

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0100363
Insp Area: 1

Site Address: 701 UNIVERSITY AV SAC
Parcel No: 295-0030-018 #210

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

CONTRACTOR
BROWNING CONSTRUCTION INC
9050 RANCHVIEW CT
SACRAMENTO CA 95624

OWNER
SPIEKER PROPERTIES L P
575 UNIVERSITY AVE #16
SACRAMENTO CA 95825

ARCHITECT

Nature of Work: REMODEL OCCUPIED OFFICE SPACE:NEW OOFICES AND BREAKROOM

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.

X License Class B License Number 461521 Date 01-09-01 Contractor Signature Samuel Browning

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 Professions 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.

X Date 01-09-01 Applicant Agent Signature Samuel Browning

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 713-00-6444 Exp Date 10/01/2001

(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.

X Date 01-09-01 Applicant Signature Samuel Browning

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

ACTIVITY # 0100363	Insp. Area
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 701 University Ave Suite 210
 PARCEL # _____

<p style="text-align: center;">CONTACT</p> Name <u>Darrell Browning</u> Street Address <u>9050 Ranchview Ct.</u> City/State/Zip <u>Elk Grove</u> Phone <u>423-1105</u> FAX <u>685-8535</u> E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>461321</u></p> Name <u>Browning Construction Inc</u> Address <u>9050 Ranchview Ct</u> City/State/Zip <u>Elk Grove</u> Phone <u>423-1105</u> FAX <u>685-5835</u> E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>Nielsen + ASSC</u> Address <u>550 Howe Ave</u> City/State/Zip <u>Sacto</u> <u>95825</u> Phone <u>925-6333</u> FAX _____ E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>Speker Properties</u> Address <u>575 University Ave</u> City/State/Zip <u>Sacto</u> <u>95825</u> Phone <u>925-646-6000</u> FAX <u>646-1624</u> E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Fund
 → WORKER'S COMPENSATION POLICY # 713-00-6444 EXPIRATION DATE: 10-21-01

NATURE OF WORK IN DETAIL: remodel occupied office space:
new offices & break room

OCCUPANT/TENANT: _____ VALUATION: \$ 27333

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM <input checked="" type="checkbox"/>	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> BLEC	SITE	<input checked="" type="checkbox"/> FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fed Code	Vio. File		
		<u>2733</u>		<u>B</u>		<input checked="" type="checkbox"/> SPR <input type="checkbox"/> ALARM	<u>15</u>	[H]	[Quad]	
<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	PW	UTIL	
<u>NONE</u>	<u>13</u>	<u>13</u>	<u>KAW</u>		<u>LDD 13</u>		<u>15</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 701 University # 210/3 SYSTEM VAV DUAL DUCT
 OUTLET MANUFACTURER Titus TEST APPARATUS Flo hood

AREA SERVED	OUTLET				DESIGN CFM		PRELIMINARY				FINAL CFM		REMARKS
	NO.	TYPE	SIZE	AK	Cold MAX	HOT MIN	VEL OR CFM	VEL OR CFM			Cold MAX	HOT MIN	
VAV 1-6	1	LIN	12		410	230	357	410			410	259	
	2	1	10		350	220	410	349			349	210	
1-7	1		10		350	220	497	299	375	309	352	231	
	2		12		350	220	472	292	354	267	347	225	
	3		12		350	220	264	167	199	109	351	230	
1-8	1		12		350	220	710	353			353	230	
	2		12		430	270	895	431			431	279	
1-9	1		10		360	225	369	225			369	230	
	2		10		400	250	404				404	269	
1-10	1		10		300	190	405	425	309	303	303	191	

REMARKS:

TEST DATE 02/12/01

READINGS BY [Signature]