	1231 I Street, Sacramento, CA 95814	Insp Area: 4
		Thos Bros:
v	Site Address: 2870 GATEWAY OAKS DR SAC	Sub-Type: TI
	Parcel No: 225-0230-093 STE 210	Housing (Y/N): N
. '.		
	<u>CONTRACTOR</u> <u>OWNER</u>	<u>ARCHITECT</u>
	MARKET ONE BUILDERS INC  1419 N MARKET BL #1  400 CAPITOL MALL STE 2340	NIELSEN & ASSOCIATES
	SACRAMENTO CA 95834 SACRAMENTO CA 95814	550 HOWE AVE SACRAMENTO CA 95825
	Nature of Work: 1ST TIME TENANT IMPROVEMENT IN STE 210	
4,000		<u> </u>
	CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a	construction lending agency for the performance of
2	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 the	nat 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 ful	force and effect.
	License Class License Number 737694 Date Contractor Signature	LUM CONTROL
::	OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt if	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 prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is lice	t, alter, improve, demolish, or repair any structure,
	License Law (Chapter 9 (commencing with Section 7000) of Division 8 of the Business and Professions Co	
	basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the	
5.0	hundred dollars (\$500.00);	
	1, as a owner of the property, or my employees with wages as their sole compensation, will do the w	ork 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	r 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	s 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	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 property. The Contractors License Law does not apply to an owner of property who builds or improves the contractors.	oject (1eo 2047; Business and Professions Code:
	The Contractors License Law does not apply to an owner of property who builds or improves thereon and w	hopping the for such projects with a contractor(s)
	licensed pursuant to the Contractors License Law).	- 0.0002
	I am exempt under Sec B & PC for this reason:	APR 2 9 2002
	Porto : Orrmon Cionostino	NORTH PERMIT
	Date Owner Signature	NICKITI TILINI
	IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representat	tion of the applicant, that the applicant verified all
**	measurements and locations shown on the application or accompanying drawings and that the improvement	ent to be constructed does not violate any law or
	private agreement relating to permissible or prohibited locations for such improvements. This building per improvement or the violation of any private agreement relating to location of improvements.	mit does not authorize any illegal location of any
	amprovement of the violation of any private agreement relating to location of improvements.	
2 P	I certify that I have read this application and state that all information is correct. I agree to comply with all ci	ity and county ordinances and state laws relating to
	building construction and herby authorize representative(s) of this city to enter upon the abovementioned prop	perty for inspection purposes.
; .	Date OUTO/OZ Applicant/Agent Signature	A R
	THE CONTRACT OF THE CONTRACT O	
5.	WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of	of the following declarations:
	I have and will maintain a certificate of consent to self-insure for workers' compensation as provided	of the following declarations: d for by Section 3700 of the Labor Code, for the
	WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of I have and will maintain a certificate of consent to self-insure for workers' compensation as provided performance of work for which the permit is issued.	of the following declarations: d for by Section 3700 of the Labor Code, for the
	I have and will maintain a certificate of consent to self-insure for workers' compensation as provided performance of work for which the permit is issued.  have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor	d for by Section 3700 of the Labor Code, for the
	I have and will maintain a certificate of consent to self-insure for workers' compensation as provided performance of work for which the permit is issued.	d for by Section 3700 of the Labor Code, for the
	I have and will maintain a certificate of consent to self-insure for workers' compensation as provided performance of work for which the permit is issued.  Thave and will maintain workers' compensation insurance, as required by Section 3700 of the Labor this permit is issued. My workers' compensation insurance carrier and policy number are:	d for by Section 3700 of the Labor Code, for the Code, for the performance of the work for which
	I have and will maintain a certificate of consent to self-insure for workers' compensation as provided performance of work for which the permit is issued.  have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor this permit is issued. My workers' compensation insurance carrier and policy number are:  Carrier STATE FUND  Policy Number 692-0002229	d for by Section 3700 of the Labor Code, for the  Code, for the performance of the work for which  Exp Date 10/01/2002
	I have and will maintain a certificate of consent to self-insure for workers' compensation as provided performance of work for which the permit is issued.  Thave and will maintain workers' compensation insurance, as required by Section 3700 of the Labor this permit is issued. My workers' compensation insurance carrier and policy number are:  Carrier STATE FUND Policy Number 692-0002229  (This section need not be completed if the permit is for \$100 or less) I certify that in the performance	d for by Section 3700 of the Labor Code, for the  Code, for the performance of the work for which  Exp Date 10/01/2002  of the work for which this permit is issued, Ishall
	I have and will maintain a certificate of consent to self-insure for workers' compensation as provided performance of work for which the permit is issued.  Thave and will maintain workers' compensation insurance, as required by Section 3700 of the Labor this permit is issued. My workers' compensation insurance carrier and policy number are:  Carrier STATE FUND Policy Number 692-0002229  (This section need not be completed if the permit is for \$100 or less) I certify that in the performance not employ any person in any manner so as to become subject to the workers' compensation laws of Californ	d for by Section 3700 of the Labor Code, for the Code, for the performance of the work for which Exp Date 10/01/2002  of the work for which this permit is issued, Ishall is and agree that if I should become subject to the
	I have and will maintain a certificate of consent to self-insure for workers' compensation as provided performance of work for which the permit is issued.  Thave and will maintain workers' compensation insurance, as required by Section 3700 of the Labor this permit is issued. My workers' compensation insurance carrier and policy number are:  Carrier STATE FUND Policy Number 692-0002229  (This section need not be completed if the permit is for \$100 or less) I certify that in the performance	d for by Section 3700 of the Labor Code, for the Code, for the performance of the work for which Exp Date 10/01/2002  of the work for which this permit is issued, Ishall is and agree that if I should become subject to the
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	I have and will maintain a certificate of consent to self-insure for workers' compensation as provided performance of work for which the permit is issued.  Thave and will maintain workers' compensation insurance, as required by Section 3700 of the Labor this permit is issued. My workers' compensation insurance carrier and policy number are:  Carrier STATE FUND Policy Number 692-0002229  (This section need not be completed if the permit is for \$100 or less) I certify that in the performance not employ any person in any manner so as to become subject to the workers' compensation laws of Californ workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provided performance.  Applicant Signature	d for by Section 3700 of the Labor Code, for the Code, for the performance of the work for which  Exp Date 10/01/2002  of the work for which this permit is issued, Ishall in and agree that if I should become subject to the visions
	I have and will maintain a certificate of consent to self-insure for workers' compensation as provided performance of work for which the permit is issued.  Thave and will maintain workers' compensation insurance, as required by Section 3700 of the Labor this permit is issued. My workers' compensation insurance carrier and policy number are:  Carrier STATE FUND Policy Number 692-0002229  (This section need not be completed if the permit is for \$100 or less) I certify that in the performance not employ any person in any manner so as to become subject to the workers' compensation laws of Californ workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provided performance in the performance of the permit is self-insured by Section 3700 of the Labor Code, I shall forthwith comply with those provided performance in the performance of the permit is self-insured by Section 3700 of the Labor Code, I shall forthwith comply with those provided performance in the permit is self-insured by Section 3700 of the Labor Code, I shall forthwith comply with those provided permit is self-insured by Section 3700 of the Labor Code, I shall forthwith comply with those provided permit is self-insured by Section 3700 of the Labor Code, I shall forthwith comply with those provided permit is self-insured by Section 3700 of the Labor Code, I shall forthwith comply with those provided by Section 3700 of the Labor Code, I shall forthwith comply with those provided by Section 3700 of the Labor Code, I shall forthwith comply with those provided by Section 3700 of the Labor Code, I shall forthwith comply with those provided by Section 3700 of the Labor Code, I shall forthwith comply with those provided by Section 3700 of the Labor Code, I shall forthwith comply and the section of the Labor Code, I shall forthwith the section of the Labor Code, I shall forthwith the section of the Labor Code, I shall forthwith the section of the Labor Code, I shall forthwith the section of the Labor Code, I shall	Code, for the performance of the work for which  Exp Date 10/01/2002  of the work for which this permit is issued, Ishall in and agree that if I should become subject to the visions  AND SHALL SUBJECT AN EMPLOYER TO

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

Permit No: 0204472

**CITY OF SACRAMENTO** 

## RCO CHANICAL, INC. ONTRACTORS AND ENGINEERS

## AIR OUTLET TEST REPORT

20 Alder Avenue sacramento, California 95828 (916) 381-4523 Lic. 311454

NAME	Greve 28	10 Grateway GOB NUMBER	020460-00-03
MANUFACTURER	Titus	TEST APPARATU	is Flow Hood
		SYSTEM	VAV

	<u> </u>				DES	IGN	PRELIM	INARY			FII	NAL	OF	ARKS
AREA SERVED	NO.	TYPE	SIZE	АК	CFM	VEL	VEL. OR	VEL OR CFM			VEL	CFM		
<i>[</i>	Sı		10"		280		300	<i>J&amp;0</i>	275	285		285	Min.	100
AV 210 - 1	Sa		10"		250		300			245		245	Heat	200
	30													
					530		600	560	520	530		530	<u></u>	
14.12 0	-		10"	_	345	· · · · · ·	600	500	400	330	345	245	Min	55
/AV 210 - 2	31		10											110
					345									
1/417 210 3	51		10"		300		450	430	350	310		310	Min	200
VAV 210-3	5,2	<del> </del>	8"	1	200		T	1 -	210	1	<u> </u>	10	Heat	400
	53	<u> </u>	10"		250				235		<b> </b>	255		
	54		84		200				195		-	210	1	
	S 5		10"_	<b>_</b>	300		345	331	3∂0	295		295		
	_				1250		1435	1390	1310	1275		1275		
					-		2 05	216	355			355	Min	130
VAV 210-4	II.		10"		360	<del>                                     </del>			1180				1	260
	52	-	12"		485	-	100	"						
· · · · · · · · · · · · · · · · · · ·				-	845		890	850	93			534		
								<del> </del>	_	-				

**REMARKS:** 

TEST DATE 5-13-02 READINGS BY	E. Loomis	# L.	W./liams	_
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AIR OUTLET TEST REPORT

5720 Alder Avenue Sacramento, California 95828 (916) 381-4523 Lic. 311454

DJECT NAME <u>Greve 2870 Gateway Daks</u>	JOB NUMBER 020460-00-03
DJECT NAME	
TLET MANUFACTURER Titus	TEST APPARATUS Flow hood
	SYSTEM VAV

		<u> </u>	JTLET		DES	ign	PRELIMINARY				FINAL		REMARKS	
AREA SERVED	NO.	TYPE	SIZE	AK	СЕМ	VEL	VEL OR CFM	VEL. OR CFM			VEL	CFM	KEM	HKKS
VAV 210-5	51		10"		380		500	350	400	400		400	Min	<u> 365</u>
VIIV AIV	52		10"		360		290	310	375	380		380	Heat	725
	53		8"_		245		225	200	240	250		250		
	54		10"		305		325	<i>30</i> 0	300	310		310		
	S 5		8"		245		245	225	240	240		240		
	56		10"	<u> </u>	360		385	360	340	360		360		
	57		12"		415		490	420	420	420		420		
					2410		2460	2165	2335	Эзю	<u> </u>	<i>3360</i>		
									ļ					
VAU 210-6	51		12"		585		680	580	590		ļ	590	Min_	
<u>                                      </u>	52		12"		585		620	600	590		<u> </u>	590	Heat	<u>350</u>
								ļ	<b></b>		<u> </u>	/		
				Ī-	1170		1220	1180	1180			1130	<u> </u>	
	_	-	8"		270		//60	300	230			230	Min	135
VAV210-7	121	-	18	+-	230	-	700	100	ياحر سر	1				-
	-				230		400	300	230			230		
			CT <sup>tt</sup>		220		7.70	202	Z30	730		135	Min	135
VAV 210-8	18 =	l l	8".	-	230		<b></b>	I	li .	i	1	310	77.6167	
	52	-	8"		300	<del>'</del>	1500	صدو	270	2/0			1	
	-	-	<u>-                                    </u>	-	530		620	600	500	540	)	540		

**REMARKS:** 

TEST DATE 5/13/02 READINGS BY E. Lornis + L. Williams



AIR OUTLET TEST REPORT

5720 Alder Avenue Sacramento, California 95828 (916) 381-4523 Lic. 311454

(916) 361-4323 Eld. 01	n he	
PROJECT NAME <u>Greve</u>	2870 GARLONAY OHES _ 020460-00-03	
	US TEST APPARATUS Flow Hood	
OUTLET MANUFACTURER		
	SYSTEM VAV	

			TLET		DES	iGN	PRELIMINARY				FINAL		REMARKS	
AREA SERVED	NO.	TYPE	SIZE	AK	CFM	VEL	VEL.OR CFM	VEL OR CFM			VEL	CFM	HEN	IAKNS
VAV 210-9	SI		10"		290		310	300	290			290	Mn	250
VILV OIV	57		10"		290		320	300	290			290		<u>.</u>
	53		10"		290		320	300	290			290		
	54		6"		115		150	140	120		···	120		
					985		1100	1040	990			990		
VAV 210 - 16	SI		6"		45		125		60	45		T	Min	395
	Sa	ļ	8"_		225		180	<del> </del>		215	<u> </u>	215		<u></u>
	53		48"	<u> </u>	225		- 11	195	Π	205		205		
	54		3 "	ļ	215		- H	210		210		210	<u> </u>	
	S 5	<u> </u>	8"		215		200	1	215			220		
	56		8 "		215	L	200	210	215	220		2,20	<del> </del>	~
	57		12."	ļ <u> </u>	485		500	470	470	480		480		
		<u> </u>			1580		1635	1570	1380	1595		1595		
VAV 210-1	51		10"		750	-	9,20	820	250			750	Min	245
					750							750		

**REMARKS:** 

TEST DATE 5/13/ 02 READINGS BY E. Loanis, L. Williams

☐ Faxed

☐ Provided

## 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 26	64-7046	Applicant M	UST complete A	LL Unshaded	40
DDRESS (670 6FEWRY 09 ARCEL # 291-361-03	AVS VE	UE	Suit	_	- -
Name TOWN DEVELEX Street Address 149 N. MAEVE City/State/Zip SAC/CA/9563 Phone 978-7474 FAX 973 E-mail:	78LVD 4 6-7475	Name MACA Address LUM City/State/Zip Phone A78-71 E-mail:	TRACTOR Lie CET ONE N. MARKE SAC/CA	No. # 15/0 BUILDE AT BUID 1 95834 AX 928-71	#1 175
Name NELSEN B ASO Address 550 House Ave	C, = # 150 25 5-8608	Name BTV Address Z6 City/State/Zip C Phone G6 E-mail:	O GAVENA	ECONTIE 41 OAYS 016633 FAX 569-1	RIO AIV
E-mail:  → Will permittee have any employees on the job  → WORKER'S COMPENSATION POLICY  CONTROL OF MORE DETAIL:	#_@\(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	S → INSURANCE CO2729		ON DATE: 10/	FUND OI/OZ
NATURE OF WORK IN DETAIL: (COV)  AND FIRE PROTE	WALLS	HVPC	PLUMB	NA, E	ECTELAL
	SED, Went	EL3 PARAS	VALUATION: \$	150,00	O
FLOOD STATUS GREEN LITTORT	S.C.A.	1/2		FIRE ADD	отн
JOB DESCRIPTION BLDG SHI	ELL APT		M( ) SW		FIRE
IKSIGECTION	BLDG MEC e Zone Occp Gro	up Const type		Fed Code (H	Vio. File ] [Quad]
(B) (L) (P)	(M) (E		S	PW PW	7 UIIL
COMMENTS:					
REGIONAL SANITATION FEES?	☐ Yes ☐ No	HEAU	H DEPARTME	NT? Yes	J No