

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0107857
Insp Area: 4

Site Address: 2710 GATEWAY OAKS DR SAC
Parcel No: 225-0230-077 #100

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

CONTRACTOR
ANTHONY & SONS
1790 TERMINAL ST
W SAC CA

OWNER
REFEF AMERICA REIT 11 CORP B
2710 GATEWAY OAKS DR #125
SAC CA

ARCHITECT

Nature of Work: INTERIOR OFFICE REMODEL #100 REMOVE & ADD WALLS.NEW
PLUMBING FIXTURES AT LOUNGE.NEW ELECT OUTLETS.

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 360117 Date 6-26-01 Contractor Signature Angelique Simmons

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 June 26, 2001 Applicant/Agent Signature Angelique Simmons

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 713-00 UNIT 0000126 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 June 26, 2001 Applicant Signature Angelique Simmons

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.

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

ADDRESS 2710 Gateway Oaks Drive, North building
 PARCEL # 225-0230-077 Suite 100

ACTIVITY # 0107857 Insp. Area 4C

Applicant MUST complete ALL Unshaded areas

CONTACT

Name Terry Yu / SSP
 Address 7585 Gold Drive, Loomis
 Phone 652-3400 FAX 652-7805
 E-mail _____

ARCHITECT/ENGINEER

Name Stafford Space Planning
 Address 7585 Gold Drive, Loomis
 Phone 652-3400 FAX 652-7805
 E-mail _____

LICENSED CONTRACTOR Lic No. # B360117

Name Tony Anzels / ASI
 Address 1790 Terminal Street, West Sacto
 Phone 373-0707 FAX 373-1523
 E-mail _____

OWNER

Name BREEF America REIT II, Corp. B.
 Address 2710 Gateway Oaks Drive Ste 105
 Phone 925-8965 FAX 925-0413
 E-mail _____ South bldg.

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____ EXPIRATION DATE: _____

→ WORKER'S COMPENSATION POLICY # _____

NATURE OF WORK IN DETAIL: Some demolitions, new Partitions, new Power & Telephone outlets, relocate or provided new light fixtures.

OCCUPANT/TENANT: Rreef Property Management VALUATION: \$ 76,000.00

FLOOD STATUS:			S.C.A.T.			REM <input checked="" type="checkbox"/> SW		FIRE		ADD		OTH	
JOB DESCRIPTION	BLDG	SHELL	APT	TI ()	MECH	PLUMB	ELEC	SITE	FIRE		OTH		
		<u>BLDG</u>			<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>			<u>FIRE</u>			
INSPECTION DISCIPLINES			Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N		Fed. Code		Vio. File			
# Stories	1st flr Area	Total Area		<u>B</u>	<u>II-1H</u>	<u>SPR</u>	<u>ALARM</u>	<u>15</u>		<u>[H]</u>	<u>[Quad]</u>		
<u>B</u>	<u>L</u>	<u>P</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>8FB</u>	<u>PW</u>	<u>UTIL</u>		

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

CITY OF SACRAMENTO
 BUILDING INSPECTION DIVISION
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: ASI- ANTHONY & SONS Phone: 373-0907
 Site Address: 2710 GATEWAY OAKS Suite: 100
(Street) (Zip)
 Business Owner/Representative: ANGELIQUE SIMMONS Phone: 373-0907
 Nature of Business: General Contractor
 Property Owner: RBEET MANAGEMENT Phone: _____
 Address: 2710 GATEWAY OAKS Suite: 100
(Street) (City) (State) (Zip)
SACRAMENTO CA

2. Are you developing an undetermined tenant space? Yes ___ No X Is this permit for a shell building? Yes ___ No ___

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes ___ No X

4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No X

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes ___ No ___

6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No ___

7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No ___

If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes ___ No ___

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: ANGELIQUE SIMMONS
(Print)
Angelique Simmons 6-26-01
(Signature) (Date)

BID Use Only: Plan Ck# _____ Permit # <u>0107857</u>	
OK to issue prmt? <u>DBB</u>	F.D. Appr Req'd? Yes <u>NO</u>
init date <u>6-26-2001</u>	
Hold on Certificate of Occupancy? Yes ___ No ___	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	



AIRCO
MECHANICAL, INC.
 CONTRACTORS AND ENGINEERS
 5720 Alder Avenue
 Sacramento, California 95828
 (916) 381-4523 Lic. 311454

**AIR OUTLET
 TEST REPORT**

PROJECT NAME RREF SUITE 100 JOB NUMBER 01 0214 00 03
 OUTLET MANUFACTURER TITUS TEST APPARATUS Flow Hood
 SYSTEM VAV

AREA SERVED	OUTLET				DESIGN		PRELIMINARY		FINAL		REMARKS	
	NO.	TYPE	SIZE	AK	CFM	VEL	VEL OR CFM	VEL OR CFM	VEL	CFM		
VAV 1-1	1	S2	8		225		200	175		175	HEAT 750	
	2	S2	10		220		120	175		175	HI .85"	
	3	S2	12		410		300	340		340	LOW .30"	
	4	S2	12		410		400	335		335		
							1265	1020	1025		1025	
		R1	R1	12		445		310				
		R2	R1	12		410		275				
						855						
VAV 1-2	1	S2	8		335		375	300		300	HEAT 47	
	2	S2	8		475		325	375		375	HI .70"	
					810		700	675		675	LOW .40"	
		R1	R1	12		410		355				
		R2	R1	12		270		250				
		R3	R1	12		380		340				
						1060						

REMARKS:

TEST DATE 7/3/09 READINGS BY [Signature]



AIRCO
MECHANICAL, INC.
 CONTRACTORS AND ENGINEERS
 5720 Alder Avenue
 Sacramento, California 95828
 (916) 381-4523 Lic. 311454

**AIR OUTLET
 TEST REPORT**

PROJECT NAME RREF SUITE 105 JOB NUMBER 01 0314 00 03
 OUTLET MANUFACTURER TITUS TEST APPARATUS FLOW HOOD
 SYSTEM VAV

AREA SERVED	OUTLET				DESIGN		PRELIMINARY		FINAL		REMARKS
	NO.	TYPE	SIZE	AK	CFM	VEL	VEL OR CFM	VEL OR CFM	VEL	CFM	
VAV 1-3	1	S2	8		220		230			230	HEAT 350
	2	S2	8		220		220			220	HI .55"
					440		450			450	LOW .20"
	R1	R1	12		350		325				
VAV 1-4	1	S3	10		300		385	315		315	
	2	S3	6		120		120	135		135	HI .20"
MEN 105					420		505	450		450	LOW .10"
	R1	R1	10		240		215				
	R2	R1	8		95		100				
					335						
VAV 1-5	1	S3	8		220		330	230		230	HEAT .33"
MEN 90	R1	R1	8		175		140				LOW .05"

REMARKS:

TEST DATE 7/31/01 READINGS BY [Signature]