

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0011204
Insp Area: 1

Site Address: 1201 J ST SAC
Parcel No: 006-0052-019

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

CONTRACTOR
ANTHONY & SONS
1796 TERMINAL ST
W SAC CA

OWNER
CALIFORNIA MEDICAL ASSOC.
221 MAIN ST
SANFRANCISCO, CA 94120

ARCHITECT
CHMD ARCHITECTS
2150 CAPITOL AVE # 200
SAC, CA.

Nature of Work: INTERIOR REMODEL FOR NEW TENANT (3 FLOORS) & SEIZMIC RETROFIT

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 B License Number 360117 Date 11/23/00 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 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 abovementioned property for inspection purposes.

Date 11/28/2000 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 STATE FUND Policy Number 713-00 UNIT 0000126 Exp Date 10/01/2001

This section need not be completed if the permit is for **PLANNING** or **CONSTRUCTION SERVICES** 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 11/23/00 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.

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 1201 J ST Permit No. 0011204

Building Use: OFFICE DBA: CMA Occupancy: B

Building Owner: CALIF. MEDICAL ASSOC. Construction Type: II FR

Owner Address: 221 MAIN ST SAN FRANCISCO Sprinkled? [X] Yes [] No

Portion of Building Occupied: 3 FLOORS Area: 38,400 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

7/20/01 Will Richardson DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[TCO approvals: DP, RDH, MJS, CP]

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

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 1201 J ST 3FLOORS Permit No. 0011204

Building Use: OFFICE Occupancy: B

Building Owner: CALIF. MEDICAL ASSOC Construction Type: II-FR

Owner Address: 221 MAIN ST SAN FRANCISCO Sprinkled? Yes No

Portion of Building Occupied: 3 FLS DBA: CMA Area: 38400 Sq. Ft.

10/4/01 *Dennis Richardson* DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By:DP,MJS RDH,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 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



WALLACE - KUHL
& ASSOCIATES INC.

August 17, 2001

Mr. Tony Anzelc
Anthony & Sons General Contractors
1790 Terminal Street
West Sacramento, California 95691

Special Inspection Final Report

CALIFORNIA MEDICAL ASSOCIATION BUILDING RETROFIT

12th & J Streets
Sacramento, California
Permit Nos. TI 0011204 Shell 0008752
WKA No. 4614.01

In accordance with City of Sacramento special inspection requirements, our firm has performed *Special Inspection and Testing* in accordance with Sections 106 and 1701 of the Uniform Building Code for the subject project. Our observation and test results indicate that the following items were constructed, to the best of our knowledge, in accordance with the project's plans and specifications:

- Concrete: Inspected placement of reinforcing steel and concrete for footings, elevator pit slab & walls, roof skylight frames and baseplates of mechanical frame for air conditioner. Obtained concrete samples, performed slump tests and performed laboratory compressive strength testing
- Shotcrete: Inspected placement of reinforcing steel and application of shotcrete. Obtained samples of the shotcrete and performed lab compressive strength testing.
- Epoxy anchors: Verified correct installation of epoxied anchors per manufacturer's instructions and the project plans for shotcrete walls.
- Structural Steel: Performed shop welding inspection of embeds and stair & landing assembly at Capitol Iron Works, Sacramento, California. Monitored contractor compliance with Welding Procedure Specifications (WPS). Identified material with manufacturer's mill certificates. Checked welder certification records.
- Performed field welding inspection of studs to existing beams, switch bolting clips to beams, column reinforcing fillet welds, rebar dowels, column in elevator shaft and stair assembly.
- Verified correct installation and tension of high strength A325 bolts for structural steel framing connections.

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CALIFORNIA MEDICAL ASSOCIATION BUILDING RETROFIT

WKA No. 4614.01

August 17, 2001

Page 2

Structural

Steel: Monitored contractor compliance with Welding Procedure Specifications (WPS). Identified material with manufacturer's mill certificates. Checked welder certification records.

Fireproofing: Monitored application of monokote fireproofing at structural steel framing. Randomly checked depths and obtained samples for density testing.

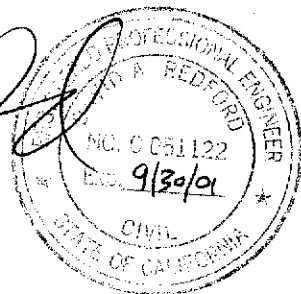
Last on jobsite: February 28, 2001

Please contact our office if you have any questions regarding this information.

Wallace - Kuhl & Associates, Inc.



David A. Redford
Senior Engineer



DAR:mlo

cc: VE Solutions
City of Sacramento



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: CALIFORNIA MEDICAL ASSOCIATION (CMA) Phone: 415/541-0900
 Site Address: 1201 "J" STREET Suite: —
(Street)
 Business Owner/Representative: CMA% DEBBIE SIEGEL Phone: 415/541-0900
(Zip)
 Nature of Business: OFFICE / ADMINISTRATION
 Property Owner: CALIFORNIA MEDICAL ASSOC. (CMA) Phone: 415/541-0900
 Address: 221 MAIN ST Suite: —
(Street)
SAN FRANCISCO, CA. 94120
(City) (State) (Zip)

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: MERRIN GERETY
(Print)
Merrin Gerety 11/28/2000
(Signature) (Date)

BID Use Only: Plan Ck# <u>0011204</u> Permit # <u>0011204</u>
OK to issue prmt? <input checked="" type="checkbox"/> <u>11/28/00</u> F.D. Appr Req'd? <input checked="" type="checkbox"/> No
Hold on Certificate of Occupancy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Fire Dept. Use Only:
OK to issue permit? init _____ date _____
OK to issue Certificate of Occupancy? init _____ date _____



Project

**CALIFORNIA
MEDICAL
ASSOCIATION**

1201 J STREET
SACRAMENTO,
CALIFORNIA

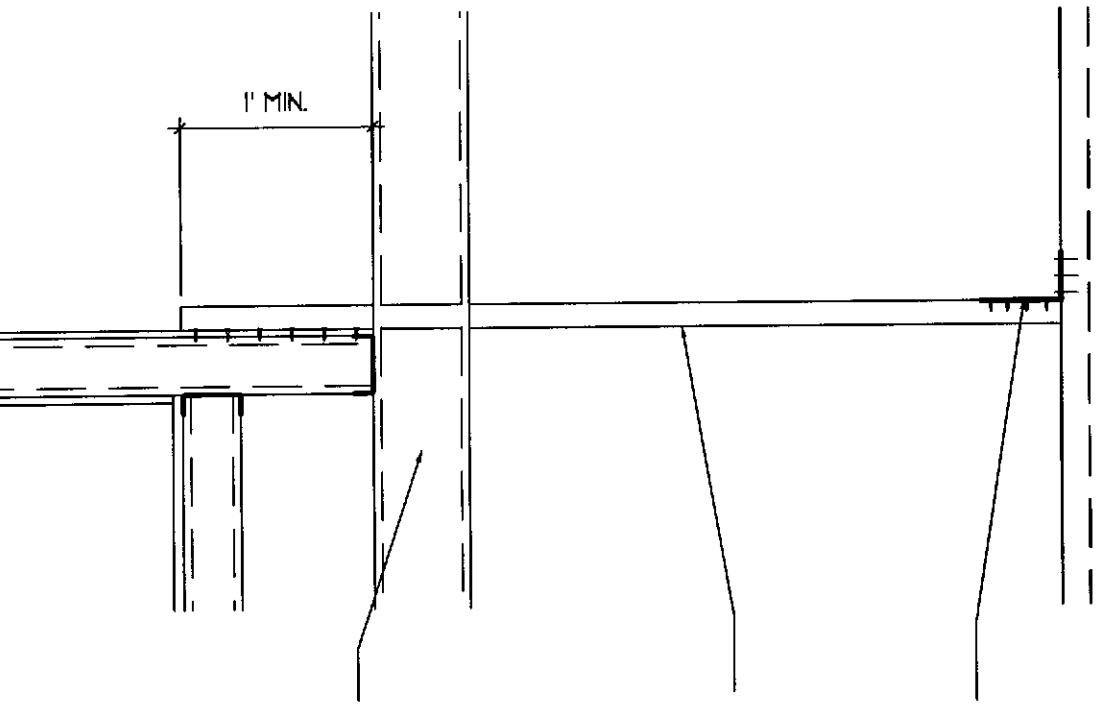
(E) CONC. DECK

(N) 14 GA X 10" WIDE
ANGLE ATTACH TO
BOT. OF (E) DECK OR
BOT. OF BEAM @ 48" O.C.

(N) 6" X 14 GA MET.
STUD @ 48" O.C.
ATTACH TO 14 GA.
ANGLE AND (E) MET.
STUDS W/ TEK SCREWS
MIN. 4 SCREWS PER
ATTACHMENT

(E) 6" MET STUD FRAMING

1" MIN.



TYP. FRAMING SUPPORT

1

SCALE: 1/8" = 1'-0"

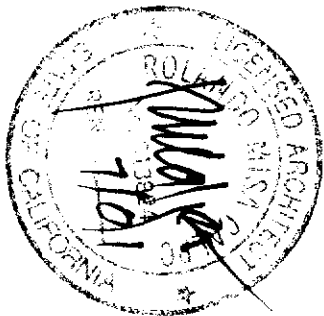
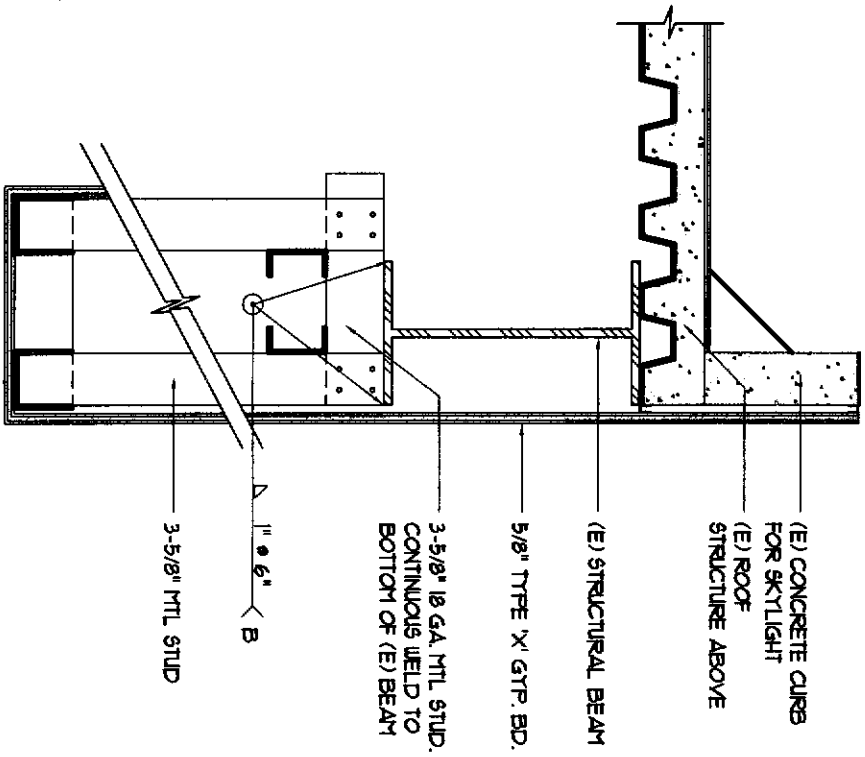


NO.	DATE	DESCRIPTION

Drawing No. 00004
1/11/11/2001

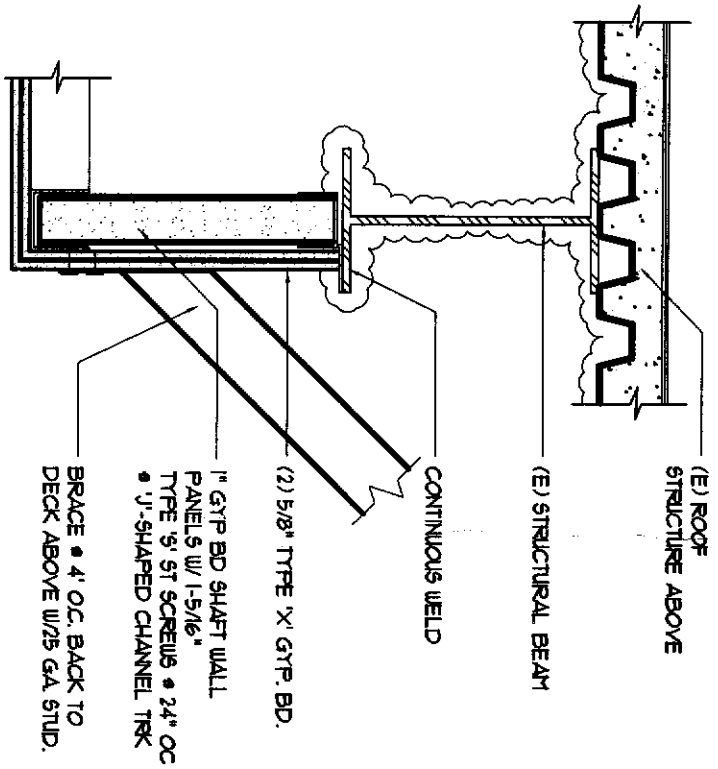
CL 1

.....
OF
.....
SHEETS



TYP. SKYLIGHT OPENING

SCALE: 1" = 1'-0"



(E) ROOF
STRUCTURE ABOVE

(E) STRUCTURAL BEAM

CONTINUOUS WELD

(2) 5/8" TYPE 'X' GYP. BD.

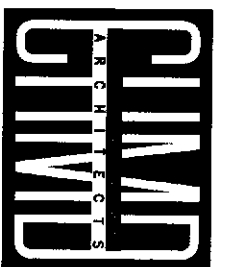
1" GYP. BD. SHAFT WALL
PANELS W/ 1-5/16" TYPE 'S' ST. SCREWS • 24" OC
• U-SHAPED CHANNEL TRK

BRACE • 4' OC. BACK TO
DECK ABOVE W/ 25 GA. STUD.

TYP. SHAFT WALL @ CEILING.

SCALE: 1" = 1'-0"

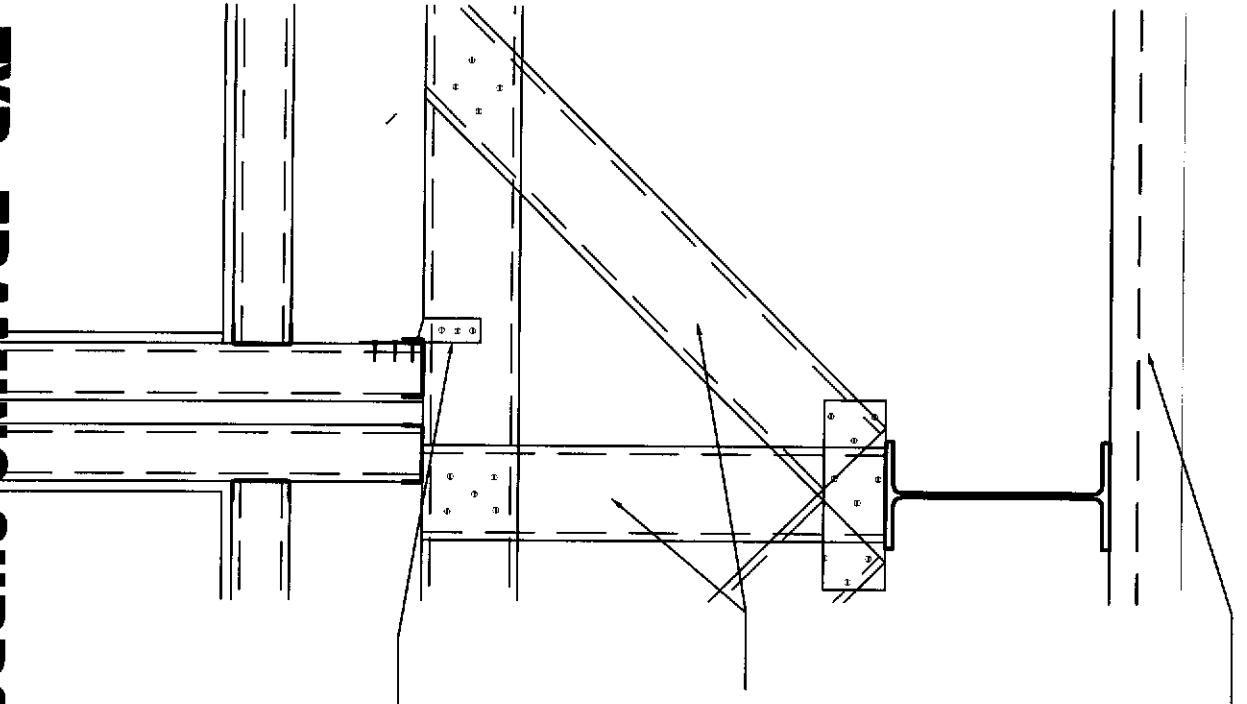




(E) CONC. DECK
(N) 14 GA ANGLE WELDED TO BOTTOM OF BEAM TYP.

6" X 20 GA MIN. MET. STUD VERT. AND DIAG. ATTACH TO ANGLE AND MET. JOIST W/ TEK SCREWS MIN. 4 SCREWS PER ATTACHMENT

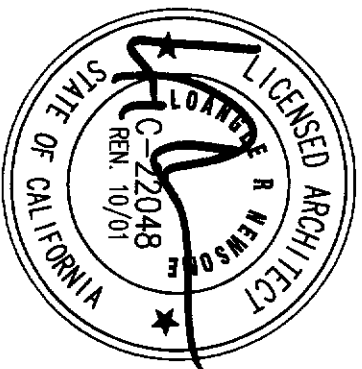
ATTACH SOFFIT FRAMING TO 6" MET JOIST FRAMING W/ SHEET MET. CLIP W/ 3 SCREWS MIN. EA. SIDE EA. JOIST



1

TYP. FRAMING SUPPORT

SCALE: 1/4"=1'-0"



Project

CALIFORNIA MEDICAL ASSOCIATION

1201 J STREET
SACRAMENTO,
CALIFORNIA

NO.	DATE	DESCRIPTION

Drawing No.

HAT GI
0004
1 MAY 2004
MODIFICATION

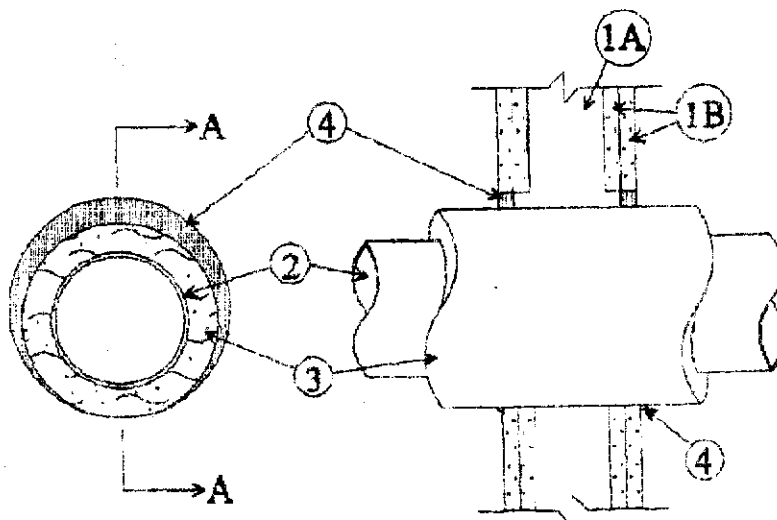
CL 1

..... OF SHEETS

System No. W-L-5039

F Ratings—1 and 2 Hr (See Item 1)

T Ratings—3/4, 1 and 1-1/2 Hr (See Item 2)

**SECTION A-A**

1. **Wall Assembly**—The 1 or 2 hr fire-rated gypsum wallboard/stud wall assembly shall be constructed of the materials and in the manner specified in the individual U300 or U400 Series Wall or Partition Designs in the UL Fire Resistance Directory and shall include the following construction features:

A. **Studs**—Wall framing may consist of either wood studs or steel channel studs. Wood studs to consist of nom 2 by 4 in. lumber spaced 16 in. OC. Steel studs to be min 3-5/8 in. wide and spaced max 24 in. OC.

B. **Wallboard, Gypsum***—Nom 5/8 in. thick, 4 ft wide with square or tapered edges. The gypsum wallboard type, number of layers, fastener type and sheet orientation shall be as specified in the individual Wall and Partition Design. Max diam of opening in wallboard layers is 8-1/2 in.

The hourly F Rating of the firestop system is equal to the hourly fire rating of the wall assembly.

2. **Metallic Pipe**—Nom 4 in. diam (or smaller) Schedule 10 (or heavier) steel pipe or Type L (or heavier) copper tube. One pipe to be installed either concentrically or eccentrically within the firestop system. Pipe to be rigidly supported on both sides of wall assembly.

3. **Pipe Covering***—Nom 1/2 to 2 in. thick hollow cylindrical heavy density (min 3.5 pcf) glass fiber units for 1 hr rated assemblies, nom 1/2 to 1-1/2 in. thick cylindrical heavy density (min 3.5 pcf) glass fiber units for 2 hr rated assemblies, jacketed on the outside with an all service jacket. Longitudinal joints sealed with metal fasteners or factory-applied SSL tape. Transverse joints secured with metal fasteners or with butt tape supplied with the product. The annular space between the insulated pipe and the edge of the through opening shall be min zero in. (continuous point contact) to max 1-1/4 in.

The hourly T Rating is 0 hr when pipe covering less than nom 1-1/2 in. thick is used. When 1-1/2 in. thick pipe covering is used, the hourly T Rating is 1 hr when installed in 1 hr rated walls. When 1-1/2 in. thick pipe covering is used in 2 hr rated wall, the T Rating is 1 hr when copper tube is used and 1-1/2 hr when steel pipe is used.

See Pipe and Equipment Covering—Materials (BRGU) category in the Building Materials Directory for names of manufacturers. Any pipe

W
L

System No. W-L-5039 - Continued

covering material meeting the above specifications and bearing the UL Classification Marking with a Flame Spread Index of 25 or less and a Smoke Developed Index of 50 or less may be used.

- 4. **Fill, Void or Cavity Materials*—Caulk**—Min 5/8 in. thickness of caulk applied within annular space flush with each surface of wall. A min 1/2 in. diam bead of caulk shall be applied to the pipe insulation/ wallboard interface at the point contact location on both sides of wall.

Minnesota Mining & Mfg. Co.—Type CP 25WB+

*Bearing the UL Classification Marking

**W
L**



**WALLACE - KUHL
& ASSOCIATES INC.**

Geotechnical Engineering

Engineering Geology

Environmental Consulting

Remediation Services

Construction Inspection

Materials Testing

August 17, 2001

Mr. Tony Anzele
Anthony & Sons General Contractors
1790 Terminal Street
West Sacramento, California 95691

Special Inspection Final Report
CALIFORNIA MEDICAL ASSOCIATION BUILDING RETROFIT
12th & J Streets
Sacramento, California
Permit Nos. TI 0011204 Shell 0008752
WKA No. 4614.01

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Structural Steel: Performed shop welding inspection of embeds and stair & landing assembly at Capitol Iron Works, Sacramento, California. Monitored contractor compliance with Welding Procedure Specifications (WPS). Identified material with manufacturer's mill certificates. Checked welder certification records.

Performed field welding inspection of studs to existing beams, switch bolting clips to beams, column reinforcing fillet welds, rebar dowels, column in elevator shaft and stair assembly.

Verified correct installation and tension of high strength A325 bolts for structural steel framing connections.

CORPORATE OFFICE
3050 Industrial Blvd.
West Sacramento
CA 95691
Tel 916.372.1434
Fax 916.372.2565

ROCKLIN OFFICE
500 Menlo Drive,
Suite 100
Rocklin, CA 95765
Tel 916.435.9722
Fax 916.435.9822

CALIFORNIA MEDICAL ASSOCIATION BUILDING RETROFIT

WKA No. 4614.01

August 17, 2001

Page 2

Structural

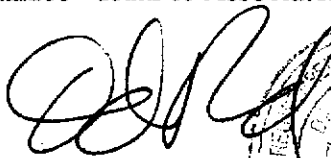
Steel: Monitored contractor compliance with Welding Procedure Specifications (WPS). Identified material with manufacturer's mill certificates. Checked welder certification records.

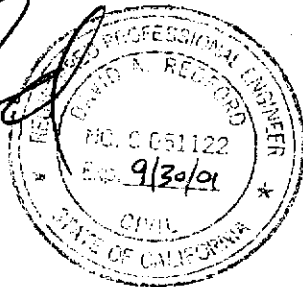
Fireproofing: Monitored application of monokote fireproofing at structural steel framing. Randomly checked depths and obtained samples for density testing.

Last on jobsite: February 28, 2001

Please contact our office if you have any questions regarding this information.

Wallace - Kuhl & Associates, Inc.


David A. Redford
Senior Engineer



DAR:mlo

cc: VE Solutions
City of Sacramento



WALLACE - KUHL
& ASSOCIATES INC.

Received from

200/2/002

Wallace-Kuhl

08/17/2001 16:13 916 372 9065
08/17/01 16:15 FAX 916 372 9065