

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0111601

Insp Area: I

Thos Bros: 297F3

Site Address: 2331 C ST SAC

Parcel No: 003-0085-013

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

OWNER

D'AMBROSIA PROPERTIES
2331 C ST
SACRAMENTO CA 95816

ARCHITECT

DESIGN TECH
814 29TH ST
SAC CA 95816

Nature of Work: REMODEL FOR OFFICE & PRINT SHOP WITH EXTERIOR IMPROVEMENTS & 155 SF HVAC PLATFORM INSIDE.

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 License Number C000002887 Date Contractor 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 11/15/01 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 11/15/01 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.

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 Policy Number Exp Date

(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 11/15/01 Applicant 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.

# 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 # <u>0111601</u>	Insp. Area <u>1C</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2331 C STREET Suite \_\_\_\_\_  
 PARCEL # 003-0085-013

<p style="text-align: center;"><b>CONTACT</b></p> Name <u>JOHN ROSS</u> Street Address <u>2331 C STREET</u> City/State/Zip <u>SACTO, CA 95816</u> Phone <u>(916)440-1582</u> FAX _____ E-mail: _____	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> Name <u>OWNER/BUILDER</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name <u>DESIGN TECH</u> Address <u>814 29TH STREET</u> City/State/Zip <u>SACTO, CA 95816</u> Phone <u>(916)444-3055</u> FAX _____ E-mail: _____	<p style="text-align: center;"><b>OWNER</b></p> Name <u>D'AMBROSIA PROPERTIES LLC</u> Address <u>2331 C STREET</u> City/State/Zip <u>SACTO, CA 95816</u> Phone <u>(916)440-1582</u> FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: \_\_\_\_\_  
 → WORKER'S COMPENSATION POLICY # N/A EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: ~~TENANT IMPROVEMENTS~~ PRINT SHOP & OFFICE  
REMODEL

OCCUPANT/TENANT: JOHN ROSS URBAN ART LITHOGRAPHY VALUATION: \$75,000.00

FLOOD STATUS:		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>	<u>SITE</u>	<u>FIRE</u>				
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File		
				<u>F21B</u>	<u>VN</u>	SPR	ALARM	<u>10</u>	[H]	[Quad]	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>B</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>2E.B</u>	PW	UTIL	

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REGIONAL SANITATION FEES?  Yes  No      HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

**PLANNING AND ZONING REVIEW**

..... to be filled out by Planning staff .....

ADDRESS: 2331 C ST

APN: 003-0085-013

ZONING: C4

DESIGN REVIEW AREA: CENTRAL CITY

PREVIOUS FILES RELATED TO SITE: Ø

EXISTING LAND USE: VACANT

PROPOSED USE: PRINT SHOP

COMMENTS: AN APPLICATION FOR A ~~REVISION~~ <sup>PARKING</sup> REDUCTION MAY BE REQUIRED. (WILL VERIFY WITH JDT.) APPLICANT MAY SUBMIT TO BUILDING AT THEIR OWN RISK, ANY CHANGES MAY REQUIRE DOUBLE PLAN CHECK FEES, DES. REVIEW IN PROGRESS (DRO1-152)

DATE: 9/10 BY: NALVEY

DOES IT APPEAR THAT THE PROJECT WILL REQUIRE A PLANNING APPLICATION?

YES

NO

(If yes, circle applications needed below)

.....Staff.....ZA.....Planning Commission.....Design Review.....Preservation Review.....

CONCLUSION: DO NOT ISSUE BUILDING PERMITS UNTIL DRO1-152 IS APPROVED & PARKING ISSUE IS RESOLVED (WILL UPDATE NOTICE ON APS WHEN PROBLEM IS RESOLVED)

DATE: 9/10 BY: [Signature]

**CITY OF SACRAMENTO**  
 BUILDING INSPECTION DIVISION  
 APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

*Microfilm*

*As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form*

1. Business Name: URBAN ART LITHOGRAPHY Phone: 440-1582  
 Site Address: 2331 C ST 95816 Suite: \_\_\_\_\_  
(Street) (Zip)  
 Business Owner/Representative: JOHN ROSS Phone: 440-1582  
 Nature of Business: PRINTING CO.  
 Property Owner: D'AMBROSIA PROPERTIES LLC Phone: 440-1582  
 Address: 2331 C ST Suite: \_\_\_\_\_  
SACRAMENTO (City) CA (State) 95816 (Zip)

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 \_\_\_

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: JOHN ROSS  
(Print)  
[Signature] (Signature) 11/15/01 (Date)

BID Use Only: Plan Ck# _____	Permit # <u>0111601</u>
OK to issue prmt? <input checked="" type="checkbox"/> <u>11/15/01</u> <small>init date</small>	F.D. Appr Req'd? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Hold on Certificate of Occupancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

OWNER-BUILDER VERIFICATION  
ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

- I personally plan to provide the major labor and materials for construction of the proposed improvement (yes or no) YES
- I (have/ have not) HAVE signed an application for a building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

4. I plan to provide portions of the work, but I have hired the following person to coordinate, supervise, and provide the major work.

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Telephone \_\_\_\_\_

Contractors License No. \_\_\_\_\_

5. I will provide some of the work but I have contracted (hired) the following to provide the work indicated:

Name	Address	Phone	Type of work
OUT TO BID			PLUMBING + MECH.
OUT TO BID			CONCRETE
OUT TO BID			ELECTRICAL

Permit No: 0111601

Job Address 2331 C STREET

Signed [Signature]

*Microfilm*

# CIRCO System Balance, Inc.

SB JOB# 8112  
 SECTION 2 PAGE 1  
 DATE 2/11/02

## FAN & OUTLET TEST SHEET

AREA SERVED JOHN ROSS PRINTING UNIT FC-1

### MOTOR NAMEPLATE DATA

MFG GE FR N/A  
 HP .75 V 230 FLA 6.8  
 PH 1 SF 1.0 RPM N/A

SHEAVE DATA:  
 DIA Direct Drive SHAFT \_\_\_\_\_  
 ADJ % \_\_\_\_\_ FIXED \_\_\_\_\_

### FAN NAMEPLATE DATA

MFG CARRIER  
 MODEL # F14CN B006  
 TYPE SPLIT SYSTEM  
 SIZE \_\_\_\_\_

SHEAVE DATA:  
 DIA Direct Drive SHAFT \_\_\_\_\_  
 BELTS \_\_\_\_\_

DATA	TEST 1	TEST 2	TEST 3
VOLTS	243	243	
AMPS	2.9	2.9	
B.H.P.	.32	.32	
R.P.M.	Direct Drive	Direct Drive	
S.P. -		12	
S.P. +		.3	
T.S.P.		.5 EXT.	
FILTER S.P.	1.08	1.08	
CFM TOTAL	1588	1636	
CFM R.A.	1229	1437	
CFM O.A.	359	199	

### FAN DESIGN DATA

CFM 1750 ESP 1.5" ~~MEM~~ ~~BBB~~ .32  
 MIN. O.A. 200

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3		
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM	
					SUPPLY								
	1	SWS	16x6	1.54	463	250	427	230	430	232			
	2	SWS	16x6	1.54	463	250	403	217	444	240			
	3	SWS	16x6	1.54	463	250	396	187	425	230			
	4	SWS	16x6	1.54	463	250	399	215	422	228			
	5	SWS	16x6	1.54	463	250	415	224	433	234			
	6	SWS	16x6	1.54	463	250	499	269	441	238			
	7	SWS	16x6	1.54	463	250	455	246	434	234			
						1750		1588		1636			
					RETURN								
	R1	SWR	36x18	3.12	484	1550	384	1229	449	1437			

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# CIRCO System Balance, Inc.

SB JOB# 8112  
 SECTION 2 PAGE 2  
 DATE 2/11/02

## FAN & OUTLET TEST SHEET

AREA SERVED JOHN ROSS PRINTING UNIT FC-2

### MOTOR NAMEPLATE DATA

MFG GE FR N/A  
 HP 1.5 V 230 FLA 4.3  
 PH 1 SF 110 RPM N/A

### SHEAVE DATA:

DIA Direct Drive SHAFT \_\_\_\_\_  
 ADJ % \_\_\_\_\_ FIXED \_\_\_\_\_

### FAN NAMEPLATE DATA

MFG CARRIER  
 MODEL # FK4NF05  
 TYPE SPLIT SYSTEM  
 SIZE \_\_\_\_\_

### SHEAVE DATA:

DIA \_\_\_\_\_ SHAFT \_\_\_\_\_  
 BELTS Direct Drive

DATA	TEST 1	TEST 2	TEST 3
VOLTS	243	243	
AMPS	1.6	1.6	
B.H.P.	.18	.18	
R.P.M.	<u>Direct Drive</u>		
S.P. -		.2	
S.P. +		.3	
T.S.P.		1.5 FEET	
FILTER S.P.	1.08	1.08	
CFM TOTAL	1120	1109	
CFM R.A.	1085	1008	
CFM O.A.	35	101	

### FAN DESIGN DATA

CFM 1200 ESP .5 RPM \_\_\_\_\_ BHP .18  
 MIN. O.A. 100

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	SUPPLY											
	8	SWS	20x8	.81	555	450	643	521	563	456		
	9	SWS	20x8	.81	555	450	554	449	559	453		
	10	CD	8x8	1.0		200		150		200		
						1100		1120		1109		
	RETURN											
	R2	SWR	24x16	1.98	505	1000	548	1085	509	1008		

REMARKS: CEF 1, 105CFM, CEF 2, 105CFM

