

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

**Permit No: 0107577**  
**Insp Area: 1**

**Site Address: 1001 I ST SAC**  
Parcel No: 006-0043-001 13TH FLR #1347

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

CONTRACTOR  
M & H BUILDERS  
3830 AUBURN BL.  
SAC CA 95821

OWNER  
THOMAS PROPERTIES  
1001 I ST #100  
SAC CA 95814

ARCHITECT

**Nature of Work: MINOR OFFICE REMODEL ADD ONE ROOM.**

**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 664602 Date 6/26/01 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 above-mentioned property for inspection purposes.

X Date 6/26/01 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 \_\_\_\_\_, 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 STATE COMPENSATION INS FUND Policy Number 692-00 UNIT 0002287 Exp Date 10/01/2001

\_\_\_\_\_, (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 6/26/01 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.**

**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 #	Insp. Area
0107577	1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1001 I Street, 13th Floor Suite 1347  
 PARCEL # 000-0043-001

<p align="center"><b>CONTACT</b></p> Name <u>Dean Sanchez</u> Street Address <u>9995 Longview Drive</u> City/State/Zip <u>North Highlands, CA 95660</u> Phone <u>409-9393</u> FAX <u>409-9395</u> E-mail: <u>deane@mandhbuilders.com</u>		<p align="center"><b>LICENSED CONTRACTOR</b> Lic No. # <u>664602</u></p> Name <u>M &amp; H Builders, Inc.</u> Address <u>9995 Longview Drive</u> City/State/Zip <u>North Highlands, CA 95660</u> Phone <u>409-9393</u> FAX <u>409-9395</u> E-mail: <u>deane@mandhbuilders.com</u>	
<p align="center"><b>ARCHITECT/ENGINEER</b></p> Name <u>Carly Roberts</u> Address <u>1012 14th St.</u> City/State/Zip <u>Sacramento, CA 95814</u> Phone <u>490-7900</u> FAX <u>490-7909</u> E-mail: <u>croberts@cwb.com</u>		<p align="center"><b>OWNER</b></p> Name <u>Thomas Properties Group LLC</u> Address <u>1001 I Street, #100</u> City/State/Zip <u>Sacramento, CA 95814</u> Phone <u>551-1449</u> FAX <u>551-1794</u> E-mail:	

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: Excel Bonds & Insurance  
 → WORKER'S COMPENSATION POLICY # State Fund 692994207 EXPIRATION DATE: 10/01/09

NATURE OF WORK IN DETAIL: Office tenant improvement MTVOR  
OFFICE REMODEL ADD ONE ROOM

CONDITIONS 199;207

OCCUPANT/TENANT: Cal/EPA VALUATION: \$ 25,000.-

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI ( )	REM <input checked="" type="checkbox"/>	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. <input checked="" type="checkbox"/> / N	Fed Code	Vio. File		
25				B	I	SPR ALARM		[H]	[Quad]	
B	(L)	P	(M)	(E)	(D)	S	(D)	PW	UTIL	

COMMENTS:

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

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
6/20/01	/ /	/ /	/ /	/ /	/ /

PLAN CHECK #                       
 ADDRESS:                       
 Commercial     Residential



ACCEPTED by (Staff):                     

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	13	JT	6/20/01						
STRUCTURAL									
MECHANICAL PLUMBING	13	JMT	6/20/01						
ELECTRICAL	13	R.M.	6/20/01						
FIRE	13	ADD	6/20/01						
PLANNING									

STAFF COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# air conditioning company, inc.

11375 Sunrise Park Drive, Suite 600 - Sancho Cordova, CA 95742 - 916-852-5050 - 916-852-5055

Contractor's License #126886

## DIFFUSER AND GRILLE TEST BALANCE REPORT

Job No. 631246  
Job Name Cal EPA 13th Floor

ZONE	ROOM	OUTLET	SIZE	TYPE	FREE AREA	REQUIRED		TEST RESULTS		
						CFM	FPM	CFM	FPM	
Z-1302	13-48	1	12x12	4w		390		410		
		2	12x12	4w		390		390		
Z-1336	13-47	1	12x12	4w		315		300		

*Microbalan*

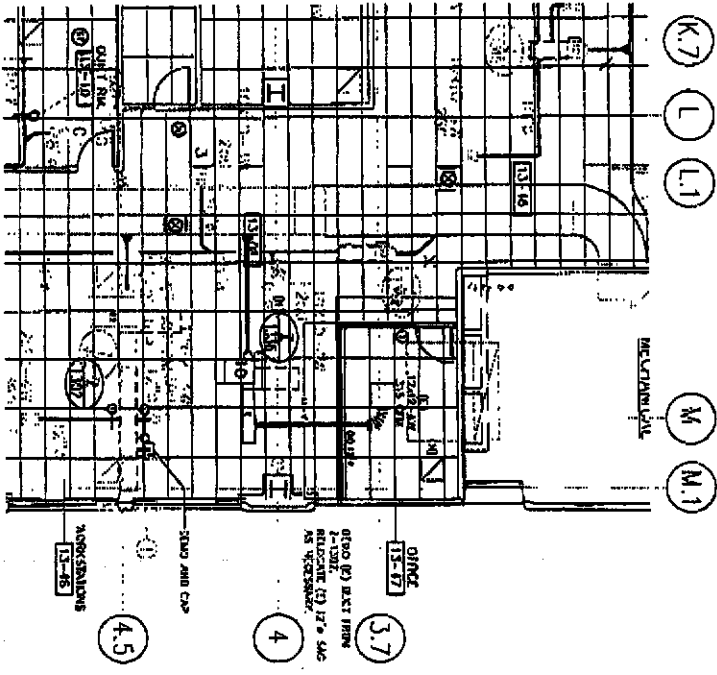
### AIR SUPPLY OUTLET SCHEDULE

Room No.	Room Name	Area (sq. ft.)	Supply Air (cfm)	Return Air (cfm)	Supply Air (cfm)	Return Air (cfm)
101	Office	100	100	100	100	100
102	Office	100	100	100	100	100
103	Office	100	100	100	100	100
104	Office	100	100	100	100	100
105	Office	100	100	100	100	100
106	Office	100	100	100	100	100
107	Office	100	100	100	100	100
108	Office	100	100	100	100	100
109	Office	100	100	100	100	100
110	Office	100	100	100	100	100
111	Office	100	100	100	100	100
112	Office	100	100	100	100	100
113	Office	100	100	100	100	100
114	Office	100	100	100	100	100
115	Office	100	100	100	100	100
116	Office	100	100	100	100	100
117	Office	100	100	100	100	100
118	Office	100	100	100	100	100
119	Office	100	100	100	100	100
120	Office	100	100	100	100	100
121	Office	100	100	100	100	100
122	Office	100	100	100	100	100
123	Office	100	100	100	100	100
124	Office	100	100	100	100	100
125	Office	100	100	100	100	100
126	Office	100	100	100	100	100
127	Office	100	100	100	100	100
128	Office	100	100	100	100	100
129	Office	100	100	100	100	100
130	Office	100	100	100	100	100
131	Office	100	100	100	100	100
132	Office	100	100	100	100	100
133	Office	100	100	100	100	100
134	Office	100	100	100	100	100
135	Office	100	100	100	100	100
136	Office	100	100	100	100	100
137	Office	100	100	100	100	100
138	Office	100	100	100	100	100
139	Office	100	100	100	100	100
140	Office	100	100	100	100	100
141	Office	100	100	100	100	100
142	Office	100	100	100	100	100
143	Office	100	100	100	100	100
144	Office	100	100	100	100	100
145	Office	100	100	100	100	100
146	Office	100	100	100	100	100
147	Office	100	100	100	100	100
148	Office	100	100	100	100	100
149	Office	100	100	100	100	100
150	Office	100	100	100	100	100

### ZONE SCHEDULE

Zone	Room	Area (sq. ft.)	Supply Air (cfm)	Return Air (cfm)	Supply Air (cfm)	Return Air (cfm)
1	Office	100	100	100	100	100
2	Office	100	100	100	100	100
3	Office	100	100	100	100	100
4	Office	100	100	100	100	100
5	Office	100	100	100	100	100
6	Office	100	100	100	100	100
7	Office	100	100	100	100	100
8	Office	100	100	100	100	100
9	Office	100	100	100	100	100
10	Office	100	100	100	100	100
11	Office	100	100	100	100	100
12	Office	100	100	100	100	100
13	Office	100	100	100	100	100
14	Office	100	100	100	100	100
15	Office	100	100	100	100	100
16	Office	100	100	100	100	100
17	Office	100	100	100	100	100
18	Office	100	100	100	100	100
19	Office	100	100	100	100	100
20	Office	100	100	100	100	100
21	Office	100	100	100	100	100
22	Office	100	100	100	100	100
23	Office	100	100	100	100	100
24	Office	100	100	100	100	100
25	Office	100	100	100	100	100
26	Office	100	100	100	100	100
27	Office	100	100	100	100	100
28	Office	100	100	100	100	100
29	Office	100	100	100	100	100
30	Office	100	100	100	100	100
31	Office	100	100	100	100	100
32	Office	100	100	100	100	100
33	Office	100	100	100	100	100
34	Office	100	100	100	100	100
35	Office	100	100	100	100	100
36	Office	100	100	100	100	100
37	Office	100	100	100	100	100
38	Office	100	100	100	100	100
39	Office	100	100	100	100	100
40	Office	100	100	100	100	100
41	Office	100	100	100	100	100
42	Office	100	100	100	100	100
43	Office	100	100	100	100	100
44	Office	100	100	100	100	100
45	Office	100	100	100	100	100
46	Office	100	100	100	100	100
47	Office	100	100	100	100	100
48	Office	100	100	100	100	100
49	Office	100	100	100	100	100
50	Office	100	100	100	100	100

NOTES TO PLAN ARCHITECT:  
 EXISTING CEILING SQUARE LIGHTS  
 RELOCATING AIR DISTRIBUTION NETWORK  
 O.K.'s



### MANDATORY MEASURES

**GENERAL NOTES:**

- All work shall be in accordance with the latest editions of the applicable codes and standards.
- All materials and equipment shall be of the highest quality and shall be approved by the Authority Having Jurisdiction (AHJ).
- All work shall be completed within the specified time frame.
- All work shall be done in a professional and workmanlike manner.
- All work shall be subject to inspection and approval by the AHJ.
- All work shall be done in accordance with the manufacturer's instructions.
- All work shall be done in accordance with the applicable codes and standards.
- All work shall be done in accordance with the applicable codes and standards.
- All work shall be done in accordance with the applicable codes and standards.
- All work shall be done in accordance with the applicable codes and standards.

### MANDATORY MEASURES

Measure	Requirement	Compliance
1	...	...
2	...	...
3	...	...
4	...	...
5	...	...
6	...	...
7	...	...
8	...	...
9	...	...
10	...	...
11	...	...
12	...	...
13	...	...
14	...	...
15	...	...
16	...	...
17	...	...
18	...	...
19	...	...
20	...	...
21	...	...
22	...	...
23	...	...
24	...	...
25	...	...
26	...	...
27	...	...
28	...	...
29	...	...
30	...	...
31	...	...
32	...	...
33	...	...
34	...	...
35	...	...
36	...	...
37	...	...
38	...	...
39	...	...
40	...	...
41	...	...
42	...	...
43	...	...
44	...	...
45	...	...
46	...	...
47	...	...
48	...	...
49	...	...
50	...	...

### DRAWING SCHEDULE

**GENERAL NOTES:**

- This drawing is a part of a set of drawings for the project.
- All work shall be in accordance with the latest editions of the applicable codes and standards.
- All materials and equipment shall be of the highest quality and shall be approved by the Authority Having Jurisdiction (AHJ).
- All work shall be completed within the specified time frame.
- All work shall be done in a professional and workmanlike manner.
- All work shall be subject to inspection and approval by the AHJ.
- All work shall be done in accordance with the manufacturer's instructions.
- All work shall be done in accordance with the applicable codes and standards.
- All work shall be done in accordance with the applicable codes and standards.
- All work shall be done in accordance with the applicable codes and standards.

SEALING PENS  
 PLAN CHECK  
 DATE: 08/15/01

**PROJECT:** TITLE 16, GENERAL NOTES AND PLAN

**DATE:** 11/13

**PROJECT:** TITLE 16, GENERAL NOTES AND PLAN

**DATE:** 11/13

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 1001 - I ST #1347 Permit No. 0107577

Building Use: OFFICE DBA: CAL EPA Occupancy: B

Building Owner: DEAN SANCHEZ Construction Type: 1-FR

Owner Address: 3335 LONGVIEW DR N. HIGHLANDS, CA Sprinkled?[X]Yes[ ] No

Portion of Building Occupied: SUITE 1347 Area: \_\_\_\_\_ Sq. Ft.

10/19/01 *Dennis Richardson* **DENNIS RICHARDSON**  
Date By:Print Sign CITY BUILDING OFFICIAL

[ Finaled By:DP,WJR,RH,VS]

*This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.*

**POST IN A CONSPICUOUS PLACE**