

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No:** 0318970  
**Insp Area:** 1  
**Thos Bros:**  
**Sub-Type:** REM  
**Housing (Y/N):** N

**Site Address:** 1415 L ST SAC  
**Parcel No:** 006-0116-013

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

**OWNER**  
MERIDIAN PLAZA

**ARCHITECT**

**Nature of Work:** REMODEL, SUITE 1100

**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 2/4/04 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 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 \_\_\_\_\_

**PAID**  
**CITY OF SACRAMENTO**  
**FEB 03 2004**  
**NORTH PERMIT CENTER**

**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 above mentioned property for inspection purposes.

Date 2/4/04 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 those provisions.

Date 2-4-04 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.**


FINAL AIR BALANCE COMPANY, INC.

Date: 05/24/04

Sheet no: 1

## VAV TEST SHEET

**JOB NAME:** Meridian Plaza - Schubert Public Affairs

**SYSTEM:** VAV 12-18 through VAV 12-21

Room No.	Terminal No.	Terminal		Effective Area	Max Design		Max Final		Minimum CFM		Notes
		Type	Size		FPM	CFM	FPM	CFM	Design	Final	
	VAV 12-18		8"								
1	18-1	CR	14 x 14	FH	FH	650	FH	660			
					Cold	650		660	195	200	
					Hot	195		200			
	VAV 12-19		10"								
Work room	19-1	CR	8 x 8	FH	FH	200	FH	200			
Hall	19-2	CR	8 x 8	FH	FH	150	FH	160			
3	19-3	CR	8 x 8	FH	FH	150	FH	150			
Reception	19-4	CR	10 x 10	FH	FH	300	FH	285			
					Cold	800		795	240	230	
	VAV 12-20		10"								
2	20-1	CR	10 x 10	FH	FH	350	FH	335			
Workroom	20-2	CR	12 x 12	FH	FH	500	FH	505			
					Cold	850		840	225	240	
					Hot	255		240			
	VAV 12-21		6"								
4	21-1	CR	10 x 10	FH	FH	350	FH	350			
					Cold	350		355	105	110	
					Hot	105		110			
	VAV 12-22		6"								
5	22-1	CR	10 x 10	FH	FH	300	FH	310			
					Cold	310		310	100	105	
					Hot	100		105			

FH = Direct read with flow hood

Remarks:



OUR PERFORMANCE BUILDS RELATIONSHIPS®

4220 Douglas Blvd., Suite 5, Granite Bay, CA 95746  
TEL (916) 784-0777 FAX (916) 784-0707  
CA License No. 793419

### TRANSMITTAL

Date: 6/1/04 Fax No: 340-3150 Pages: 3

Attn: Brian Company: MIB Via:

Re:

COPIES	DESCRIPTION
<u>1</u>	<u>Air Balance Reports</u>
	<u>Schubert P/A</u>
	<u>ACIC</u>

For Approval     
  Respond In Writing     
  Be Advised     
  Call

Copies To: \_\_\_\_\_

FRANK M. BOOTH DESIGN BUILD CO.

BY: MIKE MANN

**APPLICATION FOR COMMERCIAL BUILDING PERMIT**

**CITY OF SACRAMENTO**

**PLANNING & BUILDING DEPARTMENT**

1111 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

<b>ACTIVITY #</b> 0318970	<b>Insp. Area</b>
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*Applicant to complete all areas down to valuation*

**ADDRESS** 1415 L STREET Suite 1100  
**PARCEL #** 006-0116-013

<b>CONTACT</b>		<b>LICENSED CONTRACTOR</b> Lic No. #	
Name <u>TOM FORD</u> c/o →	Street Address	Name <u>MARKET ONE BUILDERS</u>	Lic No. #
City/State/Zip	Phone	Address <u>1419 N. MARKET ST. STE 1</u>	City/State/Zip <u>SACRAMENTO, CA. 95834</u>
E-mail:	FAX	Phone <u>(916)-928-7474</u>	FAX <u>(916)-928-7475</u>
<b>ARCHITECT/ENGINEER</b>		<b>OWNER</b>	
Name	Address	Name <u>Meridian Plaza - Allen Group</u>	Address <u>1415 L ST SU. 250</u>
City/State/Zip	Phone	City/State/Zip <u>SAC. CA</u>	Phone <u>340 3100</u>
E-mail:	FAX	FAX <u>340-3150</u>	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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OCCUPANT/TENANT:** \_\_\_\_\_ **VALUATION: \$** 140,000

<b>FLOOD STATUS</b>					<b>S.C.A.T.</b>								
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 <sup>st</sup> flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code		Vio. File			
						SPR	ALARM						
<u>B</u>	<u>L 1</u>	<u>P 2</u>	<u>M</u>	<u>3 E</u>	<u>F 4</u>			<u>S</u>	<u>D</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?  Yes  No

*± 5687 \$ of remodel*