

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

**Permit No: 9914012**  
**Insp Area: 1**

**Site Address: 3160 FOLSOM BL SAC**  
Parcel No: 007-0213-030 3RD FLR

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

CONTRACTOR  
MAX BUILDERS  
831 ALBURN BL  
SACRAMENTO, CA 95825

OWNER  
CHW MED. FOUNDATION  
7919 FOLSOM BL  
SACRAMENTO, CA 95825

ARCHITECT

**Nature of Work: ORTHOPEDIC OFFIC REMODEL**

**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 BAE License Number 1-1000 Date 1-1-00 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 a 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 Professions 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. 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 an 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 1-1-00 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: EXPLORER Policy Number: WSA1699131-0 Exp Date: 09/01/2000

If 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 be exempt 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 \_\_\_\_\_ Applicant Signature [Signature]

**WARNING:** FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO PENALTY, 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.**



M & H Job #	5403		
M.M.	T.H.	<input checked="" type="checkbox"/>	
MAR 30 2000			
Dan	John	Paisy	
Dixie	Jim	<input checked="" type="checkbox"/>	

---

LICENSE NO. 698122      HELPING TO SOLVE YOUR ENERGY NEEDS TODAY & TOMORROW

---

**FAX TRANSMITTAL**

**COMPANY:** M&H BUILDERS

**DATE:** Thursday, March 30, 2000

**ATTENTION:** JIM RABY

**FAX NUMBER:** 483-9395

**FROM:**

**REFERENCES:** J403 CHW MED CLINIC

**MESSAGE:** BALANCE REPORT

**NUMBER OF SHEETS (INCLUDING COVER SHEET): 6**

---

9276 BEATTY DRIVE  
SACRAMENTO, CA 95826-9702

PHONE (916) 361-1799  
FAX (916) 361-1796



9276 BEATTY DRIVE  
 SACRAMENTO, CA 95826-9702  
 PHONE 916-361-1799  
 FAX 916-361-1796  
 CONTRACTOR'S LICENSE# 698122

LICENSE NO. 698122

HELPING TO SOLVE YOUR ENERGY NEEDS TODAY & TOMORROW

DATE: 3/30/00

PAGE: 1 OF 5

Project 1403 CHW MED CLINIC  
 System

AIR DISTRIBUTION TEST SHEET

Terminal Number	Room Number	Terminal		Factor	Design		Test - FPM or CFM			Final	
		Type	Size		FPM	CFM	Test 1	Test 2	Test 3	FPM	CFM
	315					110	115	100			
	R/A					95	90				
	334					110	105	95			
	R/A					95	110				
	316					110	80	100			
	R/A					95	95				
	317					110	60	70			
	R/A					95	70				
	CORRI					110	65	75			
	R/A					N/A	N/A				
	328					140	150	140			
	R/A					105	120				
	329					175	100	135			
	329					175	150	120			
	R/A					320	225				
	333					80	20	30			
	R/A					65	65				
	R/A					300	300				
						1120	845	865			

Remarks 255 CFM BELOW S/A DESIGN



9276 BEATTY DRIVE  
 SACRAMENTO, CA 95826-9702  
 PHONE 916-361-1799  
 FAX 916-361-1796  
 CONTRACTOR'S LICENSE# 698122

LICENSE NO. 698122

HELPING TO SOLVE YOUR ENERGY NEEDS TODAY & TOMORROW

DATE: 3/30/00

PAGE: 2 OF 5

Project J403 CHW MED CLINIC  
 System \_\_\_\_\_

**AIR DISTRIBUTION TEST SHEET**

Terminal Number	Room Number	Terminal		Factor	Design		Test - FPM or CFM			Final	
		Type	Size		FPM	CFM	Test 1	Test 2	Test 3	FPM	CFM
	307					165	125				
	R/A					150	20				
	308					120	115				
	R/A					105	30				
	309					120	135				
	R/A					105	30				
	310					120	120				
	R/A					105	55				
	311					100	100				
	R/A					85A	70				
	312					110	125				
	R/A					95	40				
	313					250	230				
	R/A					220	150				
	314					110	120				
	R/A					95	50				
						1095	1070				

Remarks R/A READINGS BELOW DESIGN





9276 BEATTY DRIVE  
 SACRAMENTO, CA 95826-9702  
 PHONE 916-361-1799  
 FAX 916-361-1796  
 CONTRACTOR'S LICENSE# 698122

LICENSE NO. 698122

HELPING TO SOLVE YOUR ENERGY NEEDS TODAY & TOMORROW

DATE: 3/30/00

PAGE: 4 OF 5

Project J403 CHW MED CLINIC  
 System \_\_\_\_\_

**AIR DISTRIBUTION TEST SHEET**

Terminal Number	Room Number	Terminal		Factor	Design		Test – FPM or CFM			Final	
		Type	Size		FPM	CFM	Test 1	Test 2	Test 3	FPM	CFM
	301					120	100				
	R/A					105	50				
	302					120	110				
	R/A					105	40				
	303					50	40				
	R/A					105	30				
	304					120	110				
	R/A					105	40				
	305					120	90				
	R/A					105	25				
	306					120	115				
	R/A					105	20				
	330					265	160				
	R/A					N/A					
	330					265	175				
	R/A					500	500				
	322					120	110				
	R/A					105	40				
						1300	1010				

Remarks 290 CFM SHORT ON S/A SIDE, UNIT HAS BEEN AMPED UP.



9276 BEATTY DRIVE  
SACRAMENTO, CA 95826-9702  
PHONE 916-361-1799  
FAX 916-361-1796  
CONTRACTOR'S LICENSE# 698122

LICENSE NO. 698122

HELPING TO SOLVE YOUR ENERGY NEEDS TODAY & TOMORROW

DATE: 3/30/00

PAGE: 5 OF 5

Project 1403 CHW MED CLINIC  
System

### AIR DISTRIBUTION TEST SHEET

Terminal Number	Room Number	Terminal		Factor	Design		Test - FPM or CFM			Final	
		Type	Size		FPM	CFM	Test 1	Test 2	Test 3	FPM	CFM
	337					195	195				
	R/A					N/A					
	335					110	110				
	R/A					95	20				
	332					320	295				
	331					320	280				
	REF-9					600	380				
	REF-9					70	70				
	REF-10					440	400				
	REF-10					70	80				
						945	880				

Remarks REF-9 WAS CLEANED AND BELT CINCHED UP, CFM IS STILL LOW.

# CITY OF SACRAMENTO

## 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

ACTIVITY # 9914012 Insp. Area

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 3160 Folsom Blvd. Sacramento 95816 Suite 3rd flr

PARCEL # \_\_\_\_\_

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Mike Brown</u></p> <p>Address <u>7919 Folsom Blvd. Sacto 95826</u></p> <p>Phone <u>536-2580</u> FAX <u>631-8883</u></p> <p>E-mail _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>664602</u></p> <p>Name <u>M+H Builders, Inc.</u></p> <p>Address <u>3830 Auburn Blvd. A Sacto 95821</u></p> <p>Phone <u>483-9393</u> FAX <u>483-9395</u></p> <p>E-mail _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Gary Roberts, Architect</u></p> <p>Address <u>1512 14th St. Sacramento, 95814</u></p> <p>Phone <u>498-7900</u> FAX <u>498-7907</u></p> <p>E-mail <u>groberts@cw.com</u></p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>CHW medical Foundation</u></p> <p>Address <u>7919 Folsom Blvd. Sacto 95826</u></p> <p>Phone <u>536-2580</u> FAX <u>631-8883</u></p> <p>E-mail _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: NewMarket Underwriters Ins. Co.

→ WORKER'S COMPENSATION POLICY # WSA1699131-0 EXPIRATION DATE: 9/01/00

NATURE OF WORK IN DETAIL: Med-Clinic - Orthopedics & office remodel

290,000

OCCUPANT/TENANT: Med Clinics Orthopedics VALUATION: \$ 300,000

FLOOD STATUS:		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM <input checked="" type="checkbox"/>	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 Req. <u>Y/N</u>		Fed Code	Vio. File	
<u>3</u>		<u>5380</u>		<u>B</u>	<u>11 hr</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>NON?</u>		<u>D</u>	<u>PW</u>	<u>UTIL</u>

COMMENTS: Per Don Smith

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed



**MEMORANDUM**

**SACRAMENTO FIRE DEPARTMENT**

**TO:** BUILDING DEPARTMENT

**DATE:** 3-16-00

**FROM:** Troy Malaspino  
Fire Marshal

**SUBJECT: FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

3160 Folsom Pl.

has been conducted by Inspector D. DeMello

on 3-16-00

99-14012  
Permit Number

-  
Square Footage

Remodel  
Type of Inspection  
OH sprinklers

The system is acceptable by this department.

R Woodman  
By: Ross L. Woodman,  
Fire Prevention Officer II

99-610  
F. D. Reference Number

Y ✓

POST THIS CARD IN A CONSPICUOUS PLACE!

SACRAMENTO CITY FIRE DEPARTMENT  
1231 I STREET, SUITE 401  
SACRAMENTO, CA 95814-2979

POST THIS CARD IN A CONSPICUOUS PLACE!

SACRAMENTO CITY FIRE DEPARTMENT  
1231 I STREET, SUITE 401  
SACRAMENTO, CA 95814-2979

INSPECTION SERVICES  
FOR INSPECTIONS . . . . . CALL (916) 264-5480  
MINIMUM OF 48 HOURS NOTICE REQUIRED FOR INSPECTIONS

INSPECTION SERVICES  
FOR INSPECTIONS . . . . . CALL (916) 264-5260  
MINIMUM OF 48 HOURS NOTICE REQUIRED FOR INSPECTIONS

PERMIT# 99-14012 APPROVED BY EHC  
DESCRIPTION Remodel  
ADDRESS 3160 Folsom Bl.  
OWNER Med Clinic Orthopedics

PERMIT# 0000379 APPROVED BY BJ FOSTER  
DESCRIPTION MANUAL FA SYS CHORNSTROBES  
ADDRESS 3160 FOLSOM BLVD  
OWNER MED-CLINIC ORTHOPEDICS

NOTE:

Do not cover walls or ceiling or bury piping until the following items are signed off.  
Paved, all weather emergency access roadways and fire hydrants (in service) shall be provided prior to any combustible construction or storage on site.

NOTE:

- 1) Do not cover walls or ceiling or bury piping until the following items are signed off.
- 2) Paved, all weather emergency access roadways and fire hydrants (in service) shall be provided prior to any combustible construction or storage on site.

SITE

INSPECTIONS	INITIALS	DATE
Underground Fire Mains Visual (Class 200)		
Hydrostatic test of Fire Main (Class 200)		
Flushing of Fire Main (Class 200)		
Fire Hydrants with Class 200 Fire Main		
Access/Fire Lane Striping		
Gates/Fences/KNOB		
Above ground tank		

SITE

INSPECTIONS	INITIALS	DATE
Underground Fire Mains Visual (Class 200)		
Hydrostatic test of Fire Main (Class 200)		
Flushing of Fire Main (Class 200)		
Fire Hydrants with Class 200 Fire Main		
Access/Fire Lane Striping		
Gates/Fences/KNOB		
Above ground tank		

FIRE & LIFE SAFETY

INSPECTIONS	INITIALS	DATE
Fire Doors		
Smoke Venting		
High Piled Stock		
Flammable Liquids		
Hazardous Materials		
Special Hazards		
Posted signs for occupant load		

FIRE & LIFE SAFETY

INSPECTIONS	INITIALS	DATE
Fire Doors		
Smoke Venting		
High Piled Stock		
Flammable Liquids		
Hazardous Materials		
Special Hazards		
Posted signs for occupant load		

EQUIPMENT

INSPECTIONS	INITIALS	DATE
Fire Sprinkler System Piping Visual		
Fire Sprinkler Hydrostatic Test		
Standpipes		
Fire Alarms		
Fire Sprinkler Monitoring System		
Fire Alarm Monitoring System		
Kitchen Hood & Duct System		
Special Extinguishing System		
Fire Extinguishers		
Fire Pumps		

EQUIPMENT

INSPECTIONS	INITIALS	DATE
Fire Sprinkler System Piping Visual		
Fire Sprinkler Hydrostatic Test		
Standpipes		
Fire Alarms		
Fire Sprinkler Monitoring System		
Fire Alarm Monitoring System		
Kitchen Hood & Duct System		
Special Extinguishing System		
Fire Extinguishers		
Fire Pumps		

SPECIAL REQUIREMENTS


SPECIAL REQUIREMENTS


FINAL APPROVAL

Fire Department Approval D. Quirk 3-16-00

NOTICE: Failure to comply with an order at the Fire Department may result in the issuance of a citation and/or discontinued use of the building or premises.

ORIGINAL CARD TO BE POSTED AT THE WORK SITE

KEEP THIS CARD FOR REFERENCE-THIS IS YOUR RECORD OF FIELD INSPECTIONS

FINAL APPROVAL

Fire Department Approval D. Quirk 3-16-00

NOTICE: Failure to comply with an order at the Fire Department may result in the issuance of a citation and/or discontinued use of the building or premises.

ORIGINAL CARD TO BE POSTED AT THE WORK SITE

KEEP THIS CARD FOR REFERENCE-THIS IS YOUR RECORD OF FIELD INSPECTIONS

There is a \$25.00 fee for replacement lost cards

CITY OF SACRAMENTO

30 DAY TEMPORARY  
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 3160 FOLSOM BL Permit No. 9914012

Building Use: OFFICE Occupancy: B

Building Owner: CHW MEDICAL FOUNDATION Construction Type: II-1HR

Owner Address: 7919 FOLSOM BL SAC,CA Sprinkled? [ X ] Yes [ ] No

Portion of Building Occupied: 3<sup>RD</sup> FLOOR Area: \_\_\_\_\_ Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy: MEDICAL PROCEDURES

03/29/2000 Willie Harris DENNIS RICHARDSON  
Date By:Print Sign CITY BUILDING OFFICIAL

[TCO approvals:VF,JM,RL,DD ]

***CBC 109.4 TEMPORARY CERTIFICATE***

*If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.*

**POST IN A CONSPICUOUS PLACE**