

CITY OF SACRAMENTO

Permit No: 0509995

1231 I Street, Sacramento, CA 95814

Insp Area: 1

Site Address: 1415 L ST SAC St: 1060

Thos Bros:

Parcel No: 006-0116-009 STE 1060

Sub-Type: TI

Housing (Y/N): N

CONTRACTOR
RUDOLPH AND SLETTEN INC
1504 EUREKA RD SUITE 200
ROSEVILLE CA 95661

OWNER
ALLEN DOWNTOWN SACRAMENTO
6005 HIDDEN VALLEY RD
CARLSBAD, CA 92009

ARCHITECT
TECHSPACE
777 CAMPUS COMMONS DR #200
SACRAMENTO CA 95825

Nature of Work: TI OFFICE SPACE, SUITE 1060

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 198069 Date 8-1-05 Contractor Signature [Signature] for Rudolph Sletten

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

CITY OF SACRAMENTO PAID

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the information 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 Applicant/Agent 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.

[Signature] 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 ZURICH AMERICAN INS CO Policy Number WC 3495307-05 Exp Date 10/01/2005

(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 8-1-05 Applicant Signature [Signature] for Rudolph Sletten

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.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
 PLANNING & BUILDING DIVISION
 PERMIT SERVICES SECTION
 (916) 808-2534 FAX: (916) 808-7046

ACTIVITY # 0509995	Insp. Area
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Applicant MUST complete ALL Unshaded Areas

ADDRESS: 1415 "L" str (10th Floor) Suite: 1060

PARCEL #: _____

<p style="text-align: center;">CONTACT</p> <p>Name: <u>Ralph Alsgood</u> Street Address: <u>1504 Euraba Rd suite 200</u> City/State/Zip: <u>Roseville CA 95661-3058</u> Phone: <u>(916) 781-2001</u> E-Mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>198069</u></p> <p>Name: <u>Rudolph & Stetten</u> Street Address: <u>947 E. Hilldale Blvd suite 100</u> City/State/Zip: <u>Foster City CA 94404</u> Phone: <u>(650) 972-1919</u> E-Mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name: <u>Tech space</u> Street Address: <u>1766 Challenge way #130</u> City/State/Zip: <u>Sacramento CA 95815</u> Phone: <u>(916) 565-0888</u> E-Mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name: <u>AWT properties</u> Street Address: <u>1415 "L" str, suite 200</u> City/State/Zip: <u>Sacramento CA 95815</u> Phone: <u>(916) 340-3100</u> E-Mail: _____</p>

⇒ Will permittee have any employees on the jobsite? No Yes ⇒ Insurance Co.: _____

⇒ WORKER'S COMPANSATION POLICY # WC3495307-05 EXPRATION DATE: 10-1-05

NATURE OF WORK IN DETAIL: Tenant improvement office space

OCCUPANT/TENANT: Western Crossers VALUATION: \$ 62,200.00

FLOOD STATUS:		S.G.A.T.								
JOB DISCRPTION	BLDG	SHELL	APT	TK ()	REM ()	SW	FIRE	ADD	OTH	
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC		SITE	FIRE		
# Stories	1" Fir Area	Yield Area	Use Zone	Occp Group	Const type	Fire Reg. Y / N		Fed Code	Vio. [H]	File [Quad]
						SPR	ALARM			
B	L	P	M	E	F	S		D	PW	UTIL

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT: Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

City of Sacramento
Development Services Department
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 1431 L STREET (1419 L - 11 TH FLOOR)	APN: 006-0116-014
DRPB AREA / PUD / SPD: CENTRAL BUSINESS DISTRICT	ZONING: C-3-SPD
EXISTING LAND USE: COMMERCIAL RETAIL BUILDING	
PROPOSED USE: COMMERCIAL TI ON 10 TH FLOOR	
<p>PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:</p> <p><input type="checkbox"/> Planning review is NOT required.</p> <p><input type="checkbox"/> Use is NOT allowed; applicant CANNOT submit for plan check.</p> <p><input type="checkbox"/> Requires APPLICATION(s): PC ZA IR ER DR PB Required Planning application must be approved <i>before</i> project can be submitted for plan check</p> <p><input type="checkbox"/> Application(s) IN PROGRESS: File Number: Application must be approved before project can be submitted for plan check.</p> <p><input type="checkbox"/> Application(s) COMPLETED: File Number & approval date: Building permit must conform to approved plans and comply with all conditions of approval. Do NOT accept applications for a building permit prior to the end of the 10-day appeal period.</p> <p><input checked="" type="checkbox"/> Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.</p> <p><input type="checkbox"/> Meets setback & lot coverage requirements as shown on site plan provided.</p> <p><input type="checkbox"/> Plans to be submitted have been stamped/signed by Planning counter staff.</p> <p><input type="checkbox"/> Route to SITE for plan check and inspection.</p> <p><input type="checkbox"/> Route to SITE for inspection only, plan check not required.</p> <p><input type="checkbox"/> Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.</p>	
CONDITIONS AND COMMENTS: OFFICE USE IS EXISTING, NO ADDITIONAL SQUARE FOOTAGE TO EXISTING OFFICE. ALL WORK PROPOSED - INTERIOR- FIRST TIME TI FOR THIS FLOOR	
DATE: 07/08/05	BY: BONNIE SURGEON

Microfilm



FINAL AIR BALANCE COMPANY, INC.

Date: 08/24/05

Sheet no: 1

VAV TEST SHEET

JOB NAME: Western Growers @ Meridian Plaza 10th Floor

SYSTEM: VAV-10-5 through VAV-10-7

FAXED

Room No.	Terminal No.	Terminal		Effective Area	Max Design		Max Final		Minimum CFM		Smoke Purge
		Type	Size		FPM	CFM	FPM	CFM	Design	Final	
	VAV-10-5		6" rnd								
1005	5-1	CR	8 x 8	FH	FH	210	FH	210			(280)
1004	5-2	CR	8 x 8	FH	FH	200	FH	205			
	Factor = 0.68				Cold	410		415	80	80	365
					Hot	205		210	205	210	
	VAV-10-6		8" rnd								
1003	6-1	CR	10 x 10	FH	FH	360	FH	365			(355)
1002	6-2	CR	10 x 10	FH	FH	340	FH	325			
	Factor = 0.66				Cold	700		690	145	150	645
					Hot	350		340	350	340	
	VAV-10-7		10" rnd								
1006	7-1	CR	6 x 6	FH	FH	100	FH	105			
1000	7-2	CR	8 x 8	FH	FH	225	FH	235			
1001	7-3	CR	8 x 8	FH	FH	165	FH	160			
1000	7-4	CR	10 x 10	FH	FH	350	FH	345			(840)
	Factor =				Cold	840		845	230	235	805

FH = Direct read with flow hood

Factor = Calibration Factor

Remarks:

Post-It Fax Note 7671

Date: 8/27	# of pages: 1
To: BRENT	From: TIMBER
Co./Dept: RRS	Co: FMB
Phone #	Phone #
Fax #	Fax #