

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

**Permit No: 0000552**

**Insp Area: 1**

**Site Address: 2805 J ST SAC**

Parcel No: 007-0044-023

# 200

Sub-Type: ACOM

Housing (Y/N): N

**CONTRACTOR**

ACF CONSTRUCTION  
PO BOX 163622  
SAC CA 95816

**OWNER**

TITAN HEALTH  
2805 J ST #200  
SACRAMENTO CA 95825

**ARCHITECT**

**Nature of Work: 5750 SQ FT MED OFC 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 \_\_\_\_\_ 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 511900 Date 4/21/00 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 4/21/00 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 FREMONT INDEMNITY Policy Number WN9961476706 Exp Date 10/01/2000

\_\_\_\_ (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 4/21/00 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  
APPLICATION FOR COMMERCIAL BUILDING PERMIT**

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

ACTIVITY # 0000552 Insp. Area 1C

ADDRESS 2805 J Street Suite 200  
PARCEL # \_\_\_\_\_

Applicant MUST complete ALL Unshaded areas

<b>CONTACT</b> Name <u>Ellie Anderson - ACF CONSTRUCTION</u> Address <u>P.O. Box 163622, SAC 95816</u> Phone <u>(916) 392-5076</u> FAX <u>392-0734</u> E-mail <u>acfccon@cwo.com</u>		<b>LICENSED CONTRACTOR</b> Lic No. # <u>511900</u> Name <u>ACF CONSTRUCTION, INC.</u> Address <u>P.O. Box 163622, SAC CA 95816</u> Phone <u>392-5076</u> FAX <u>392-0734</u> E-mail <u>acfccon@cwo.com</u>	
<b>ARCHITECT/ENGINEER</b> Name <u>BUILDER ASSOCIATES</u> Address <u>4747 Table Mountain #202</u> Phone <u>(510) 499-7796</u> FAX <u>313-499-7767</u> E-mail _____		<b>OWNER</b> Name <u>Titan Health Corporation</u> Address <u>2805 J Street, #200</u> Phone <u>(916) 394-1811</u> FAX <u>(916) 394-1811</u> E-mail _____	

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: Prement Indemnity  
 → WORKER'S COMPENSATION POLICY # WN 9961476 706 EXPIRATION DATE 10/1/00

NATURE OF WORK IN DETAIL: medical office remodel  
interior remodel  
 PERMIT ASSISTANCE  
 JAN 20 2000

OCCUPANT/TENANT: Pain Diagnostic Treatment Center VALUATION: \$ 694,775

FLOOD STATUS: <u>NR</u>		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI ( )	REM <input checked="" type="checkbox"/>	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE		<u>FIRE</u>		
# Stories	1st fl Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>DN</u>	Fed Code	Vio. File		
		<u>5750</u>		<u>11.2</u>	<u>II</u>	<u>SPR</u> <u>ALARM</u>	<u>15</u>	[H]	[Quad]	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	S	D	PW	UTIL	

COMMENTS: SITE COMPILED OSH POD / OFFICE ? YES

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

**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: Pain Diagnostic Treatment Center Phone: 394-1811  
 Site Address: 2805 J Street Suite: 200  
(Street) (Zip)  
 Business Owner/Representative: Titan Health Corp. Phone: 394-1811  
 Nature of Business: medical offices  
 Property Owner: Pain Diagnostic Treatment Center Phone: 394-1811  
 Address: 2805 J St. Suite: 200  
(Street) (City) (State) (Zip)  
SAC CA 95816

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  biohazard waste  
 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: S McCamp  
Shannon J McCamp (Print)  
 (Signature) (Date) 1/19/00

BID Use Only: Plan Ck# _____ Permit # _____
OK to issue prmt? Y _____ F.D. Appr Req'd? Yes No _____ init date _____
Hold on Certificate of Occupancy? Yes No _____
Fire Dept. Use Only: OK to issue permit? ini _____ date _____ OK to issue Certificate of Occupancy? init _____ date _____



**AIRCO**  
**MECHANICAL, INC.**  
 CONTRACTORS AND ENGINEERS  
 5720 Alder Avenue  
 Sacramento, California 95828  
 (916) 381-4523 Lic. 311454

**AIR OUTLET  
 TEST REPORT**

PROJECT NAME RAIN TREATMENT JOB NUMBER 990859-00-03  
 OUTLET MANUFACTURER TITUS TEST APPARATUS ANALOG FLOW HOOD  
 SYSTEM TF-1 AND TF-2

AREA SERVED	OUTLET				DESIGN		PRELIMINARY		FINAL		REMARKS
	NO.	TYPE	SIZE	AK	CFM	VEL	VEL. OR CFM	VEL. OR CFM	VEL	CFM	
TF-1 ELECT RM					400		350				
TF 2 MED GAS RM	1				100		100				

REMARKS:

TEST DATE 8-3-00 READINGS BY ET AND G.H.



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 CONTRACTORS AND ENGINEERS  
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 Sacramento, California 95828  
 (916) 381-4523 Lic. 311454

**AIR OUTLET**  
**TEST REPORT**

PROJECT NAME Pain Treatment JOB NUMBER 790859-00-03  
 OUTLET MANUFACTURER Titus TEST APPARATUS Analog Flow Hood  
 SYSTEM AC's 2+3

AREA SERVED	OUTLET				DESIGN		PRELIMINARY		FINAL		REMARKS
	NO.	TYPE	SIZE	AK	CFM	VEL	VEL OR CFM	VEL OR CFM	VEL	CFM	
VVT 2.2.3	1		8" φ		150		90	80	150	150	
	2		6" φ		20		10	10	20	20	
	3		6" φ		110		40	50	95	95	
	4		6" φ		110		45	40	90	90	
					390		195	180	355	355	
VVT 2.2.1	1		10" φ		400		120	40	340	340	

REMARKS:

TEST DATE 8.3.00 READINGS BY G.H.



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 Sacramento, California 95828  
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**AIR OUTLET  
 TEST REPORT**

PROJECT NAME Paint Treatment JOB NUMBER 990859-00-03  
 OUTLET MANUFACTURER Titus TEST APPARATUS Analog Flow Hood  
 SYSTEM Fc's 1+2

AREA SERVED	OUTLET				DESIGN		PRELIMINARY				FINAL		REMARKS
	NO.	TYPE	SIZE	AK	CFM	VEL	VEL OR CFM	VEL OR CFM			VEL	CFM	
FC-1 SA	1		10"φ		400		450	470	475	485		410	
	2		10"φ		400		310	320	325	330		400	
					800		760	790	800	815		810	
RA	1		10"φ		300		320					320	
	2		10"φ		300		250					250	
					600		570					570	
OSA					200		190					190	
FC-2 SA	1		10"φ		400		420	430				440	
	2		10"φ		400		440	450				440	
					800		860	880				890	
RA	1		10"φ		300							300	
	2		10"φ		300							300	
					600							600	
OSA					200							200	

REMARKS:

TEST DATE 8-3-00 READINGS BY E.T. AND C.H.



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**AIR OUTLET  
 TEST REPORT**

PROJECT NAME PAIN TREATMENT JOB NUMBER 990859-00-03  
 OUTLET MANUFACTURER TITUS TEST APPARATUS ANALOG FLOWMETER  
 SYSTEM FC-3

AREA SERVED	OUTLET				DESIGN		PRELIMINARY				FINAL		REMARKS
	NO.	TYPE	SIZE	AK	CFM	VEL	VEL OR CFM	VEL OR CFM			VEL	CFM	
FC-3													
SA	1		6"0		40		50	60	60	80		80	
	2		8"0		130		165	180	135	130		130	
	3		8"0		230		240	260	210	200		200	
	4		6"0		110		110	120	100	105		105	
	5		6"0		115		105	120	110	110		110	
	6		8"0		220		130	145	190	180		180	
	7		8"0		180		130	200	160	165		165	
	8		8"0		100		30	55	100	110		110	
	9		8"0		90		30	50	90	100		100	
	10		6"0		105		75	75	115	120		120	
					1300		1115	1265	1260	1300		1300	
RA					975		950					950	
OSA					325		310					310	

REMARKS: FEEL 1.5      ACT 3.5      FLA 3.4      SF 1.5

TEST DATE 8.7.00 READINGS BY E.T AND G.H.



**AIRCO**  
**MECHANICAL, INC.**  
 CONTRACTORS AND ENGINEERS  
 5720 Alder Avenue  
 Sacramento, California 95828  
 (916) 381-4523 Lic. 311454

**AIR OUTLET  
 TEST REPORT**

PROJECT NAME RAIN TREATMENT JOB NUMBER 990859-00-03  
 OUTLET MANUFACTURER FITUS TEST APPARATUS AN-100 FLOW METER  
 SYSTEM FC 4

AREA SERVED	OUTLET				DESIGN		PRELIMINARY		FINAL		REMARKS
	NO.	TYPE	SIZE	AK	CFM	VEL	VEL OR CFM	VEL OR CFM	VEL	CFM	
FC-4											
SA	1		10"		290		240	250	275	270	285
	2		10"		160		245	260	285	285	295
	3		6"		50		140	55	55	60	65
	4		10"		330		150	110	195	180	190
	5		6"		75		90	100	90	90	100
	6		8"		185		180	175	185	180	180
	7		8"		185		170	165	175	170	175
	8		6"		55		120	70	60	60	70
	9		10"		290		270	270	275	290	275
	10		10"		275		255	260	295	280	300
					1995		1770	1705	1890	1845	1935
PA					1495		1410			1410	
OSA					500		495			495	

REMARKS: FC-4 1.00 CFM 3.5 Act 3.4 FLA 1.15 SF (3.95 SF)  
 1 H.P. Motor

TEST DATE 8.7.00 READINGS BY E.T. and G.H.





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 Sacramento, California 95828  
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**AIR OUTLET  
 TEST REPORT**

PROJECT NAME PAIN TREATMENT JOB NUMBER 990859-00-03  
 OUTLET MANUFACTURER TITUS TEST APPARATUS ANALOG FLOW HOOD  
 SYSTEM MEF-1

AREA SERVED	OUTLET				DESIGN		PRELIMINARY		FINAL				REMARKS
	NO.	TYPE	SIZE	AK	CFM	VEL	VEL OR CFM	VEL OR CFM	VEL	CFM	VEL	CFM	
MEF-1	1		6"		75		70	80	70	70	80	80	
	2		6"		75		100	70	70	70	70	75	
	3		10"		260		200	250	250	210	250	250	
	4		10"		300		240	300	290	260	295	295	
	5		6"		50		150	60	50	50	60	60	
	6		10"		330		140	235	295	180	200	200	
	7		6"		75		50	80	70	60	65	65	
	8		8"		85		50	90	80	70	80	90	
	9		8"		135		195	135	175	150	175	175	
	10		8"		135		195	135	175	150	175	175	
	11		10"		300		410	290	290	250	285	285	
	12		6"		85		250	85	85	90	80	80	
	13		6"		50		160	55	55	50	30	30	
	14		6"		55		130	65	55	60	65	65	
	15		6"		80		10	90	80	75	85	85	
	16		8"		170		120	135	135	120	130	130	
	17		6"		75		40	35	70	60	90	90	
	18		6"		75		20	50	65	55	70	70	
	19		8"		170		90	130	130	115	125	125	
	20		6"		70		50	50	60	50	50	50	
	21		8"		135		120	110	110	100	110	110	
					2895		2160	2650	2650	2285	2620	2625	
										91%	91%		

REMARKS: 5+... 3.2 FLA 30...

TEST DATE 8-8-00 READINGS BY G.H.


CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY FOR COMPLIANCE  
WITH CALIFORNIA BUILDING STANDARDS CODE  
OF AN ESRD CLINIC, SURGICAL CLINIC, OR A  
FREESTANDING OUTPATIENT SERVICE OF A  
HOSPITAL

For Information Contact (916) 264-5716

The City of Sacramento, Building Division, has reviewed and approved construction plans, inspected and issued a Certificate of Occupancy, in accordance with the applicable provisions of the 1998 California Building Code, for the following facility:

Facility Sacramento Pain Treatment Center  
Street Address 2805 J Street, Suite 200  
City Sacramento CA  
Type of Facility Surgical Clinic

8/24/00 Dennis Richardson   
Date: By: Print Signature

DENNIS RICHARDSON  
Chief Building Official  
1231 I Street  
Sacramento, CA 95814

CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 2805 J ST #200 Permit No. 00-00552

Building Use: MEDICAL OFFICE Occupancy: I 1.2

Building Owner: TITAN HEALTH Construction Type: II

Owner Address: 2805 J ST Sprinkled? [] Yes [] No

Portion of Building Occupied: SUITE 200 Area: 5750 Sq. Ft.

8/24/00 Dennis Richardson  DENNIS RICHARDSON  
Date By:Print Sign CHIEF BUILDING OFFICIAL

[ Finaled By: VF,TR,JM,DD]

*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**