

Permit No: 0318991

Insp Area: 4

Thos Bros: 297 J1

Sub-Type: REM

Housing (Y/N): N

ARCHITECT

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Site Address: 1425 RIVER PARK DR SAC St: #100  
Parcel No: 277-0286-027 STE 100

CONTRACTOR  
MARKET ONE BUILDERS INC  
1419 N MARKET BL #1  
SACRAMENTO CA 95834

OWNER  
LAFF SACRAMENTO INC  
1435 RIVER PARK DR #401  
SACRAMENTO CA 95815

Nature of Work: INTERIOR REMODEL FOR STE 100

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 737694 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: \_\_\_\_\_

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.

Date \_\_\_\_\_ 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 STATE FUND Policy Number 692-0002229-2003 Exp Date 10/01/2004

(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 \_\_\_\_\_ Applicant Signature \_\_\_\_\_

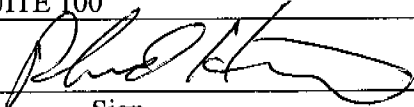
WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

|                               |  |                          |   |
|-------------------------------|--|--------------------------|---|
| Building Address:             | <u>1425 RIVER PARK DRIVE</u>   | Permit No.:              | <u>0318991</u>  |
| Building Use:                 | <u>OFFICE</u>  | Occupancy:               | <u>B</u>  |
| Building Owner:               | <u>LAFP SACRAMENTO INC.</u>  | Construction Type:       | <u>II-1H</u>  |
| Owner Address:                | <u>1435 RIVER PARK DRIVE #401<br/>SACRAMENTO, CA. 95815</u>                        | Sprinkled?               | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Portion of Building Occupied: | <u>SUITE 100</u>   | Area:                    | <u>10,838</u> Sq. Ft.   |
| 04-02-04                      |  | <b>DENNIS RICHARDSON</b> |   |
| Date                          | By: (Print)  | Sign                     | <b>CHIEF BUILDING OFFICIAL</b>                                      |

[ Finaled By:DP,BB,JB,CP]

*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 Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.*

**POST IN A CONSPICUOUS PLACE**

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**

**PLANNING & BUILDING DEPARTMENT**

1111 Street, Suite 200 or 2101 Arena Bl., 200

Sacramento, CA 95814 Sacramento, CA 95834

(916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

ACTIVITY #

Insp. Area

0318991

Applicant to complete all areas down to valuation

ADDRESS 1425 RIVER PARK DR. Suite 100

PARCEL # \_\_\_\_\_

|   |  |
|---|--|
| <p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>TOM FORD</u> c/o →</p> <p>Street Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p> | <p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name <u>MARKET ONE BUILDERS</u></p> <p>Address <u>1419 N. MARKET ST. STE 1</u></p> <p>City/State/Zip <u>SACRAMENTO, CA. 95834</u></p> <p>Phone <u>916-928-7474</u> FAX <u>916-928-7475</u></p> <p>E-mail: _____</p> |
| <p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>             | <p style="text-align: center;"><b>OWNER</b></p> <p>Name _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>   |

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: STATE FUND

→ WORKER'S COMPENSATION POLICY # 0002229-2003 EXPIRATION DATE: 10/1/04

NATURE OF WORK IN DETAIL: INT REMODEL

OCCUPANT/TENANT: NORTHWESTERN MUTUAL VALUATION: \$ 234,000<sup>00</sup>  
240,500

|                        |                           |               |          |                               |               |                                |              |                              |  |                                 |  |                                  |  |                             |  |                               |  |                                |  |                                |  |
|------------------------|---------------------------|---------------|----------|-------------------------------|---------------|--------------------------------|--------------|------------------------------|--|---------------------------------|--|----------------------------------|--|-----------------------------|--|-------------------------------|--|--------------------------------|--|--------------------------------|--|
| <b>FLOOD STATUS</b>    |                           |               |          | <b>S.C.A.T.</b>               |               |                                |              |                              |  |                                 |  |                                  |  |                             |  |                               |  |                                |  |                                |  |
| JOB DESCRIPTION        |                           |               |          | BLDG <input type="checkbox"/> |               | SHELL <input type="checkbox"/> |              | APT <input type="checkbox"/> |  | TI ( ) <input type="checkbox"/> |  | REM ( ) <input type="checkbox"/> |  | SW <input type="checkbox"/> |  | FIRE <input type="checkbox"/> |  | -ADD- <input type="checkbox"/> |  | OTHER <input type="checkbox"/> |  |
| INSPECTION DISCIPLINES |                           |               |          | BLDG                          |               | MECH                           |              | PLUMB                        |  | ELEC                            |  | SITE                             |  | FIRE                        |  |                               |  |                                |  |                                |  |
| # Stories              | 1 <sup>st</sup> flr Area. | Total Area    | Use Zone | Occp Group                    | Const type    | Fire Req. <u>Y/N</u>           |              | Fed Code                     |  | Vio. File                       |  |                                  |  |                             |  |                               |  |                                |  |                                |  |
| <u>B</u>               | <u>L</u>                  | <u>10,838</u> | <u>M</u> | <u>B</u>                      | <u>11-LHR</u> | <u>SPR</u>                     | <u>ALARM</u> | <u>15</u>                    |  |                                 |  |                                  |  |                             |  |                               |  |                                |  |                                |  |
|                        |                           |               |          |                               |               | <u>S</u>                       |              | <u>D</u>                     |  |                                 |  |                                  |  |                             |  |                               |  |                                |  |                                |  |

COMMENTS: INT. DEMO UNDER #0318992

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Yes  No

6,000 FOR DEMO



Shade Commercial Service  
 3348 Swetzer Court  
 Loomis CA 95650  
 916-652-2775 Telephone  
 916-652-2779 Fax

## AIR BALANCE REPORT

LOCATION: XXXXXXXXXXXXXXXXXXXX

|       | VAV BOX # | SIZE | DESIGN MIN. CFM | DESIGN MAX CFM | MEASURED MIN CFM |              | MEASURED MAX CFM |              |
|-------|-----------|------|-----------------|----------------|------------------|--------------|------------------|--------------|
| VAV-5 | S/A-1     | 8"   | —               | 120            | 26%              | 110          |                  |              |
|       | S/A-2     | 8"   | —               | 145            | 31%              | 140          |                  |              |
|       | S/A-3     | 8"   | —               | 80             | 17%              | 85           |                  |              |
|       | S/A-4     | 8"   | —               | 120            | 26%              | 115          |                  |              |
|       |           |      |                 | <b>Total</b>   | <b>465</b>       |              | <b>450</b>       | <b>Total</b> |
| VAV-6 | S/A-1     | 12"  | <b>Total</b>    | <b>595</b>     | 100%             | <b>545</b>   | <b>Total</b>     | <b>545</b>   |
| VAV-7 | S/A-1     | 8"   | —               | 100            | 25%              | 100          |                  |              |
|       | S/A-2     | 8"   | —               | 100            | 25%              | 105          |                  |              |
|       | S/A-3     | 8"   | —               | 100            | 25%              | 98           |                  |              |
|       | S/A-4     | 8"   | —               | 100            | 25%              | 95           |                  |              |
|       |           |      |                 | <b>Total</b>   | <b>400</b>       | <b>Total</b> | <b>398</b>       | <b>Total</b> |
| VAV-8 | S/A-1     | 10"  | —               | 330            | 38%              | 328          |                  |              |
|       | S/A-2     | 8"   | —               | 265            | 31%              | 248          |                  |              |
|       | S/A-3     | 8"   | —               | 265            | 31%              | 250          |                  |              |
|       |           |      |                 | <b>Total</b>   | <b>860</b>       |              | <b>826</b>       | <b>Total</b> |

Date 3-20-04

Technician Robert Ward

Shade Commercial Service  
 3348 Swetzer Court  
 Loomis CA 95650  
 916-652-2775 Telephone  
 916-652-2779 Fax

## AIR BALANCE REPORT

**LOCATION:**

|        | VAV BOX # | SIZE | DESIGN MIN. CFM | DESIGN MAX CFM | MEASURED MIN CFM |  | MEASURED MAX CFM |                         |
|--------|-----------|------|-----------------|----------------|------------------|--|------------------|-------------------------|
| VAV-9  | S/A-1     | 10"  | —               | 330            | 46%              |  | 298              |                         |
|        | S/A-2     | 8"   | —               | 195            | 27%              |  | 196              |                         |
|        | S/A-3     | 8"   | —               | 195            | 27%              |  | 190              |                         |
|        |           |      | <b>Total</b>    | <b>720</b>     |                  |  | <b>684</b>       | <b>Total</b> <b>684</b> |
| VAV-10 | S/A-1     | 8"   | —               | 150            | 50%              |  | 145              |                         |
|        | S/A-2     | 8"   | —               | 150            | 50%              |  | 140              |                         |
|        |           |      | <b>Total</b>    | <b>300</b>     |                  |  | <b>285</b>       | <b>Total</b> <b>285</b> |
| VAV-11 | S/A-1     | 8"   | —               | 115            | 25%              |  | 110              |                         |
|        | S/A-2     | 8"   | —               | 115            | 25%              |  | 108              |                         |
|        | S/A-3     | 8"   | —               | 115            | 25%              |  | 105              |                         |
|        | S/A-4     | 8"   | —               | 115            | 25%              |  | 106              |                         |
|        |           |      | <b>Total</b>    | <b>460</b>     |                  |  | <b>429</b>       | <b>Total</b> <b>429</b> |
| VAV-13 | S/A-1     | 12"  | —               | 430            | 100%             |  | 389              | <b>Total</b> <b>389</b> |

Date 3-20-04

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## AIR BALANCE REPORT

**LOCATION:**

|        | VAV BOX # | SIZE | DESIGN MIN. CFM | DESIGN MAX CFM | MEASURED MIN CFM |  | MEASURED MAX CFM |                          |
|--------|-----------|------|-----------------|----------------|------------------|--|------------------|--------------------------|
| VAV-14 | S/A-1     | 10"  | —               | 315            | 2590             |  | 285              |                          |
|        | S/A-2     | 10"  | —               | 415            | 3390             |  | 383              |                          |
|        | S/A-3     | 12"  | —               | 525            | 4290             |  | 475              |                          |
|        |           |      | <b>Total</b>    | <b>1255</b>    |                  |  | <b>1143</b>      | <b>Total</b> <b>1143</b> |
| VAV-15 | S/A-1     | 8"   | —               | 135            | 2590             |  | 125              |                          |
|        | S/A-2     | 8"   | —               | 135            | 2590             |  | 123              |                          |
|        | S/A-3     | 8"   | —               | 135            | 2590             |  | 130              |                          |
|        | S/A-4     | 8"   | —               | 135            | 2590             |  | 136              |                          |
|        |           |      | <b>Total</b>    | <b>540</b>     |                  |  | <b>514</b>       | <b>Total</b> <b>514</b>  |
| VAV-16 | S/A-1     | 8"   | —               | 140            | 2590             |  | 128              |                          |
|        | S/A-2     | 8"   | —               | 140            | 2590             |  | 130              |                          |
|        | S/A-3     | 8"   | —               | 140            | 2590             |  | 129              |                          |
|        | S/A-4     | 8"   | —               | 140            | 2590             |  | 128              |                          |
|        |           |      | <b>Total</b>    | <b>560</b>     |                  |  | <b>515</b>       | <b>Total</b> <b>515</b>  |

Date 3-20-04

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## AIR BALANCE REPORT

**LOCATION:**

|        | VAV BOX # | SIZE | DESIGN MIN. CFM | DESIGN MAX CFM | MEASURED MIN CFM |  | MEASURED MAX CFM |              |
|--------|-----------|------|-----------------|----------------|------------------|--|------------------|--------------|
| VAV-17 | S/A-1     | 10"  | —               | 315            | 2370             |  | 285              |              |
|        | S/A-2     | 12"  | —               | 525            | 3870             |  | 480              |              |
|        | S/A-3     | 12"  | —               | 525            | 3870             |  | 483              |              |
|        |           |      | <b>TOTAL</b>    | <b>1365</b>    |                  |  | <b>1248</b>      | <b>TOTAL</b> |
| VAV-18 | S/A-1     | 10"  | —               | 430            | 3170             |  | 392              |              |
|        | S/A-2     | 10"  | —               | 430            | 3170             |  | 390              |              |
|        | S/A-3     | 12"  | —               | 525            | 3870             |  | 475              |              |
|        |           |      | <b>TOTAL</b>    | <b>1385</b>    |                  |  | <b>1257</b>      | <b>TOTAL</b> |
| VAV-19 | S/A-1     | 8"   | —               | 215            | 4570             |  | 196              |              |
|        | S/A-2     | 8"   | —               | 130            | 2770             |  | 120              |              |
|        | S/A-3     | 8"   | —               | 130            | 2770             |  | 119              |              |
|        |           |      | <b>TOTAL</b>    | <b>475</b>     |                  |  | <b>435</b>       | <b>TOTAL</b> |
|        |           |      |                 |                |                  |  |                  |              |
|        |           |      |                 |                |                  |  |                  |              |
|        |           |      |                 |                |                  |  |                  |              |

Date 3-20-04

Technician Robert Ward