

CITY OF SACRAMENTO

Permit No: 9901348

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 1059 VINE ST SAC

Sub-Type: REM

Parcel No: 001-0070-049

SUITE 102

Housing (Y/N): N

CONTRACTOR

ASI - ANTHONY & SONS
1790 TERMINAL ST
WEST SACRAMENTO CA

95691

OWNER

DETMER FAMILY LIMITED PARTN
7700 COLLEGE TOWN DR #2
SACRAMENTO CA

95826

ARCHITECT

Nature of Work: INTERIOR OFFICE 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: N/A 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: 3600117 Date: 2/19/99 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: 2/19/99 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.

X 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 713-98 UNIT 126

Exp Date 10/01/1999

(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: 2/19/99 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
APPLICATION FOR ██████████ BUILDING PERMIT

99-01348C

9901348c

1c

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # _____	Insp. Area _____
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Applicant MUST complete ALL Unshaded areas this page only

ADDRESS 1059 VINE STREET Suite 102
PARCEL # 001-0070-049

<p align="center">CONTACT</p> <p>Name <u>MERRIN GERETY</u> Address <u>1790 TERMINAL ST</u> <u>W. SACRAMENTO, CA.</u> Zip <u>95691</u> Phone <u>916/373-0707</u> FAX <u>916/373-1523</u></p>	<p align="center">LICENSED CONTRACTOR Lic No. # <u>360117</u></p> <p>Name <u>ASI- ANTHONY & SONS, INC.</u> Address <u>1790 TERMINAL ST</u> <u>W. SACRAMENTO, CA.</u> Zip <u>95691</u> Phone <u>916/373-0707</u> FAX <u>916/373-1523</u></p>
<p align="center">ARCHITECT/ENGINEER</p> <p>Name <u>TECHSPACE</u> Address <u>2814 "H" STREET</u> <u>SACRAMENTO, CA.</u> Zip <u>95816</u> Phone <u>916/442-8500</u> FAX <u>916/442-8584</u></p>	<p align="center">OWNER</p> <p>Name <u>DETNEK FAMILY TRUST</u> Address <u>7700 COLLEGE TOWN DR #201</u> <u>SACRAMENTO, CA.</u> Zip <u>95826</u> Phone <u>916/386-8800</u> FAX <u>916/387-1958</u></p>

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

→ If yes, WORKER'S COMPENSATION POLICY # 713-126-78 EXPIRATION DATE: 10/1/99

NAME OF INSURANCE COMPANY: STATE FUND

NATURE OF WORK IN DETAIL: INTERIOR OFFICE REMODEL - TOTAL
SQ FT. THIS PERMIT = 1597 #

DBA: KIRK XPEDX VALUATION: \$28,700

FLOOD STATUS: _____				S.C.A.T. _____						
JOB DESCRIPTION		<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> SHEL	<input type="checkbox"/> APT	<input type="checkbox"/> TI()	<input checked="" type="checkbox"/> REM(X)	<input type="checkbox"/> SW	<input type="checkbox"/> FIRE	<input type="checkbox"/> ADD	<input type="checkbox"/> OTH
INSP. DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req	Fed Code	Vio. File		
1		1597		B	III N	<input checked="" type="checkbox"/> YN	15			
						Spr	Alarm			
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	S	D	R		
1301	1301		No		(13) DW					

COMMENTS: Provide Title ENV Calculations.
Provide Complete Load Calculations for Mech. Title 24 Calculations.

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

~~CITY OF SACRAMENTO~~
 DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 99-01348 C
 ADDRESS: 1059 VINE ST STE 102
 Commercial Residential

ACCEPTED by (Staff):


DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	13	JTB							
STRUCTURAL									
MECHANICAL/PLUMBING	13	JTB	2/1/99						
ELECTRICAL	3	JTB	2/17/99	13	JTB	2/17/99			
FIRE	13	JTB							
PLANNING									

STAFF COMMENTS: _____



techSpace



ASPSA 02/25/98

...approved... from the...
...specification... approve the...
...Shirley...

February 25, 1998

interior design

John Tang
City of Sacramento
Building Inspection Division
1305 I Street
Sacramento, CA 95814

space planning

facilities programming

RE: A.P. NUMBER 9901348C: KIRK PAPER, 1059 VINE STREET.

Dear John,

The general contractor for this project has received a request from Vern Freitas to either comply with our standard detail for compression posts connecting t-bar to structural ceiling or submit alternate connection detail. The new t-bar ceiling (at 9'-0") in this project is located in a warehouse with a structural ceiling height of 30'-0".

We are submitting an alternate method of attachment prepared by Marr Shaffer, Consulting structural engineers which allows for (2) 3 5/8 x 20ga steel studs connected back to back to be used in lieu of emt post. Calculations are attached.

Please call, should you have any questions.

Yours sincerely,

Subash P. Varma, Principal

cc: Vern Freitas

2814 H Street
Sacramento
California
95816

916.442.8500

facsimile
916.442.8584

e-mail
tekspace@madre.com

MARR-SHAFFER & ASSOCIATES
 Consulting Structural Engineers

454-3177
 807
 296-1893

Compression post calculation

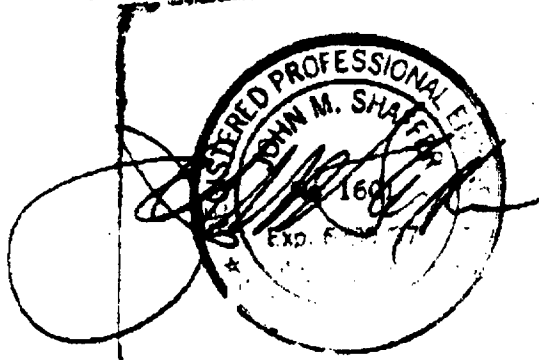
JOB NAME:

CLIENT: NGC Interiors
ADDRESS: 3604 Babson Way
 Elk Grove, CA 95758
CONTACT: Tim Goodman

PHONE NUMBER: 916 683 3595
FAX NUMBER: 916 683 3596
PAGER NUMBER: 296-1893

DESIGN CRITERIA:

- 1) **CODE:** 1994 U.B.C. (1988 U.B.C. Standards, CH. 47-18)
- 2) **GRID:** Chicago Metallic, 211 Series (4.0 pcf max.)
- 3) **ZONE:** Z=0.3
- 4) **OCC.:** I=1.0
- 5) **WIRE:** 12 ga splay wires.
- 6) **PART?:** Ceiling DOES NOT Brace Partitions



Summary:

Maximum area to be supported by each 4-way wire splay group is 144 square feet with the first splay wire group within six (6) feet of perimeter of ceiling, and spaced at twelve (12) feet by twelve (12) feet on center. Connection of splay wires to grid system and to structure above to be per the U.B.C. Standards' prescriptive requirements.

Allowable Force on 12 gauge wire:

$F_y = 55.0 \text{ ksi}$ $F_t = 0.6(55.0) = 33.0 \text{ ksi}$ $A_{\text{wire}} = 3.14(0.106)^2 / 4 = 0.00882 \text{ in}^2$
 Allowable diagonal force to wire = $0.00882(33,000)(1.33) = 387\#$
 Allowable horizontal force to wire = $0.707(387) = 274\#$ (placed at max. angle of 45°)

Compression post calculation:

Since the maximum slenderness ratio (KL/r) is 200, the resulting Euler buckling stress, divided by a safety factor of 23/12 is:
 $F_a = [12(3.14^2)(29e6)(1.33)] / [23(200^2)] = 4970 \text{ psi}$

The following calculations are based on a typical suspended ceiling grid. The maximum vertical force of 274# is based on the capacity of the 12 ga. splay brace wire, see above.

Use double 1-5/8" x 20ga. studs (MSMA 158IC20 or equal) for a maximum length 11'-2"	$A=0.159 \text{ in}^2$ $r_x=0.670 \text{ in}$	$L_{\text{max}}=200(0.670)=134.0"$
	$f_a=274\# / 0.159 \text{ in}^2= 1723 \text{ psi}$	
Use double 2-1/2" x 20ga. studs (MSMA 250IC20 or equal) for a maximum length 16'-9"	$A=0.189 \text{ in}^2$ $r_x=1.005 \text{ in}$	$L_{\text{max}}=200(1.005)=201.0"$
	$f_a=274\# / 0.189 \text{ in}^2= 1450 \text{ psi}$	
Use double 3-1/2" x 20ga. studs (MSMA 350IC20 or equal) for a maximum length 22'-9"	$A=0.224 \text{ in}^2$ $r_x=1.366 \text{ in}$	$L_{\text{max}}=200(1.366)=273.2"$
	$f_a=274\# / 0.224 \text{ in}^2= 1223 \text{ psi}$	

✱



Insp. Area 1C

ISSUED AUTHORIZATION TO START WORK

**CITY OF SACRAMENTO, BUILDING INSPECTIONS DIVISION
1231 I ST., ROOM 200, SACRAMENTO, CA 95814**

Company: ASI - ANTHONY & SONS PC # 99-01348
 Address: 1790 TERMINAL ST., W-SAC. BID App. AB
 Job Phone: 916/373-0707 Office Ph. 916/373-0707 Fee 350.00
 SUBJECT: Project Address: 1059 VINE ST Suite # 102

fire sm.

I request permission to start the following work Rough framing electrical, do not cover anything up. No sheetrock

I realize that all work will be at the owner's and contractor's risk without assurance that the permit for the project will be granted. Any code conflicts will be corrected. I agree not to cover or conceal any work or portion thereof. I realize that inspections will not be made on this project until a building permit is issued. All changes required to conform to the approved plans will be completed without dispute. Work affecting the structural integrity of the existing building is not permitted.

I will expedite necessary revisions, corrections and clarifications as required to obtain the building permit.

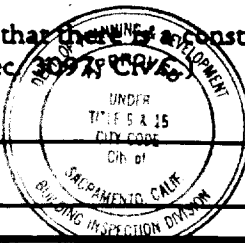
If it should be determined subsequently by the City that changes in the design of the building are necessary after commencement of the work authorized, I assume full responsibility and all risk of loss which may result by reason of such changes. I agree that the building shall conform to the approved final plans as amended, without regard to the stage of completion.

This authorization is valid for 30 days while the plans are being processed for permit. These state required declarations must be properly executed before this authorization is valid. This authorization is valid when initialed by authorized Building Department personnel and stamped approved. Keep posted on job site at all times.

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 (Section 7000.5).

Lender's Name N/A.
 Lender's Address _____
 This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations to the same without written permission from the Building Inspection Division. The approval of this plan and specification SHALL NOT be held to permit or approve any work not shown on the plans.



LICENSED CONTRACTORS DECLARATION

I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of the Business and Professions Code and my license is in full force and effect.

Lic. Class: B Lic. Number: 360117 COMPANY NAME ASI
 SIGNATURE [Signature] DATE 2/12/99

COPIES 2 SIDED

PLEASE COMPLETE BACK OF THIS FORM

CUSTOMER SUPERVISORS (3) BUILDING INSPECTORS ORIGINAL & RECEIPT INFOLDED