

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0307348

Insp Area: 1

Thos Bros: 297 D4

Site Address: 1401 L ST SAC

Parcel No: 006-0116-012 STE 100

Sub-Type: TI

Housing (Y/N): N

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

OWNER
THE ALLEN GROUP
2300 RIVER PLAZA SUTTE 100
SACRAMENTO CA 95833-3293

ARCHITECT
DESIGN TECH
814 29TH ST
SAC CA 95816

Nature of Work: FIRST TIME TI 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 B License Number 737694 Date 7/30/03 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 above-mentioned property for inspection purposes.

Date 7/30/03 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 692-0002229 Exp Date 10/01/2003

(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 7/30/03 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.



FINAL AIR BALANCE CO., INC.
13020 PIPER HILL DR.
PENN VALLEY, CA 95946

Fax Cover Sheet

TO

Company: City of SAC.
Attn: Kim Robinson

Phone number:

Fax number: (916) 808-8370

FROM

Final Air Balance Co., Inc

Phone: (530) 432-2226

Fax: (530) 432-2901

License# 777985

- As Requested
- For Review
- Please Comment
- Please Reply

Date sent: 8-28-03

Time sent: 5:55 A.M

Number of pages including cover page: 14

Message:

Kim,
The following pages are the "Air Balance" reports
for Suites # 100, 250, 280, 450, & 1200 @
the Meridian Plaza, SAC. CA.

Art DeLeon

0307348
0303834
0303831

1415
~~1415~~ - C St



FINAL AIR BALANCE COMPANY, INC.

Date: 8-26-03

Sheet no: 1

VAV TEST SHEET

JOB NAME: Bank of Lodi - Suite # 100

SYSTEM: VAV'S - 1-2, 1-3, 1-4

Room No.	Terminal No.	Terminal		Effective Area	Max Design		Max Final		Minimum CFM		Notes
		Type	Size		FPM	CFM	FPM	CFM	Design	Final	
	VAV-1-2										
112	2-1	CR	8x8	FH	FH	180	FH	165			
113	2-2	↓	10x10	↓	↓	250	↓	250			
						(430)		(415)	(70)	(70)	
								Heating	(130)	(125)	
	VAV-1-3										
114	3-1	CR	10x10	FH	FH	290	FH	295			
115	3-2	↓	↓	↓	↓	↓	↓	290			
116	3-3	↓	↓	↓	↓	↓	↓	290			
102	3-4	↓	↓	↓	↓	300	↓	310			
104	3-5	↓	↓	↓	↓	290	↓	275			
						(1460)		(1460)	(220)	(230)	
								Heating	(440)	(450)	
	VAV-1-4										
106	4-1	CR	10x10	FH	FH	270	FH	260			
107	4-2	↓	↓	↓	↓	↓	↓	260			
111	4-3	↓	8x8	↓	↓	200	↓	205			
109	4-4	↓	10x10	↓	↓	300	↓	310			
103	4-5	↓	↓	↓	↓	310	↓	310			
104	4-6	↓	8x8	↓	↓	200	↓	190			
	4-7	↓	↓	↓	↓	↓	↓	195			
	4-8	↓	10x10	↓	↓	300	↓	300			
	4-9	↓	↓	↓	↓	300	↓	300			

FH = Direct read with flow hood

Remarks:

(2350) (2330)(380)(385)



FINAL AIR BALANCE COMPANY, INC.

Date: 8-20-03

Sheet no: 1

VAV TEST SHEET

JOB NAME: THE ALLEY GROUP - Suite #250

SYSTEM: VAV 2-9 THRU 2-11

Room No.	Terminal No.	Terminal		Effective Area	Max Design		Max Final		Minimum CFM		Notes
		Type	Size		FPM	CFM	FPM	CFM	Design	Final	
	VAV 2-9										
101	1	CR	2x12	FH	FH	450	FH	440			
↓	2	↓	↓	↓	↓	450	↓	455			
108	3	↓	10x10	↓	↓	280	↓	285			
						(1180)		(1180)	(180)	(180)	
								HEAT	(360)	(380)	
	VAV 2-10										
107	1	CR	12x12	FH	FH	600	FH	590			
106	2	↓	10x10	↓	↓	350	↓	350			
105	3	↓	↓	↓	↓	350	↓	355			
						(1300)		(1295)	(195)	(200)	
								HEAT	(390)	(390)	
	VAV 2-11										
103	1	CR	10x10	FH	FH	350	FH	390			
100	2	↓	↓	↓	↓	350	↓	335			
102	3	↓	8x8	↓	↓	140	↓	140			
100	4	↓	10x10	↓	↓	270	↓	270			
						(1110)		(1135)	(170)	(170)	

FH = Direct read with flow hood

Remarks:



FINAL AIR BALANCE COMPANY, INC.

Date: 8-18-03

Sheet no: 1

VAV TEST SHEET

JOB NAME: PG&E, Suite # 200

SYSTEM: VAV-2-4 THRU VAV-2-5

Room No.	Terminal No.	Terminal		Effective Area	Max Design		Max Final		Minimum CFM		Notes
		Type	Size		FPM	CFM	FPM	CFM	Design	Final	
VAV-2-4											
2	1	CR	10x10	FH	FH	300	FH	290			
3	2					300		310			
4	3					300		315			
5	4		12x12			500		510			
6	5		10x10			280		270			
7	6					280		270			
8	7	↓	↓	↓	↓	290	↓	285			
						(2250)		(2250)	(300)	(310)	
								HEATING	(710)	(715)	
VAV-2-5											
10	1	CR	12x12	FH	FH	500	FH	500			
↓	2	↓	12x12	↓	↓	500	↓	490			
						(1000)		(990)	(150)	(150)	

FH = Direct read with flow hood

Remarks:



FINAL AIR BALANCE COMPANY, INC.

Date: 8-18-03

Sheet no: 2

VAV TEST SHEET

JOB NAME: PG & E - S.W.I. #200

SYSTEM: VAV-2-6 THRU VAV-2-8

Room No.	Terminal No.	Terminal		Effective Area	Max Design		Max Final		Minimum CFM		Notes
		Type	Size		FPM	CFM	FPM	CFM	Design	Final	
	VAV-2-6										
1	1	CR	16x16	FH	FH	(700)	FH	700	(50)	(55)	
									HEADS	(210)	(210)
	VAV-2-7										
14	1	CR	6x6	FH	FH	100	FH	100			
↓	2	↓	10x10	↓	↓	300	↓	290			
9	3	↓	10x10	↓	↓	300	↓	300			
						(700)		(690)	(165)	(170)	
	VAV-2-8										
DNL	1	CR	8x8	FH	FH	200	FH	190			
↓	2	↓	↓	↓	↓	200	↓	195			
↓	3	SWR	6'0"	↓	↓	400	↓	(1)			
↓	4	↓	6'0"	↓	↓	200	↓	(1)			
						(1000)		(1000)	(400)	(400)	

FH = Direct read with flow hood

Remarks:

(1) Set VAV for total airflow, then proportioned both restrooms. Remaining airflow in lobby. Unable to read individual linear accurately.



FINAL AIR BALANCE COMPANY, INC.

Date: 8-18-03

Sheet no: 3

VAV TEST SHEET

JOB NAME: P.G. E - Suite # 200

SYSTEM: VAV-2-14 THRU VAV-2-17

Room No.	Terminal No.	Terminal		Effective Area	Max Design		Max Final		Minimum CFM		Notes
		Type	Size		FPM	CFM	FPM	CFM	Design	Final	
	VAV-2-14										
DNL	1	CR	10x10	FH	FH	(360)	FH	(360)	(60)	(60)	
	VAV-2-15										
19	1	CR	8x8	FH	FH	120	FH	120			
DNL	2	↓	10x10	↓	↓	320	↓	315			
↓	3	↓	8x8	↓	↓	130	↓	125			
						(570)		(560)	(90)	(95)	
	VAV-2-16										
16	1	CR	10x10	FH	FH	(380)	FH	(385)	(60)	(65)	
								HEATING	120	(120)	
	VAV-2-17										
17	1	CR	10x10	FH	FH	(410)	FH	(410)	(60)	(60)	
								HEATING	(120)	(125)	

FH = Direct read with flow hood

Remarks:



FINAL AIR BALANCE COMPANY, INC.

Date: 8-26-03

Sheet no: 1

VAV TEST SHEET

JOB NAME: CAL. GROCERS ASSOCIATION Suite # 450

SYSTEM: VAV 4-14 THRU 4-17

Room No.	Terminal No.	Terminal		Effective Area	Max Design		Max Final		Minimum CFM		Notes
		Type	Size		FPM	CFM	FPM	CFM	Design	Final	
	JAV 4-14										
DNC	1	CR	12x12	FH	FH	(600)	FH	(600)	(60)	(60)	
								HEATING	(300)	(305)	
	JAV 4-15										
DNC	1	CR	8x8	FH	FH	150	FH	160			
	2					150		155			
	3					200		210			
	4					200		200			
	5					200		210			
	6	SWR	6'			400		380			
						(1300)		(1315)	(150)	(140)	
	JAV 4-16										
DNC	1	CR	12x12	FH	FH	(400)	FH	(400)	50	50	
								HEATING	(200)	(190)	
	JAV 4-17										
DNC	1	CR	10x10	FH	FH	350	FH	350			
	2					350		345			
	3					380		345			
	4					350		355			
						(1400)		(1395)	(140)	(150)	
								HEATING	(700)	(690)	

FH = Direct read with flow hood

Remarks:



FINAL AIR BALANCE COMPANY, INC.

Date: 8-26-03

Sheet no: 2

VAV TEST SHEET

JOB NAME: CAC GROCERS ASSOCIATION, Suite #450

SYSTEM: VAV 4-18 THRU 4-19

Room No.	Terminal No.	Terminal		Effective Area	Max Design		Max Final		Minimum CFM		Notes
		Type	Size		FPM	CFM	FPM	CFM	Design	Final	
	VAV 4-18										
DNL	1	CR	14x4	FH	FH	250	FH	750			
	2		8x8			135		130			
	3		10x10			225		225			
	4					250		265			
						(1360)		(1370)	(150)	(160)	
	VAV 4-19										
DNL	1	CR	16x16	FH	FH	(1000)	FH	(1000)	(100)	(110)	
								HEATING	(500)	(510)	

FH = Direct read with flow hood

Remarks:


FINAL AIR BALANCE COMPANY, INC.

Date: 8-21-03

Sheet no: 1

VAV TEST SHEET

 JOB NAME: Suite #1200 - Nielsen, Merksamer, Panninello, Mueller, Naylor

 SYSTEM: VAV-12-1, 12-2, 12-3

Room No.	Terminal No.	Terminal		Effective Area	Max Design		Max Final		Minimum CFM		Notes
		Type	Size		FPM	CFM	FPM	CFM	Design	Final	
	VAV-12-1		8"								
120	1-1	CR	12x12	FH	FH	(500)	FH	(510)	65	65	
								Reheat	(150)	(145)	
	VAV-12-2		14"								
119	2-1	CR	10x10	FH	FH	400	FH	400			
118	2-2		12x12	↓	↓	↓	↓	405			
117	2-3		↓	↓	↓	550	↓	540			
116	2-4	✓	18x18	✓	✓	↓	✓	540			
						(1900)		(1885)	(300)	(305)	
								Reheat	(950)	(920)	
	VAV-12-3		12"								
121	3-1	CR	8x8	FH	FH	210	FH	210			
122	3-2		↓	↓	↓	↓	↓	220			
123	3-3		↓	↓	↓	↓	↓	220			
124	3-4		↓	↓	↓	↓	↓	210			
125	3-5		↓	↓	↓	↓	↓	210			
126	3-6		↓	↓	↓	↓	↓	210			
127	3-7	✓	↓	↓	↓	✓	↓	210			
						(1470)		(1490)	(150)	(155)	
								Reheat	(440)	(450)	

FH = Direct read with flow hood

Remarks:


FINAL AIR BALANCE COMPANY, INC.

Date: 8-21-03

Sheet no: 2

VAV TEST SHEET

 JOB NAME: Suite #1200 - Nielsen, Merksamer, Parrinello, Mueller, Naylor

 SYSTEM: VAV-12-4, 12-5, 12-6, 12-7

Room No.	Terminal No.	Terminal		Effective Area	Max Design		Max Final		Minimum CFM		Notes
		Type	Size		FPM	CFM	FPM	CFM	Design	Final	
	VAV-12-4		14"								
136	4-1	CR	16x16	FH	FH	850	FH	850			
137	4-2		10x10			300		320			
139	4-3		18x18			850		880			
114	4-4		6x6			100		110			
						(2100)		(2160)	(250)	(270)	
	VAV-12-5		10"								
115	5-1	CR	18x18	FH	FH	(1000)	FH	(1000)	100	110	
								Reheat	(300)	(315)	
	VAV-12-6		14"								
113	6-1	CR	16x16	FH	FH	870	FH	860			
	6-2							870			
						(1740)		(1730)	290	300	
								Reheat	(520)	(500)	
	VAV-12-7		12"								
111	7-1	CR	20x20	FH	FH	(1340)		(1200)	270	280	
								Reheat	(400)	(410)	

FH = Direct read with flow hood

Remarks:



FINAL AIR BALANCE COMPANY, INC.

Date: 8-21-03

Sheet no: 3

VAV TEST SHEET

JOB NAME: Suite #1200 - Nielsen, Merklesamer, Parrinello, Mueller, Naylor

SYSTEM: VAV-12-8, 12-9, 12-10

Room No.	Terminal No.	Terminal		Effective Area	Max Design		Max Final		Minimum CFM		Notes
		Type	Size		FPM	CFM	FPM	CFM	Design	Final	
	VAV-12-8		10"								
110	8-1	CR	18x18	FH	FH (1000)	FH (980)	FH (980)	100	90	Reheat (300)	(310)
	VAV-12-9		14"								
109	9-1	CR	12x12	FH	FH 650	FH 650	FH 650				
108	9-2	↓	↓	↓	↓ 500	↓ 510	↓ 510				
107	9-3	↓	↓	↓	↓ 650	↓ 660	↓ 660				
					(1800)	(1820)	(1820)	180	(200)	Reheat (540)	(530)
	VAV-12-10		8"								
105	10-1	CR	16x16	FH	FH (700)	FH (700)	FH (700)	205	200	Reheat (210)	(200)

FH = Direct read with flow hood

Remarks:



FINAL AIR BALANCE COMPANY, INC.

Date: 8-21-03

Sheet no: 4

VAV TEST SHEET

JOB NAME: Suite #1200 - Nielson, Merkamer, Panninello, Mueller, Naylor

SYSTEM: VAV-12-11, 12-12

Room No.	Terminal No.	Terminal		Effective Area	Max Design		Max Final		Minimum CFM		Notes
		Type	Size		FPM	CFM	FPM	CFM	Design	Final	
	VAV-12-11		8"								
101	11-1	CR	14x14	FH	FH	(620)	FH	(610)	160	(160)	
	VAV-12-12		8"								
133	12-1	CR	10x10	FH	FH	300	FH	280			
132	12-2		6x6			100		110			
131	12-3							110			
129	12-4							75			
128	12-5					75		75			
						(675)		(670)	(140)	(150)	

FH = Direct read with flow hood

Remarks:



FINAL AIR BALANCE COMPANY, INC.

Date: 8-21-03

Sheet no: 5

VAV TEST SHEET

JOB NAME: Suite #1200 - Nielsen, Merksamer, Parlinello, Mueller, Naylor

SYSTEM: VAV-12-13, 12-14

Room No.	Terminal No.	Terminal		Effective Area	Max Design		Max Final		Minimum CFM		Notes
		Type	Size		FPM	CFM	FPM	CFM	Design	Final	
	VAV-12-13		12"								
100	13-1	CR	10x10	FH	FH	250	FH	230			
↓	13-2	↓	↓	↓	↓	↓	↓	250			
106A	13-3	↓	↓	↓	↓	↓	↓	255			
106	13-4	↓	12x12	↓	↓	500	↓	500			
103	13-5	↓	6x6	↓	↓	50	↓	50			
104	13-6	↓	8x8	↓	↓	200	↓	195			
						(1500)		(1480)	(205)	(210)	
	VAV-12-14		10"								
T-09	14-1	CR	8x8	FH	FH	200	FH	190			
T-08	14-2	↓	↓	↓	↓	↓	↓	200			
T-01	14-3	LD	6'	↓	↓	400	↓	410			(1)
						(800)		(800)	(225)	(235)	

FH = Direct read with flow hood

Remarks:

(1) Set VAV-Box for total CFM. Proportioned outlets 1 & 2 Remaining Air to outlet #3 in elevator lobby. No valid location to read linear.

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 264-5716

Building Address: 1415
1401 L ST #100 Permit No.: 0307348
Building Use: OFFICE Occupancy: B
Building Owner: THE ALLEN GROUP Construction Type: 1-FR
Owner Address: SACRAMENTO, CA Sprinkled? Yes No
Portion of Building Occupied: SUITE 100 Area: 3610 Sq. Ft.

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

8/28/03
Date By: (Print) Dennis Richardson (Sign) DENNIS RICHARDSON
CHIEF BUILDING OFFICIAL

[TCO approvals:DPB,MJS,KR,CP]

CBC 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: 1415 L ST # 100 Permit No.: 0307348
Building Use: T.I. DBA: BANK OF LODI Occupancy: B
Building Owner: THE ALLEN GROUP Construction Type: 1FR
Owner Address: SACRAMENTO, CA Sprinkled? Yes No
Portion of Building Occupied: SUITE 100 Area: 3610 Sq. Ft.
3/2/04 Muhle Buehner **DENNIS RICHARDSON**
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[Finaled By: DPB,MJS,KR,CP,GRS]

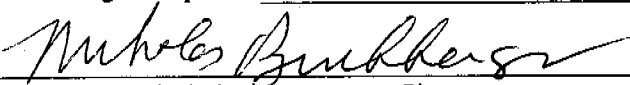
This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group 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

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address:	<u>4331 TRUXEL RD #G1 & G2</u>	Permit No.:	<u>0313354</u>
Building Use:	<u>RETAIL</u>	Occupancy:	<u>M</u>
Building Owner:	<u>NATOMAS TRUXEL LLC</u>	Construction Type:	<u>VN</u>
Owner Address:	<u>ROSEVILLE, CA</u>	Sprinkled?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Portion of Building Occupied:	<u>SUITE G1 & G2</u>	Area:	<u>3200</u> Sq. Ft.
02/27/04		DENNIS RICHARDSON	
Date	By: (Print)	Sign	CHIEF BUILDING OFFICIAL

[Finaled By: DPB,MSK,JZB,JI]

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
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION
 1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0307348 Insp. Area 1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1415 L STREET Suite 100
 PARCEL # 006-0116-009

CONTACT
 Name Karl Scherbert
 Street Address _____
 City/State/Zip _____
 Phone _____ FAX _____
 E-mail: _____

LICENSED CONTRACTOR Lic No. # 737694
 Name MARKET ONE BUILDERS
 Address 1419 N. MARKET BLD
 City/State/Zip SAC/CA/95834
 Phone 928-7474 FAX 928-7475
 E-mail: _____

ARCHITECT/ENGINEER
 Name DESIGN TECH
 Address 5520 ELIAS AVE
 City/State/Zip SAC/CA/95819
 Phone 923-2546 FAX _____
 E-mail: _____

OWNER
 Name BANK OF LODI
 Address 701 SOUTH HAM LN
 City/State/Zip LODI/CA/95242
 Phone 209-367-2054 FAX _____
 E-mail: _____

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

NATURE OF WORK IN DETAIL: FIRST TIME T.I. W/ MINOR EXTERIOR IMPROVEMENTS

OCCUPANT/TENANT: BANK OF LODI VALUATION: \$ 175,000

FLOOD STATUS:		S.C.A.T.									
JOB DESCRIPTION		BLDG	SHELL	APT	TI(X)		REM()	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 Rec	Fed Code	Vio. File			
<u>12</u>		<u>3610</u>		<u>B</u>	<u>1-FR</u>	<u>Y</u>	<u>15</u>	[H]	[Quad]		
<u>B</u>	<u>E</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	PW	UTIL		

COMMENTS: _____

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