

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0501106

Insp Area: 1

Thos Bros:

Sub-Type: TI

Housing (Y/N): N

Site Address: 1415 L ST SAC

Parcel No: 006-0116-009

SUITE# 960

CONTRACTOR

RUDOLPH AND SLETTEN INC
1504 EUREKA RD SUITE 200
ROSEVILLE CA 95661

OWNER

ALLEN DOWNTOWN SACRAMENTO
6005 HIDDEN VALLEY RD
CARLSBAD, CA 92009

ARCHITECT

Nature of Work: FIRST TIME TI TO 6,722 SQ FT OF OFFICE SPACE

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 AB License Number 198069 Date 3-9-05 Contractor 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 3-9-05 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 public 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 3-9-05 Applicant/Agent 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 ZURICH AMERICAN INS CO Policy Number WC 3495307-05 Exp Date 10/01/2005

(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 3-9-05 Applicant 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.

PAID
CITY OF SACRAMENTO
MAR 11 9 2005
NORTH PERMIT CENTER



VAV TEST SHEET

JOB NAME: AARP - Suite 960

SYSTEM: VAV-1 thru VAV-3

Room No.	Terminal No.	Terminal		Effective Area	Max Design		Max Final		Minimum CFM		Notes
		Type	Size		FPM	CFM	FPM	CFM	Design	Final	
	VAV-1		14"								
908	1-1	CR	12x12	FH	FH	475	FH	470			
↓	1-2	↓	↓	↓	↓	↓	↓	455			
↓	1-3	↓	↓	↓	↓	↓	↓	490			
↓	1-4	↓	↓	↓	↓	↓	↓	435			
	Factor = 0.75				Cold	(1900)		(1910)	(570)	(575)	
					Hot	(950)		(965)			
	VAV-2		8"								
912	2-1	CR	12x12	FH	FH		FH				
	Factor = 0.66				Cold	(600)		(600)	(200)	(200)	
					Hot	(300)		(305)			
	VAV-3		12"								
925	3-1	CR	12x12	FH	FH	450	FH	463			
915	3-2	↓	10x10	↓	↓	260	↓	250			
914	3-3	↓	↓	↓	↓	↓	↓	255			
913	3-4	↓	↓	↓	↓	↓	↓	268			
	Factor = 0.64				Cold	(1230)		(1236)	(375)	(380)	
					Hot	(615)		(625)			

FH = Direct read with flow hood
 Factor = Calibration Factor.
 Remarks:



VAV TEST SHEET

JOB NAME: AARP - Suite 960

SYSTEM: VAV-4 thru VAV-6

Room No.	Terminal No.	Terminal		Effective Area	Max Design		Max Final		Minimum CFM		Notes
		Type	Size		FPM	CFM	FPM	CFM	Design	Final	
	VAV-4		14"								
921	4-1	CR	10x10	FH	FH	275	FH	285			
920	4-2							295			
919	4-3							265			
918	4-4							275			
917	4-5		↓			350		355			
916	4-6					100		110			
924	4-7	↓	12x12	↓	↓	450	↓	430			
	Factor = 0.73					Cold (2000)		(2015)	(600)	(605)	
						Hot (1000)		(1010)			
	VAV-5		6"								
903	5-1	CR	10x10	FH	FH	300	FH	303			
	Factor = 0.52					Cold (300)		(303)	100	(100)	
	VAV-6		6"								
902	6-1	CR	10x10	FH	FH	300	FH	305			
	Factor = 0.57					Cold (300)		(305)	100	(105)	

FH = Direct read with flow hood

Factor = Calibration Factor.

Remarks:



VAV TEST SHEET

JOB NAME: AARP - Suite 960

SYSTEM: VAV-7 & VAV-8

Room No.	Terminal No.	Terminal		Effective Area	Max Design		Max Final		Minimum CFM		Notes
		Type	Size		FPM	CFM	FPM	CFM	Design	Final	
	VAV-7		14"								
916	7-1	CR	8x8	FH	FH	200	FH	180			
922	7-2		10x10	↓	↓	270	↓	268			
907	7-3		16x16	↓	↓	700	↓	715			
925	7-4		8x8	↓	↓	200	↓	192			
906	7-5	↓	↓	↓	↓	140	↓	138			
	Factor = 0.72					Cold (1510)		(1492)	(350)	(350)	
	VAV-8		12"								
924	8-1	CR	12x12	FH	FH	400	FH	428			(2)
T-09	8-2		10x10	↓	↓	350	↓	342			
T-08	8-3	↓	↓	↓	↓	↓	↓	346			
T-01	8-4	LINEAR	72x2	(1)	(1)	400	(1)	400			(1)
	Factor = 0.72					Cold (1500)		(1527)	(325)	(330)	

FH = Direct read with flow hood

Factor = Calibration Factor.

Remarks:

(1) Set by velocity pressure. No access with flow-hood.

(2) Register 1102 - with 105 AH - time of balance.



VAV TEST SHEET

JOB NAME: AARP - Suite 960

SYSTEM: VAV-9 & TF-1

Room No.	Terminal No.	Terminal		Effective Area	Max Design		Max Final		Minimum CFM		Notes
		Type	Size		FPM	CFM	FPM	CFM	Design	Final	
	VAV-9		12"								
909	9-1	CR	6x6	FH	FH	60	FH	62			
910	9-2		8x8			140		140			
916	9-3		↓			150		155			
904	9-4		10x10			275		298			
916	9-5		8x8			135		127			
901	9-6		10x10			400		378			(2)
900	9-7	↓	8x8	↓	↓	150	↓	141			
	Factor = 0.71					(1310)		(1301)	(400)	(400)	
	TF-1										
923	1	CR	12x12	FH	FH	(475)	FH	(636)			(1)
916	R-1	CG	22x22	↓	↓	(475)	↓	(636)			(1)

FH = Direct read with flow hood

Factor = Calibration Factor.

Remarks:

(1) Stand-Alone transpire fan.

(2)

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 # 0501106	Insp. Area 1
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1415 L Street ~~33rd~~ ~~FEED~~ Suite 960
 PARCEL # 006-0116-013

CONTACT

Name Juli @ Stafford Space Planning
 Street Address 3565 Taylor Rd., ste. D
 City/State/Zip Woodliss, CA 95650
 Phone 916.652.3400 FAX 916.652.7805
 E-mail: ssp@quiknet.com

LICENSED CONTRACTOR Lic No. # 198069

Name Rudolph P Stetten
 Address 1504 Evreka Rd, ste. 200
 City/State/Zip Roseville, CA 95661
 Phone 916.781.8001 FAX 916.781.8004
 E-mail:

ARCHITECT/ENGINEER

Name Stafford Space Planning
 Address 3565 Taylor Rd., ste. D
 City/State/Zip Woodliss, CA 95650
 Phone 916.652.3400 FAX 916.652.7805
 E-mail: ssp@quiknet.com

OWNER

Name Allen Group
 Address 1415 L Street, ste. 250
 City/State/Zip Sacramento, CA 95814
 Phone 916.340.3100 FAX _____
 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: FIRST TIME TI TO OFFICE SPACE

OCCUPANT/TENANT: AARP VALUATION: \$ 187,000

FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC		SITE		FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code		Vio. File	
						SPR	ALARM			[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>B</u>	<u>F</u>	<u>S</u>				<u>My</u>	<u>PW</u> <u>UTIL</u>
<u>BTW</u>	<u>BTW</u>	<u>PM</u>	<u>PM</u>	<u>ELE</u>	<u>FIR</u>						

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No
 WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

