

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

**Permit No: 0009847**  
**Insp Area: 3**

**Site Address: 5511 34TH ST SAC**  
Parcel No: 022-0221-016

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

**CONTRACTOR**  
EARL CONSTRUCTION COMPANY  
POB 2280  
WEST SACRAMENTO CA 95691

**OWNER**  
LA FAMILIA COUNSELING CENTER  
5523 34TH ST  
SAC TO, CA. 95820

**ARCHITECT**

**Nature of Work:** INTERIOR OFFICE REMODEL. NEW INTERIOR WALLS. REROOF,  
REPLACE HVAC, ADA COMPLIANT RESTROOM.

**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: \_\_\_\_\_

Date 8/25/00 Owner Signature Paul Lerner on behalf of CFC, Inc

**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 8/25/00 Applicant/Agent Signature Paul Lerner on behalf of CFC, Inc

**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: ST. PAUL FIRE & MARINE Policy Number: WVK 8300201 Exp Date: 10/01/2000

(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 8/25/00 Applicant Signature Paul Lerner on behalf of CFC, Inc

**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.**

CITY OF SACRAMENTO

30 DAY TEMPORARY  
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 5511 - 34<sup>TH</sup> ST Permit No. 0009847

Building Use: OFFICE Occupancy: B

Building Owner: LA FAMILIA COUNSELING CENTER Construction Type: V-N

Owner Address: 5523 - 34<sup>TH</sup> ST SACRAMENTO Sprinkled? [ ] Yes [ ] No

Portion of Building Occupied: REMODELED AREA Area: \_\_\_\_\_ Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy: FOR ADMINISTATIVE OCCUPANCY ONLY.

1-2-02 cc

~~12/14/01~~

Date

By:Print

Sign

DENNIS RICHARDSON

CITY BUILDING OFFICIAL

[TCO approvals: VF, JZB, MJB]

**BC 109.4 TEMPORARY CERTIFICATE**

*If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.*

**POST IN A CONSPICUOUS PLACE**

**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 # 0111605 Insp. Area 4C

ADDRESS 2151 RIVER PLAZA DR. Suite 300  
 PARCEL # \_\_\_\_\_

Applicant MUST complete ALL Unshaded areas

<p align="center"><b>CONTACT</b></p> <p>Name <u>JOHN PELLERIN</u>                  Street Address _____                  City/State/Zip _____                  Phone <u>869-1338</u> FAX <u>372-9655</u>                  E-mail: _____</p>	<p align="center"><b>LICENSED CONTRACTOR</b> Lic No. # <u>210639</u></p> <p>Name <u>TURNER CONST. CO.</u>                  Address <u>1450 HARBOR BLVD.</u>                  City/State/Zip <u>SACRAMENTO, CA 95691</u>                  Phone <u>372-9500</u> FAX <u>372-9655</u>                  E-mail: _____</p>
<p align="center"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>NIELSON &amp; ASSOC.</u>                  Address <u>750 HOWE AVE</u>                  City/State/Zip <u>SACRAMENTO, CA 95825</u>                  Phone <u>916-25-0333</u> FAX _____                  E-mail: _____</p>	<p align="center"><b>OWNER</b></p> <p>Name <u>EQUITY OFFICE PROP.</u>                  Address <u>2999 DOUGLAS BLVD, SUITE 160</u>                  City/State/Zip <u>ROSEVILLE, CA 95661</u>                  Phone <u>916-773-5600</u> FAX <u>916-773-5566</u>                  E-mail: <u>ATTN: WANDA THOMPSON</u></p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: LIBERTY MUTUAL  
 → WORKER'S COMPENSATION POLICY # WC2-621-00434 EXPIRATION DATE: 1/1/02

NATURE OF WORK IN DETAIL: REMOVE (1) WALL, INSTALL WALL PARTITIONS, MODIFY CABINETS, RELOCATE SPRINKLER HEADS & MODIFY DUCT WORK.

OCCUPANT/TENANT: CAMPBELL, BENN & TAYLOR VALUATION: \$ 35,000.

FLOOD STATUS:		S.C.A.T.							
JOB DESCRIPTION	BLDG	SHELL	APT	TI ( )	REM (X)	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
<u>3</u>		<u>7524</u>	<del>XXXX</del>	<u>B</u>	<u>11-1</u>	SPR	ALARM	<u>15</u>	[H] [Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>		<u>D</u>	PW UTIL
<u>13 BTN</u>	<u>13 BTN</u>	<u>13 JMT</u>	<u>13 JMT</u>	<u>13 JMT</u>	<u>13 LDD</u>				

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

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

# 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 #

0009847

Insp. Area

3L

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 5511 34th Street Suite 0  
 PARCEL # 022-0221-016

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Anita Barnes / LA Familia</u>                  Street Address <u>5523 34th Street</u>                  City/State/Zip <u>Sacto, CA 95820</u>                  Phone <u>452-3601</u> FAX <u>452-7628</u>                  E-mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>511371</u></p> <p>Name <u>EARL Construction</u>                  Address _____                  City/State/Zip _____                  Phone <u>371-4100</u> FAX _____                  E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Peter Gujas</u>                  Address <u>1512 14th Street</u>                  City/State/Zip <u>Sacto, CA 95814</u>                  Phone <u>498-7900</u> FAX _____                  E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>LA Familia Counseling Centre, Inc</u>                  Address <u>5523 34th St</u>                  City/State/Zip <u>Sacto, CA 95820</u>                  Phone <u>452-3601</u> FAX <u>452-7628</u>                  E-mail: _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: \_\_\_\_\_  
 → WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: Remodel of existing structure -  
interior remodel, 2nd floor, replace HVAC,  
INSTALL 1 # 120V BRANCH CIR TO SERVE INSTA HOT  
NEW INT. WALLS, ADA COMPLIANT RESTROOM

OCCUPANT/TENANT: LA Familia Counseling Centre, Inc VALUATION: \$ 59,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM(X)	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		
				<u>B/</u>	<u>in</u>	SPR	ALARM	<u>15</u>	[H]	[Quad]
B	L	P	M	E	F	S	D	PW	UTIL	
<u>NONE</u>	<u>13 7L</u>	<u>13 KW</u>	<u>(3 KW)</u>	<u>3 T.L.M.</u>						

COMMENTS: Conductor size & rating of water heater & size of breaker

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

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) \_\_\_\_\_
2. I (have/have not) \_\_\_\_\_ signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name EARL CONST Address PO BX 2280  
City W SAC 95691 Telephone 452-3601  
Contractors License No. 511371

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Telephone \_\_\_\_\_  
Contractors License No. \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

X Signed Jack Lauer on behalf of CEG, Inc.

Job Address 5511 34<sup>th</sup> ST DATE 8/23/00

Permit No: 0009847 C

# AIRTEX

Job No: 15-73

Area Served: The Terminal

Date: 5/17/01

Page: 1 of 2

Unit No: AC-1

Motor Nameplate Data		Unit Nameplate Data		Data Item	Test 1	Test 2	Test 3
MFR:		MFR:	YORK	Volts			
FR:		MIN:	D2NAD6CNO6506C	AMPS			
HP:	1/2 A.V.	SIN:	NKLM121383	BHP			
FLA:	PH:	Sheave Data Blower:		RPM			
SF:	RPM:	P/N:		SP -			
Sheave Data		Shaft:	7/8	SP +			
P/N:		Belts:		TSP			
Shaft:	1/2 A	Fan Design Data		Filter SP			
Adj:		CFM:	200	CFM Total	1735		1706
Fixed:		SP:	.6	CFM RA	1595		1685
		RPM:		CFM OA	138		220
		BHP:	1/2 A				
		OSA:	200				

Room	Opening			Factor	Design		Test 1		Test 2		Test 3	
	No.	Type	Size		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	S	12	2.9 MIN		470		385		460		460
	2	S	8			125		190		120		110
	3	S	12			470		285		450		445
	4	S	8			105		129		110		110
	5	S	6			35		64		50		30
	6	S	8			190		143		175		170
	7	S	10			290		233		215		270
	8	S	10			325		306		320		310
TOTAL						2000		1734		2000		1905
	9	R	16			815		815				850
	10	R	14			875		562				600
	11	R	8			110		219				235
						1800		1595				1685
						200		138				220

Remarks:

# AIRTEX

Job No: E-73

Area Served: 2nd Floor

Date: 5/17/01

Page: 1 of 2

Unit No: AC-1

Motor Nameplate Data		Unit Nameplate Data		Data Item	Test 1	Test 2	Test 3
MFR:		MFR:	YORK	Volts			
FR:		M/N:	D2NAD6CNO6506C	AMPS			
HP:	1/2 A V	S/N:	NKLM121383	BHP			
FLA:	PH:	Sheave Data: Blower		RPM			
SF:	RPM:	P/N:		SP -			
Sheave Data		Shaft:	7/8	SP +			
P/N:		Belts:		TSP			
Shaft:	1/2 A	Fan Design Data		Filter SP			
Adj:		CFM:	200	CFM Total	1735		1906
Fixed:		SP:	.6	CFM RA	1595		1685
		RPM:		CFM OA	138		220
		BHP:	1/2 A				
		OSA:	200				


Room	Opening			Factor	Design		Test 1		Test 2		Test 3	
	No.	Type	Size		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	S	12	3.9 MIN		470		385		460		460
	2	S	8			125		190		120		110
	3	S	12			470		285		450		445
	4	S	8			105		125		110		110
	5	S	6			35		64		50		30
	6	S	8			190		143		175		170
	7	S	10			290		233		315		270
	8	S	10			325		306		320		310
Total						2000		1734		2000		1905
	9	B	16			815		815				850
	10	R	14			875		562				600
	11	R	8			110		219				235
						1800		1595				1685
						200		138				220

Remarks:

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 5511 34<sup>TH</sup> ST Permit No.: 0009847  
Building Use: COUNSELING CENTER Occupancy: B  
Building Owner: LA FAMILIA COUNSELING CENTER Construction Type: V-N  
Owner Address: 5523 34<sup>TH</sup> ST Sprinkled?  Yes  No  
Portion of Building Occupied: ENTIRE Area: \_\_\_\_\_ Sq. Ft.  
6/18/03 RICHARD HEINS  DENNIS RICHARDSON  
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[ Finaled By: VF,JZB,MJB ]

*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**