

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0011153

Insp Area: 2

Site Address: 7000 FRANKLIN BL SAC

Parcel No: 041-0130-008

SUITES 1070 & 1080

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

CIMORELLI CONSTRUCTION
1333 SUNCO DR #103
RANCHO CORDOVA, CA 95742

OWNER

EDD
7000 FRANKLIN BL
SACRAMENTO CA 95823

ARCHITECT

Nature of Work: INTERIOR OFFICE REMODEL. EXTERIOR WORK ALSO.

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 BMC License Number 525704 Date 11/7/00 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.

Date 11/7/00 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 AMERICAN INTERSTATE INSURANCE Policy Number 00WCCA152704 Exp Date 07/01/2001

_____, (This section need not be completed if the permit is for \$100,000) 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 11/7/00 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.

Lic# 279789

P.O. Box 404
Elk Grove CA 95759
Fax (916) 681-4803



Air Conditioning
Heating
Refrigeration
Electrical
Plumbing
Lighting

visit us at
www.Johnson-Mechanical.com

Air Balance Report

Location 7000 Franklin Blvd
Ste: 1070-1080
Sacto. CA

A/C 1 OSA = 420 CFM @
Damper open 2/3 position

A/C unit # 1(A) Unit Nominal CFM 2000

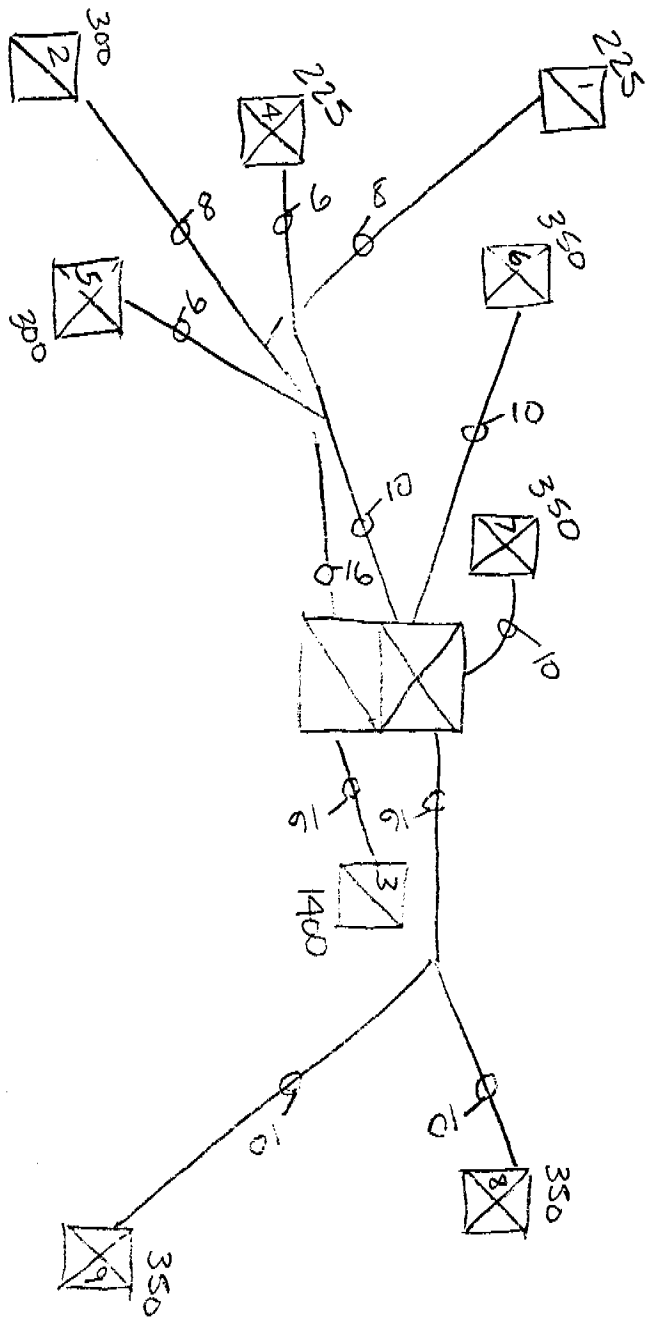
Register #	Register type	Initial Test		Final Test	
		CFM Plan	CFM Actual	CFM Plan	CFM Actual
Register # 1	R/A	225	255	225	235
Register # 2	R/A	300	320	300	305
Register # 3	R/A	1400	1325	1400	1360
Register # 4	S/A	225	190	225	230
Register # 5	S/A	300	260	300	305
Register # 6	S/A	350	400	350	365
Register # 7	S/A	350	390	350	355
Register # 8	S/A	350	310	350	360
# 9	S/A	350	370	350	355

A/C unit # 2(B) Unit Nominal CFM 2000

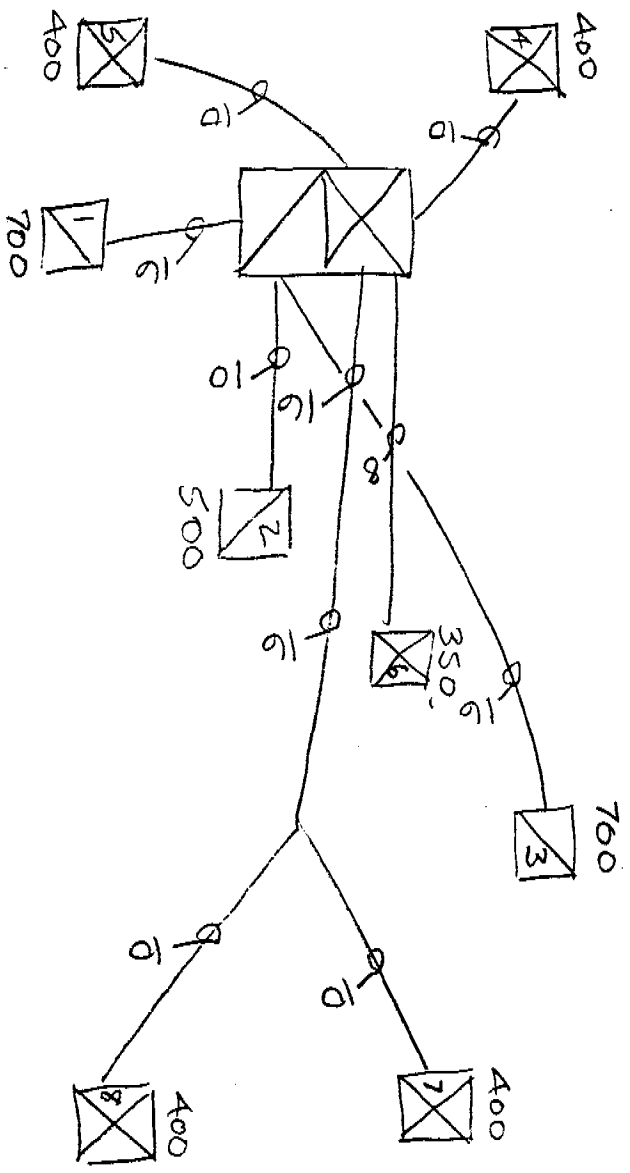
A/C 2 OSA = 405 CFM @
Damper open 2/3 position

Register #	Register type	Initial Test		Final Test	
		CFM Plan	CFM Actual	CFM Plan	CFM Actual
Register # 1	R/A	700	735	700	725
Register # 2	R/A	500	520	500	520
Register # 3	R/A	700	715	700	725
Register # 4	S/A	400	430	400	395
Register # 5	S/A	400	460	400	400
Register # 6	S/R	350	330	350	350
Register # 7	S/A	400	310	400	395
Register # 8	S/A	400	360	400	405

B/C # 1(A) S.E. Unit



A/C # 2(B) S.W. Unit



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 P.O. Box 404
 Elk Grove CA 95759
 Fax (916) 681-4803



Air Conditioning
 Heating
 Refrigeration
 Electrical
 Plumbing
 Lighting

visit us at
 www.Johnson-Mechanical.com

Air Balance Report

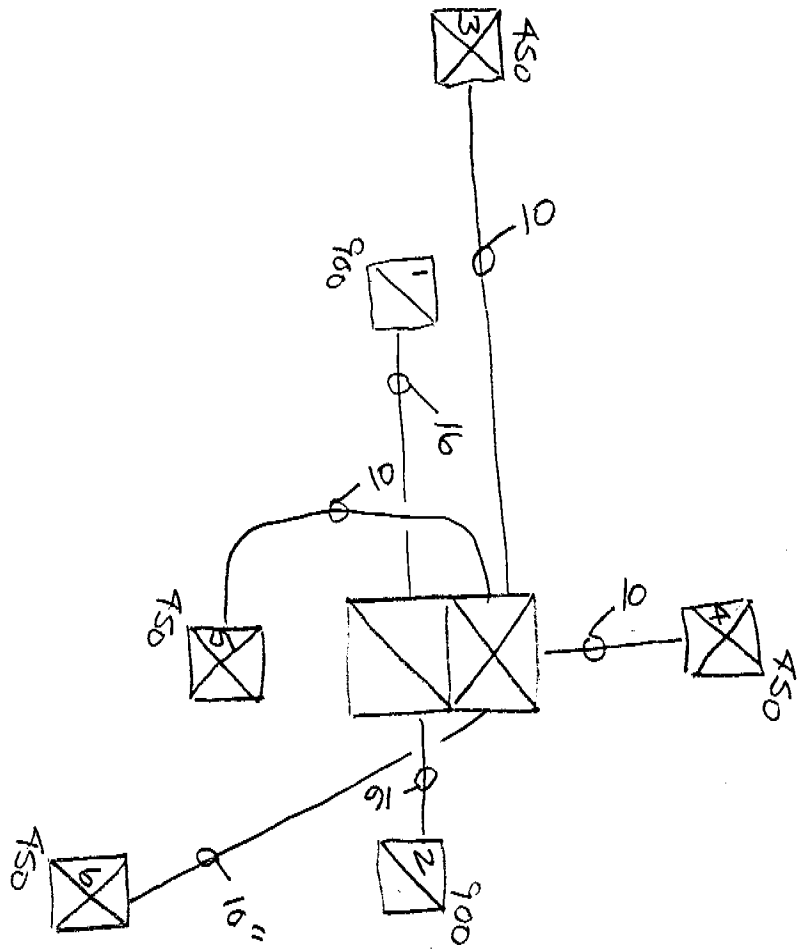
Location 7000 Franklin Blvd
Ste: 1070-1080
Sacto., CA

[Redacted]

Register #	Register type	Initial Test		Final Test	
		CFM Plan	CFM Actual	CFM Plan	CFM Actual
Register # 1	R/A	900	920	900	920
Register # 2	R/A	900	935	900	935
Register # 3	S/A	450	430	450	460
Register # 4	S/A	450	495	450	465
Register # 5	S/A	450	440	450	455
Register # 6	S/A	450	490	450	475
Register # 7					
Register # 8					

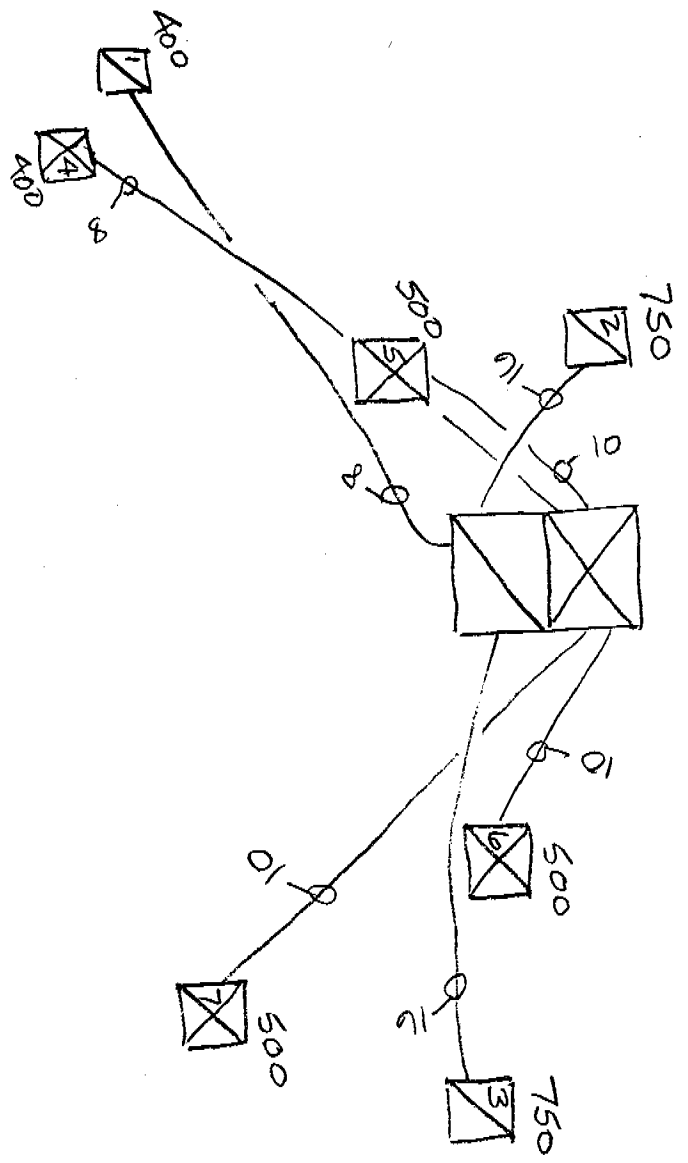
[Redacted] Unit Nominal CFM 2000

Register #	Register type	Initial Test		Final Test	
		CFM Plan	CFM Actual	CFM Plan	CFM Actual
Register # 1	R/A	400	420	400	415
Register # 2	R/A	750	780	750	755
Register # 3	R/A	750	775	750	755
Register # 4	S/A	400	400	400	405
Register # 5	S/A	500	500	500	505
Register # 6	S/A	500	565	500	510
Register # 7	S/A	500	460	500	505
Register # 8					



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400MVA Unit



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 264-7046

ACTIVITY # <u>001153</u>	Insp. Area <u>2C</u>
-----------------------------	-------------------------

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 7000 FRANKLIN BLVD Suite 1070 & 1080
 PARCEL # 041.0130.008

<p align="center">CONTACT</p> Name <u>PATRICIA SMITH</u> Street Address <u>4116 ASHGRAVE WAY</u> City/State/Zip <u>Sacto</u> Phone <u>284-7650</u> FAX <u>857-1088</u> E-mail: _____	<p align="center">LICENSED CONTRACTOR Lic No. # <u>525704</u></p> Name <u>Cimorelli Construction</u> Address <u>11333 Sunco Dr Ste 103</u> City/State/Zip <u>Rancho Cordova, CA 95670</u> Phone <u>635-4440</u> FAX _____ E-mail: _____
<p align="center">ARCHITECT/ENGINEER</p> Name <u>Von N. Westphal</u> Address <u>5749 El Camino Ave.</u> City/State/Zip <u>Carmichael, CA 95608</u> Phone <u>488-9019</u> FAX _____ E-mail: _____	<p align="center">OWNER</p> Name <u>Employment Development</u> Address <u>7000 Franklin Blvd</u> City/State/Zip <u>Sacto, CA 95823</u> Phone _____ FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: American Interstate
 → WORKER'S COMPENSATION POLICY # 00WCCA 152704 EXPIRATION DATE: 07-01-01

NATURE OF WORK IN DETAIL: INTERIOR Remodel } OFFICE Remodel For
EDD } EXTERNAL Remodel

OCCUPANT/TENANT: EDD STATE OF CA VALUATION: \$ 84,000

FLOOD STATUS: <u>NR</u>		S.C.A.T. <u>201</u>							
JOB DESCRIPTION	BLDG	SHELL	APT	TI()	REM(<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	SITE	<input checked="" type="checkbox"/> FIRE	<input checked="" type="checkbox"/> YEA
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y <input checked="" type="checkbox"/> N		Fed Code	Vio. File
<u>1</u>	<u>6770</u>	<u>20000</u>		<u>B</u>	<u>VN</u>	SPR	ALARM	<u>15</u>	[H] [Quad]
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	S		D	PW UTIL
								<u>UL</u>	

COMMENTS: _____ 1362.

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed