

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0004665
Insp Area: 1

Site Address: 911 22ND ST SAC
Parcel No: 007-0024-001

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

CONTRACTOR
KIMMEL CONSTRUCTION
1815 STOCKTON BL.
SAC 95816

OWNER
STEINBERG THEODORE TRUSTEE
2494 W MENLO AVE
FRESNO CA. 93711-1140

ARCHITECT

Nature of Work: INT OFFICE REMODEL, RESTRIPE PARK'G, & OUTDOOR EMPLOYEE BREAK AREA

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.

X License Class B License Number 216255 Date 7-18-00 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 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.

X Date 7-18-00 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.

X ML 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 INS Policy Number W5A1641571 Exp Date 11/01/2000

(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.

X Date 7-18-00 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.

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 911 - 22ND ST Permit No. 00-04665

Building Use: OFFICE Occupancy: B

Building Owner: THEODORE STEINBERG Construction Type: _____

Owner Address: 2495 MENLO AV FRESNO Sprinkled? [] Yes [] No

Portion of Building Occupied: OFFICE Area: _____ Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy: DBA: MICHAEL SCHOENLEBER

CHECK WITH GARY SPROSS IF SITE INSP NEEDED PRIOR TO FINAL C

OF O

12/7/00 Willie Harris DENNIS RICHARDSON
Date By:Print Sign CHIEF BUILDING OFFICIAL

[TCO approvals:DP,JZB,JE,AL]

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

Date of Request: 5/1/2000
By: STEVEN MUSELOY /
DURRANT ARCHITECTS

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 911 22ND STREET

Assessor's Parcel Number: 007-0024-029-001

Previous Use OFFICE SPACE

Description of Request/Proposed Use: OFFICE SPACE remodel +
exterior work + site work

Is This a Change of Use? NO

Zoning Designation: ~~RC~~ RC

Prior Applications for Project Site(P#, Z#, DRPB#): _____

Comments CLIENT IS ALREADY RENTING SPACE, ANY EFFORTS
TO EXPEDITE THE PLAN CHECK PROCESS WILL BE GREATLY
APPRECIATED. THANK YOU. inter exterior work on slab

Require Review Appl. (Blvd. Part)
(Plan to issuance of permit)

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] 5-1-00

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

MICROFILM AFTER FINAL

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Room 200
 Sacramento, CA 95811

ACTIVITY # <u>00-04665</u>	Insp. Area <u>C</u>
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Applicant MUST complete ALL Unshaded areas

ADDRESS 911 22ND STREET Suite -
 PARCEL # 007-0024-004 001

<p style="text-align: center;">CONTACT</p> Name <u>(SAME AS ARCHITECT BELOW)</u> Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> Name <u>O/S</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>HENRY RHETTA / STEVEN MOSELEY</u> Address <u>1712 THIRD ST.</u> City/State/Zip <u>SACRAMENTO, CA 95814</u> Phone <u>916 441-0686</u> FAX <u>916 325-4838</u> E-mail: <u>smoseley@durrant.com</u>	<p style="text-align: center;">OWNER</p> Name <u>MICHAEL SCHOENLEBER STEINBERG.</u> Address <u>2480 J St. 2495 MEMLO AVE</u> City/State/Zip <u>SACRAMENTO, CA 95816 Fresno</u> Phone <u>916 441-5327</u> FAX <u>916 442-8435</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: TENANT IMPROVEMENT, UPDATE ELEC / PLUMBING / MECH. / LIGHTING / COSTMETRO
int Remodel office and exterior Employee break area, restripes parking, misc landscaping, chain fence.

OCCUPANT/TENANT: MICHAEL SCHOENLEBER VALUATION: \$ 148,000

FLOOD STATUS: <u>NR</u>		S.C.A.T. <u>X11, X12, X16</u>								
JOB DESCRIPTION		BLDG	SHELL	APT	TI ()	REM (X)	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. Y / <u>N</u>	Fed Code	Vio. File		
<u>2</u>		<u>3300</u>		<u>B</u>		SPR ALARM	<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>1062</u>				

COMMENTS: Letter of authorization from owner to pu. Permit.
New owner info = legal document to change computer.
Architect to sign plans.

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

FROM : SACRAMENTO GLAZING

FAX NO. : 9163486292

Dec. 07 2000 10:54AM P1

**SACRAMENTO
GLAZING, INC.**

3429 E STREET, #12
NORTH HIGHLANDS, CA 95660
PH. 916-348-6201 FAX 916-348-6282

Kimmel Job # 428			
FRES	EVF	CONTRLR	
DEC 07 2000			
MKTG	EST	OM	
		JOB	<input checked="" type="checkbox"/>

DECEMBER 7, 2000

KIMMEL CONSTRUCTION
P.O. BOX 160848
SACRAMENTO, CA 95816

ATTN: NANCY REICH

RE: SCHWENLEBER JOB #428

SUBJ: SAFETY GLAZING

DEAR NANCY:

PLEASE BE ADVISED THAT ALL GLASS REQUIRING SAFETY GLAZING BY
CODE, WAS IN FACT INSTALLED PROPERLY BY SACRAMENTO GLAZING.
SACRAMENTO GLAZING, INC., GUARANTEES THAT ANY GLASS IN QUESTION,
IS INDEED TEMPERED SAFETY GLASS.
IF I CAN BE OF FURTHER ASSISTANCE, PLEASE CONTACT THE UNDERSIGNED.

SINCERELY,
SACRAMENTO GLAZING, INC.


DAVID E. JONES
SECTY/TRES

PAK/MAIL
FILE

AIR DISTRIBUTION TEST REPORT

Project name Schoenleber Bldg - 911 22ND St
System 1st and 2nd floor

Page 1 of 1

Date _____

Technician _____

Area tested	Opening			Design		Preliminary				Final		% of design
	No.	Type	Size	Air	CFM	Vel.	Vel.	Vel.	Vel.	Vel.	CFM	
A/C 1	1	P1 Reg			250							
Downstairs	2	"			250						265	
	3	"			225						262	
	4	"			225						230	
	5	"			100						226	
	6	S/W 10X6			75						120	
	7	S/W "			75						80	
											80	
Fresh air set at 225F												
A/C 2	1				N/A							
Upstairs	2				N/A						230	
	3				400						240	
	4				180						430	
	5				180						176	
	6				180						180	
						180					185	
Fresh air set at 310F												
Only the registers with new cfm requirements were checked.												

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 11-30-00

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

911 22ND ST.

has been conducted by Inspector LEAVITT

on 11-29-00

¹⁹⁴
00-04665-705
Permit Number

-
Square Footage

REMODEL
Type of Inspection

The system is acceptable by this department.


By: Ross L. Woodman,
Fire Prevention Officer II

TI-788
F. D. Reference Number

x