone 381-3600 FAX 381-4707
 E-mail _____

ARCHITECT/ENGINEER

Name MARK III (JON DELLINO)
 Address 5101 FLORIN PERKINS
 Phone 381-8025 FAX 381-0363
 E-mail _____

LICENSED CONTRACTOR Lic No. # 702.621

Name BUZZ DATES ENT
 Address 8615 ELDER CREEK RD
 Phone 381-3600 FAX 381-4707
 E-mail _____

OWNER

Name SAME AS ABOVE
 Address _____
 Phone _____ FAX _____
 E-mail _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: STATE COMP INS FUND
 → WORKER'S COMPENSATION POLICY # 1579398-00 EXPIRATION DATE: 3/01/01

NATURE OF WORK IN DETAIL: 1100 SF SINGLE STORY OFFICE IMPROVEMENT AND 300' DEMISING WALL.

OCCUPANT/TENANT: SUNVALLEY WATERBENS VALUATION: \$ 50000

FLOOD STATUS: <u>NA</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>	SITE		<u>FIRE</u>	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Reg. <u>Y/N</u>	Fed Code	Vio. File	
<u>1</u>	<u>1100</u>	<u>87000</u>		<u>B, S-1</u>	<u>III-N</u>	<u>SPR</u> <u>ALARM</u>	<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>	PW	UTIL
<u>130T</u>	<u>130T</u>			<u>12A (3)</u>	<u>12B (3)</u>		<u>11</u>		

COMMENTS: Fire Sprinkler plans

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

EXPRESS PLAN REVIEW

SUBMITTAL DATES

1st Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

CHECK # _____
 ADDRESS _____
 Commercial Residential



ACCEPTED by (S: M): _____

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
PLUMBING	13	JT	10/25/00						
STRUCTURE	13	JT	"						
MECHANICAL/PLUMBING			10/22/00						
ELECTRICAL					(S: M)	11-07-00			
IRE	13	LAS	10-25-00						
PAVING									

STAFF COMMENTS: _____

Date of Request: 10-13-00
By: _____

**CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST**

Project
Address: 8371 BOVANA CR

Assessor's Parcel Number: 064-~~010~~-~~010~~ 0010 117

Previous Use: _____

Description of Request/Proposed Use: ADD 1100 ϕ OFFICE SPACE
TO EXISTING 87,000 ϕ WAREHOUSE

Is This a Change of Use? NO

Prior Applications for Project Site(P#, Z#, DRPB#): PO2-079, ~~PO2-293-077~~
Zoning Designation: M25

Comments: OFFICE MAY NOT EXCEED 25% OF GROSS FLOOR AREA

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: [Signature] 10/13/2000

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

MICROFILM AFTER FINAL

DAILY FIELD REPORT

Project:		Date:	
Client: <i>B.O.E.</i>		Client's Representative: <i>[Signature]</i>	
General Contractor:		Superintendent:	
Sub-Contractor:		Other Persons Contacted:	
Type of Work: <i>Field Welding</i>	Location/Element:	Equipment used:	Time: <i>1.5</i>
Type of Work:	Location/Element:	Equipment used:	Time:
Plans/Specifications:			
<i>Inspect & approve as scheduled for visual inspection of 8" x 10" fillet welds on bracing wall in existing structure</i>			
<i>I visually inspected welds on tube steel to beams & tube steel to tops of columns as well as welds on walk erection clips for existing lifts.</i>			
<i>ALL welds are visually acceptable & no repairs noted</i>			
ATTACHMENTS: <input type="checkbox"/> FIELD DENSITY DATA <input type="checkbox"/> CONCRETE PLACEMENT DATA <input type="checkbox"/> SKETCH <input type="checkbox"/> OTHER:			
Copy received by/given to: <i>[Signature]</i>	Arrived: <i>7:00 AM</i>	Departed: <i>8:00</i>	Report by: <i>[Signature]</i>



INDEPENDENT TEST & BALANCE • SACRAMENTO

GEORGE J. SCHWARTZ
CALIFORNIA LICENSE #415685

ITB JOB NO. _____

SECTION _____ PAGE _____

FAN & OUTLET TEST DATA

LOCATION _____ SYSTEM _____

MOTOR NAMEPLATE DATA:

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

SHEAVE DATA:

DIA _____ SHAFT _____
ADJ _____ FIXED _____

FAN NAMEPLATE DATA:

MFG _____
MODEL _____
TYPE _____
SIZE _____

SHEAVE DATA:

DIA _____ SHAFT _____ HUB _____
BELTS _____
STARTER _____ SIZE _____
HEATERS _____

FAN DESIGN DATA:

CFM _____ SP _____ RPM _____ BHP _____

REMARKS: _____

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS		470	
AMPS		2.3	
BHP			
FAN RPM		*	
SP-		.35	
SP+		.10	
TSP ESP		.45	
FILTER SP		.05	
CFM TOTAL	1600	1855	
CFM RA	1400	1570	
CFM OA	120	385	

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 12-14-00

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

8371 Royant

Has been conducted by Inspector

F. Johnson

On

12-13-00

00-12728-1A9

Permit Number

1100 sq

Square Footage

OH - Visual

Type of Inspection

R2 model

They system is acceptable by this department.

R. Woodman

By: Ross L. Woodman,
Fire Prevention Officer II

TI-812

F.D. Reference Number

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CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 8571 ROVANA CR #300 Permit No. 00-12728

Building Use OFFICE Occupancy: B

Building Owner BUZZ OATES Construction Type: _____

Owner Address: 8615 ELDER CREEK RD SAC Sprinkled? [Y | Yes |] No

Portion of Building Occupied SUITE 300 Area: 1100 Sq. Ft.

1.31.01

Willie Harris

DENNIS RICHARDSON

Date

By Print

Sign

CITY BUILDING OFFICIAL

Continued on Page 2 (CBMIS.17)

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