

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0009445
Insp Area: 4

Site Address: 1545 RIVER PARK DR SAC
Parcel No: 277-0286-029 STE 101

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

CONTRACTOR
CIMORELLI CONSTRUCTION
11333 SUNCO DR #103
RANCHO CORDOVA, CA 95742

OWNER
SPEIKER PROPERTIES
2200 POWELL ST STE325
EMERYVILLE 94608

ARCHITECT

Nature of Work: INTERIOR REMODEL

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 NA 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 B License Number 525704 Date 8-14-00 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 3 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);

NA 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/improve (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.

PAID
CITY OF SACRAMENTO
AUG 14 2000
NEIGHBORHOODS, PLANNING
AND DEVELOPMENT SERVICES

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 abovementioned property for inspection purposes.
Date 8-14-00 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

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 AMERICAN INTERSTATE INSURANCE Policy Number 00WCCA152704 Exp Date 07/01/2001

(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.

Date 8-14-00 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.

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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 # 0009445 C Insp. Area 4C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1545 RIVER PARK DR.
PARCEL # 277.0286.031

Suite 101

CONTACT Name <u>JOE CIMORELLI</u> Street Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____		LICENSED CONTRACTOR Lic No. # <u>B-525704</u> Name <u>CIMORELLI CONSTRUCTION CO.</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
ARCHITECT/ENGINEER Name <u>NIELSON AND ASS.</u> Address <u>550 HOWE AVE</u> City/State/Zip <u>SAC, CA</u> Phone <u>452-0333</u> FAX _____ E-mail: _____		SPIEKER PROBWRNER Name <u>PETER PAULSEN</u> Address <u>2200 POWELL ST # 325</u> City/State/Zip <u>EMERYVILLE 94608</u> Phone _____ FAX _____ E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: AMER. INTERSTATE INS.
→ WORKER'S COMPENSATION POLICY # 00WCCA152704 EXPIRATION DATE: 7-01

NATURE OF WORK IN DETAIL: INT. ALT.

OCCUPANT/TENANT: WESTERN SIERRA BANCORP VALUATION: \$ 24,000.00

FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(X)	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	PLUMB	<u>ELEC</u>	SITE	<u>FIRE</u>				
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. (Y) N	Fed Code	Vio. File			
<u>5</u>		<u>3541</u>		<u>B</u>	<u>I-1HR</u>	<u>Y</u>	<u>15</u>	[H] [Quad]			
						SPR	ALARM				
<u>(B)</u>	<u>(L)</u>	P	<u>(M)</u>	<u>(E)</u>	<u>(F)</u>	S	D	PW	UTIL		
<u>NONE</u>	<u>13 yr</u>		<u>13 MAU</u>	<u>13 9/11</u>	<u>13 B/F</u>						

COMMENTS: _____

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



AIRCO Commercial Services, Inc.
 5700 Alder Avenue, Sacramento, CA 95828
 Sacramento: 916/381-4526
 Santa Rosa: 707/576-7644
 San Jose: 408/436-7770

Fax: 916/381-1629
 License #: 572243

AIR OUTLET TEST REPORT

PROJECT PROPT SYSTEM VAV w/ Pan Box hood
 OUTLET MANUFACTURER T. Hug TEST APPARATUS Flu hood

AREA SERVED	OUTLET				DESIGN CFM		PRELIMINARY		FINAL CFM		REMARKS
	NO.	TYPE	SIZE	AK	MAX	MIN	VEL OR CFM	VEL OR CFM	MAX	MIN	
VAV 1-3	1	760	9		200	156	143	153	153	77%	
	2	1	9		200	155	178	160	160	80%	
	3		9		200	155	149	151	151	76%	
	4		9		200	155	153	155	155	79%	
	5		9		200	155	173	160	160	80%	
	6		9		200	155	156	159	159	80%	
	7		9		200	155	135	154	154	77%	
	8		9		200	155	140	155	155	77%	
	9		9		200	155	159	159	159	80%	
	10		9		200	155	139	152	152	76%	
VAV 1-1	1		9		350	212	237	248	212	61%	
	2		9		350	212	259	236	210	60%	
	3		8		250	152	96	125	152	61%	
	4		7		250	152	119	101	151	60%	
VAV 1-5	1		8		250		300	301	301	70%	
	2		8		250		310	305	302	72%	
	3		8		250		260	295	298	70%	
VAV 1-4	1		9		160		132	156	156	97%	
	2		9		160		133	158	158	98%	
	3		9		160		173	153	153	96%	
	4		9		160		215	155	155	97%	
	5		9		160		183	159	159	98%	
	6		9		160		191	158	158	98%	

REMARKS: 7 6 120 59 115 115 96%
8 6 120 60 118 118 97%
 1200 1197

TEST DATE 9/16/00 READINGS BY Flu hood

