

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 9900112

Insp Area: 1

Site Address: 1303 J ST SAC

Parcel No: 006-0054-024

STE 700 7TH FLOOR

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

WRIGHT HOWARD S CONST CO
1050 FULTON AV STE 215
SACRAMENTO CA 95825

OWNER

PRUDENTIAL BACH/EQUITEC REAL ESTATE PT
7677
OAKLAND CA 94614

ARCHITECT

Nature of Work: CONSTRUCTION OF SWITCH ROOM AND OFFICES FOR FRONTIER COMMUNICATIONS

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 _____ License Number _____ Date _____ 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: LAND DEVELOPMENT SERVICES
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 _____ Applicant/Agent Signature Patrick Horack

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 LIBERTY MUTUAL INS Policy Number WC2-661-004131-018 Exp Date 09/03/1999

(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 3/10/99 Applicant Signature Patrick Horack

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.

POWER SYSTEMS TESTING CO.

Los Angeles • Bakersfield
Hayward • Fresno • Sacramento



GROUND FAULT RELAY TEST REPORT

CUSTOMER

LOCATION

JOB NO.

EC Company

1303 J St
Sanger, CA

DATE 8-4-99
TESTED BY J. Kypel

SWGR. PNL. IDENTIFICATION

Next main Service for phone

TEST EQUIPMENT USED

MS-2 Test Set
100gpc 1000V

GROUND FAULT RELAY INFORMATION

MFG TYPE

Chlor-Hammer

CAT. NO.

Digitrip RMS-510

RANGE

750-1000A 1-550gpc, 100V

CONTROL VOLTAGE

114 TRANS. KVA 114

MONITOR PANEL

YES NO

SYSTEM CONFIGURATION

Residual

ELECTRICAL TEST DATA

RELAY PICK-UP	AS FOUND	AS LEFT
RELAY TEST @ 150 %	1085 amps	1085 amps
RELAY TEST @ 200 %	.74 seconds	.74 seconds
RELAY TEST @ %	.44 seconds	.44 seconds

RELAY TRIP @ 57% CONTROL VOLTAGE

114

NEUTRAL INSULATION RESISTANCE

100 MΩ

MONITOR PANEL OPERATION

OK

NEUTRAL SENSOR POLARITY

OK

VISUAL INSPECTION

NEUTRAL GROUND LOCATION

OK

NEUTRAL LINK ACCESSIBILITY

OK

SENSOR MOUNTING

OK

GROUND FAULT RELAY SETTINGS

CURRENT

1050A (C)

TIME

.3sec, 200ms

REMARKS:

Found reversed - corrected by PST

Trip unit installed by non-functional. Found loose connections on inside terminal block - tight end - then operation OK.

CITY OF SACRAMENTO
 BUILDING INSPECTION DIVISION
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: Frontier Communication Phone: 415-227-0910
 Site Address: 1305 J Street Sacramento, CA 95814 Suite: _____
 (Street) (Zip)
 Business Owner/Representative: Dennis Schwinger Phone: _____
 Nature of Business: Communication Switch Facility
 Property Owner: PRUDENTIAL EXECUTIVE BLDG. Phone: _____
 Address: 801 12th Street Suite: _____
 (Street) (Zip)
SACRAMENTO (City) CA (State)

2. Are you developing an undetermined tenant space? Yes ___ No Is this permit for a shell building? Yes ___ No

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes ___ No
 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes ___ No ___
 6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No ___
 7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No ___

If you answered "yes" to questions #6 and/or #7, complete the RMPP Informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes ___ No ___

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: Patrick Heuck
 (Print)
Patrick Heuck (Signature) 3/10/99 (Date)

BID Use Only: Plan Ck# _____	Permit # <u>99001120</u>
OK to issue prmt? <input checked="" type="checkbox"/> <u>3-10-99</u> init date	F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No
Hold on Certificate of Occupancy? Yes <input checked="" type="checkbox"/> No	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

CITY OF SACRAMENTO
APPLICATION FOR ~~RENOVATION~~ BUILDING PERMIT

99.0012C

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION
1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # 1 Insp. Area 1C

Applicant **MUST** complete ALL Unshaded areas this page only

ADDRESS 1303 J STREET ~~SEVEN~~ FLOOR Suite 700 7th Fl
PARCEL # 006-0054-024

CONTACT Name <u>SULEKA SUN-LINDEY ARCHITECT</u> Address <u>1215 G STREET</u> <u>SACRAMENTO, CA</u> Zip <u>95814</u> Phone <u>916-443-0335</u> FAX <u>916-441-2823</u>		LICENSED CONTRACTOR Lic No. # _____ Name <u>HOWARD S. WRIGHT CONST. CO - WRIGHTWOOD</u> Address <u>1050 FULTON AVE. STE. 215</u> <u>SACRAMENTO, CA</u> Zip <u>95825</u> Phone <u>916-979-1111</u> FAX <u>916-978-7140</u>	
ARCHITECT/ENGINEER Name <u>LPA SACRAMENTO - SULEKA SUNLINDLEY</u> Address <u>1215 G STREET</u> <u>SACRAMENTO, CA</u> Zip <u>95814</u> Phone <u>916-443-0335</u> FAX <u>916-441-2823</u>		TENANT OWNER Name <u>FRONTIER COMMUNICATIONS - SCHWIEGER DENNIS</u> Address <u>274 BRANNAN ST. STE. 504</u> <u>SAN FRANCISCO, CA</u> Zip <u>94107</u> Phone <u>415-227-0812</u> FAX <u>415-227-0652</u>	

→ Will the permittee have any employees on the jobsite? Yes No

→ If yes, WORKER'S COMPENSATION POLICY # WC2-661-004131-018 EXPIRATION DATE: 9/3/99

NAME OF INSURANCE COMPANY: LIBERTY MUTUAL INSURANCE COMPANY

NATURE OF WORK IN DETAIL: CONSTRUCTION OF SWITCH ROOM AND OFFICES

JOB DESCRIPTION: CONSTRUCTION OF SWITCH ROOM AND OFFICES FOR FRONTIER COMMUNICATIONS

DBA: FRONTIER COMMUNICATIONS VALUATION: \$300,000 (NOT INC FIRE SP)

FLOOD STATUS: <u>NA</u>		S.C.A.T.							
JOB DESCRIPTION	BLDG	SHEL	APT	TH ()	REM (X)	SW	FIRE	ADD	OTH
INSPE. DISCIPLINES	<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>			<u>SITE</u>	<u>FIRE</u>	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N	Fed Code	Viol. File	
<u>7</u>		<u>10700 SF</u>		<u>B</u>	<u>1-FR</u>	Spr <u>N</u> Alarm	<u>15</u>		
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>R</u>	
<u>CYL</u>	<u>CYL</u>	<u>NB</u>	<u>NB</u>	<u>GM</u>	<u>92</u>				

COMMENTS: WATER FLOW TEST RESULTS PER J. FELD, TODAY
FIRE SPRINKLER NOT INCL. THIS PERMIT NEW SYSTEM.

EXPEDITED

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

BLDGFRM. (REV 05/98) WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS YES NO



**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
1231 I STREET, ROOM 200, SACRAMENTO, CA 95814**

SPECIAL INSPECTION AND TESTING AGREEMENT

When special inspection is required by Section 1701, the architect or engineer of record shall prepare an inspection program which shall be submitted to the Building Official for approval prior to issuance of the building permit. The special inspector shall be employed by the owner (other than owner-builder/developer), the engineer or architect of record, or an agent of the owner, BUT NOT the contractor, or any other person responsible for the work (such as an owner-builder/developer).

The special inspection firm(s) named in Part I have been authorized to perform the special inspection and testing services designated in this agreement, and in accordance with the Uniform Building Code (UBC) requirements, and to report all activities to the Building Official, and other parties as listed. It is understood that special inspections are required in addition to the normal inspections performed by the Building Inspector.

The undersigned hereby affirm, under penalty of law, that the special inspection program is in accordance with the requirements of the UBC and the City of Sacramento.

The undersigned has used all reasonable diligence in completing this form and to the best of his/her knowledge the information contained herein is true and complete. The undersigned hereby certifies under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURES	PHONE NUMBER
OWNER	
ARCHITECT	
ENGINEER <i>[Signature]</i>	916 631-3030
CONTRACTOR	
DEVELOPER	
SPECIAL INSPECTOR	

WARNING: Any person, who certifies under penalty of perjury in any case where certification is permitted by law and willfully states as true any material matter which he or she knows to be false, may be found guilty of perjury and subject to penalties which may include fines or imprisonment under the California Penal Code.

PART III • GEOTECHNICAL INSPECTION REQUIREMENTS

GEOTECHNICAL FIRM	
GEOTECHNICAL FIRM ADDRESS	PHONE NUMBER
GEOTECHNICAL ENGINEER	
REPORT NUMBER	
REPORT DATE	RECEIPT NUMBER
	REVISION DATES
	TYPE OF WORK
	REQUIRED

SITE PREPARATION/FILL COMPACTION
FOUNDATION OBSERVATION
DRILLED PIERS AND CAISSONS

IF THE EARTHWORK INSPECTION IS NOT BEING DONE BY THE ABOVE GEOTECHNICAL ENGINEERING FIRM THEN A REVISED REPORT MUST BE SUBMITTED TO AND APPROVED BY THE CITY'S DEVELOPMENT SERVICES DIVISION.

ACCEPTED FOR THE BUILDING DEPARTMENT

PLAN CHECK ENGINEER (Please Print) *GAR-YUN LEE*

PLAN CHECK ENGINEER SIGNATURE *[Signature]* DATE *3-9-99*

- INSTRUCTIONS TO THE SPECIAL INSPECTOR**
- 1 • PROVIDE DAILY FIELD REPORTS TO THE BUILDING INSPECTOR ON SITE AS CONSTRUCTION PROGRESSES.
 - 2 • A COPY OF ALL SPECIAL INSPECTIONS LABORATORY REPORTS SHALL BE SENT TO THE PLAN CHECK ENGINEER IDENTIFIED ABOVE AND THE ARCHITECT OR ENGINEER OF RECORD.
 - 3 • UPON COMPLETION OF SPECIAL INSPECTIONS AND TESTING WORK, PROVIDE THE CITY'S PLAN CHECK ENGINEER WITH A FINAL SPECIAL INSPECTIONS TEST REPORT, WET STAMPED AND SIGNED BY THE RESPONSIBLE PROFESSIONAL ENGINEER.



**CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION
1231 I STREET, ROOM 200, SACRAMENTO, CA 95814**

Prior to issuance of a permit, the applicant shall complete Part I of this form. Part II and Part III shall be completed by the project Architect/Engineer and the Development Services Department as a part of the plan review process. Before permit issuance all parties must sign this agreement. Please note that failure to comply with special inspection requirements could be expensive in terms of rework design and construction as well as delays in the project.

PART I • SPECIAL INSPECTION AND TESTING AGREEMENT

PROJECT NAME Frontier Communications
 PROJECT ADDRESS 1303 J Street
 PLAN REVIEW NUMBER Plan Check #99-00112
 PERMIT NUMBER 99-00112
 OWNER'S NAME _____
 OWNER'S ADDRESS _____
 OWNER'S REPRESENTATIVE _____ PHONE NUMBER _____

TESTING/INSPECTION FIRM(S)	ITEMS
1 <u>WALLACE-KUHL & Assoc. (PER ARCHITECT'S FAX DATED 3/9/99)</u> <u>3050 Industrial Blvd. West Sacto CA 95691</u>	
2 _____	

CONTACT PERSON: _____

CONTACT PERSON: _____

PART II • SPECIAL INSPECTION AND TESTING AGREEMENT • INSPECTION REQUIRED

In accordance with Chapter 17 Section 1701 of the UBC, as adopted by this jurisdiction, SPECIAL INSPECTION is required as noted below:

PRECONSTRUCTION MEETING () REQUIRED () WAIVED

CODE SECTION	TYPE OF WORK	CONTINUOUS	PERIODIC
1701.5.1	CONCRETE <i>general pd</i>	<input checked="" type="checkbox"/>	
1701.5.2	BOLTS INSTALLED IN CONCRETE		<input checked="" type="checkbox"/>
1701.5.3	SPECIAL MOMENT - RESISTING CONCRETE FRAME		<input checked="" type="checkbox"/>
1701.5.4	REINFORCING STEEL		
1701.5	STRUCTURE WELDING		
1701.5.1	GENERAL		
	FIELD STRUCTURAL WELDING		<input checked="" type="checkbox"/>
	SHOP STRUCTURAL WELDING (REQUIRING SPECIAL INSPECTION)		<input checked="" type="checkbox"/>
1701.5.2	SPECIAL MOMENT - RESISTING STEEL FRAMES		
1701.5.3	WELDING OF REINFORCING STEEL		<input checked="" type="checkbox"/>
1701.5.5	HIGH STRENGTH BOLTING	<input checked="" type="checkbox"/>	
1701.5.7	STRUCTURAL MASONRY <i>Grouting</i>		
1701.5.8	REINFORCED GYPSUM CONCRETE		
1701.5.9	INSULATING CONCRETE FILL		
1701.5.10	SPRAY APPLIED FIREPROOFING		
1701.5.11	PILING, DRILLED PIERS AND CAISSONS		
1701.5.12	SHOTCRETE		
1701.5.13	SPECIAL GRADING, EXCAVATION & FILLING		
1701.5.14	SMOKE CONTROL SYSTEM		
1701.5.15	SPECIAL CASES		
1702	STRUCTURAL OBSERVATION PER SECTION 307 REQUIRED: () YES () NO		
SCC 9.26.1004	FLOCC PROOFING INSPECTION & CERTIFICATION		

OTHER: _____
 SPECIAL INSTRUCTIONS: 1. Expansion Anchors Pull test to 2486# Test 50%, if any fail - test all anchors.
2. Epoxy Anchors