

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0400288**

**Insp Area: 4**

**Thos Bros: 298 B1**

**Site Address: 1740 ARDEN WY SAC**

**Parcel No: 277-0272-010 SUITE 1**

**Sub-Type: REM**

**Housing (Y/N): N**

**CONTRACTOR**

SOUTH BAY CONSTRUCTION COMPANY  
511 DIVISION STREET  
CAMPBELL, CA 95008

**OWNER**

720 HOWE AVE #103  
SACRAMENTO CA 95825

**ARCHITECT**

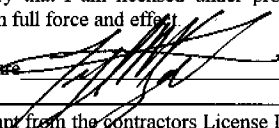
ARDEN PLAZA ASSOCIATES LLC

**Nature of Work: INTERIOR TENANT IMPROVEMENT (5112 sf)**

**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 IS License Number B336974  Date 3-9-04  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.)

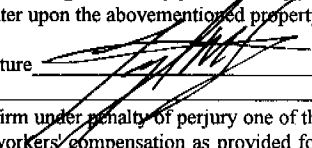
\_\_\_\_\_, I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

\_\_\_\_\_ I am exempt under Sec. \_\_\_\_\_ B & PC for this reason: \_\_\_\_\_

Date \_\_\_\_\_ 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 3/9/04  Applicant/Agent Signature 

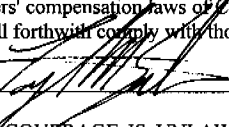
**WORKER'S COMPENSATION DECLARATION:** I hereby affirm under penalty of perjury one of the following declarations:

\_\_\_\_\_ 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:

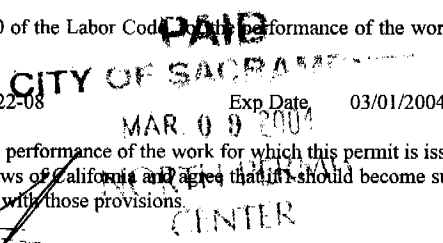
Carrier REPUBLIC INDEMNITY CO Policy Number 031222-08 Exp Date 03/01/2004

\_\_\_\_\_ (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 agreed 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 3/9/04  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.

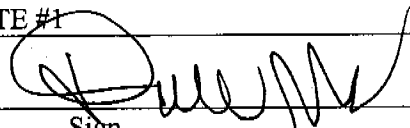
**THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.**



CITY OF SACRAMENTO

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 1740 ARDEN WAY Permit No.: 0400288  
Building Use: FIDELITY INVESTMENT Occupancy: B  
Building Owner: ARDEN PLAZA ASSOCIATES LLC Construction Type: V-N  
Owner Address: 720 HOWE AVE #103 SAC, CA. Sprinkled?  Yes  No  
Portion of Building Occupied: SUITE #1 Area: 5,112 Sq. Ft.  
05/04/04 DAVID HAY  DENNIS RICHARDSON  
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[ Finaled By:DP,DP,JW,RSB]

*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**

# CIRCO System Balance, Inc.

Contractor License #624117

AIR - HYDRONIC - TEMPERATURE - SOUND - SYSTEM SURVEY

4100 FLOREN-PERKINS RD.

SACRAMENTO, CA. 95826

(916) 387-5100

FAX (916) 387-5101

COMPLETION DATE

9/30/09

JOB NUMBER:

9061

JOB DESCRIPTION:

FIREHILL INVESTMENTS

1790 ARDEN WAY

PC# 0400288

SACRO CA

CONTRACTOR:

ACCU MECH

ARCHITECT:

Gisler

ENGINEER:

SYSKA Hennessey

TEST PERFORMED BY:

D McLeod L SHAPPEL

HOURS:

Post-it® Fax Note	7871	Date	5/3	# of pages	13
To	Wes Helmburg	From	J. Shappell		
Co./Dept	South Bay	Co.	CIRCO		
Phone #		Phone	916-387-5100		
Fax #	510-208-1790	Fax #			



MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

TABLE OF CONTENTS

SECTION

DESCRIPTION

REMARKS CONCERNING BALANCING PROCEDURES

(E) AC-1, (E) AC-2, AC-1, EF-1, EF-2

# CIRCO System Balance, Inc.

SB JOB# \_\_\_\_\_  
 SECTION \_\_\_\_\_ PAGE \_\_\_\_\_  
 DATE \_\_\_\_\_

## FAN & OUTLET TEST SHEET

AREA SERVED 1ST FLOOR NORTH UNIT (5) AC-1

### MOTOR NAMEPLATE DATA

MFG U.S. Steel FR 194T  
 HP 5 V 208 FLA 13.9  
 PH 3 SF 1.15 RPM 1725

### SHEAVE DATA

DIA 1.57 SHAFT 1/8  
 ADJ % MAX FIXED \_\_\_\_\_

### FAN NAMEPLATE DATA

MFG LEMINOX  
 MODEL # LHA120NN14  
 TYPE PKG  
 SIZE \_\_\_\_\_

### SHEAVE DATA

DIA PK 1.5 SHAFT 1"  
 BELTS (1) BX-55

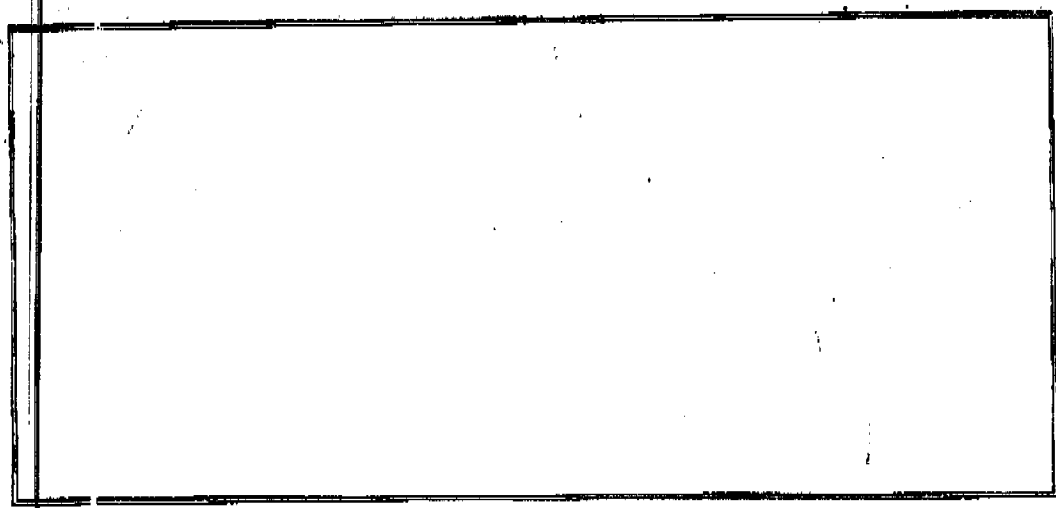
DATA	TEST 1	TEST 2	TEST 3
VOLTS	210	210	
AMPS	8.83/8.7	10.6/9.6/9.7	
B.H.P.	3.00	3.55	
R.P.M.	H/A (1)	(1)	
S.P. -		.45	
S.P. +		1.09	
T.S.P.		1.59	
FILTER S.P.		.13	
CFM TOTAL	2970	4180	
CFM R.A.	2920	3390	
CFM O.A.	70	790	

### FAN DESIGN DATA

CFM \_\_\_\_\_ SP \_\_\_\_\_ RPM \_\_\_\_\_ BHP \_\_\_\_\_  
 MIN. O.A. \_\_\_\_\_

### REMARKS:

(1) RPM COULD NOT BE TAKEN SAFELY  
OA 28 1/2 X 23 = 4.55 (1) X 175 FPM = 796 CFM.



# CIRCO System Balance, Inc.

SB JOB# \_\_\_\_\_  
 SECTION \_\_\_\_\_ PAGE \_\_\_\_\_  
 DATE \_\_\_\_\_

## VAV TEST SHEET

AREA SERVED 1ST FLR NORTH UNIT (E) AC-1

ROOM	OPENING			FACTOR	DESIGN		TEST #1		MAX		MIN		FLO CO.
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM	
							VVT 1-1 825/						
100	1	LD	4'	1.0		275		200		280			
	2					275		300		280			
	3					275		300		280			
						825		900		840		900	
								VVT 1-2 500/					
101	4	LD	4'	1.0		85		5		85			
	5			1.0		85		0		90			
	6			OMIT		85		0		85			
	7			1.0		85		0		85			
	8					85		0		85			
	9					85		0		85			
	10					85		0		85			
						510		0		515		230	
								VVT 1-3 700/					
102	11	LD	4'	1.0		235		120		230			
	12					230		0		230			
	13					235		350		240			
						700		470		700		210	
								VVT 1-4 400/					
104	14	LD	24x29	1.0		400		430		420		140	

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



MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

# CIRCO System Balance, Inc.

SB JOB# \_\_\_\_\_  
 SECTION \_\_\_\_\_ PAGE \_\_\_\_\_  
 DATE \_\_\_\_\_

## VAV TEST SHEET

AREA SERVED 1ST floor NORTH UNIT(E) AC-1

ROOM	OPENING			FACTOR	DESIGN		TEST #1		MAX		MIN	FLO CO.
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	
						VVT 1-5	900					
114	15	CD	24024	1.0		150	0		155			
110	16	CD	24024	1		150	0		150			
106	17	LD	4'			100	0		100			
						900	0		405		140	
						VVT 1-6	500					
105	18	LD	4'	1.0		200	260		200			
105	19	LD	4'	1		300	320		300			
						500	590		500		200	
						VVT 1-7	925					
	20	CD	24024	1.0		250	230		250			
104	21	CD	24024			400	350		380			
	22	LD	4'			90	120		90			
	23	LD	4'			85	0		85			
						825	500		805		295	
SYSTEM TOTAL:						6160	(2.9%)	2970		4135		

REMARKS:



MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

3AV

# CIRCO System Balance, Inc.

SS JOB# \_\_\_\_\_  
 SECTION \_\_\_\_\_ PAGE \_\_\_\_\_  
 DATE \_\_\_\_\_

## VAV TEST SHEET

AREA SERVED 1ST FL. NORTH UNIT (E)AC-1 (RET)

ROOM	OPENING			FACTOR	DESIGN		TEST #1		MAX		MIN		FLO CO.
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM	
							RETURN						
106	R-1	LR	21'	1.0		300		270		300			
119	R-2	RG	24X24			150		120		150			
110	R-3					140		120		140			
109	R-4					300		200		300			
104	R-5					300		250		300			
100	R-6					275		200		275			
103	R-7					275		200		270			
100	R-8					275		200		270			
102	R-9		20'			940		800		950			
100	R-10		24X24			250		190		250			
	R-11		24X24			400		190		380			
						330		210		330			

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



MEMBER OF ASSOCIATED AIR BALANCE COUNCIL



# CIRCO System Balance, Inc.

SB JOB# \_\_\_\_\_  
 SECTION \_\_\_\_\_ PAGE \_\_\_\_\_  
 DATE \_\_\_\_\_

## FAN & OUTLET TEST SHEET

AREA SERVED 1ST FLR SOUTH UNIT AC-2

### MOTOR NAMEPLATE DATA

MFG US CLUT FR FR 184T  
 HP 5 V 208 FLA 13.9  
 PH 3 SF 115 RPM 1725

### SHEAVE DATA

DIA 1.5 SHAFT 1/2  
 ADJ % AMS FIXED \_\_\_\_\_

### FAN NAMEPLATE DATA

MFG LENOX  
 MODEL # LHA120H14  
 TYPE PKG  
 SIZE \_\_\_\_\_

### SHEAVE DATA

DIA 1.5 SHAFT 1"  
 BELTS 11 BX-55

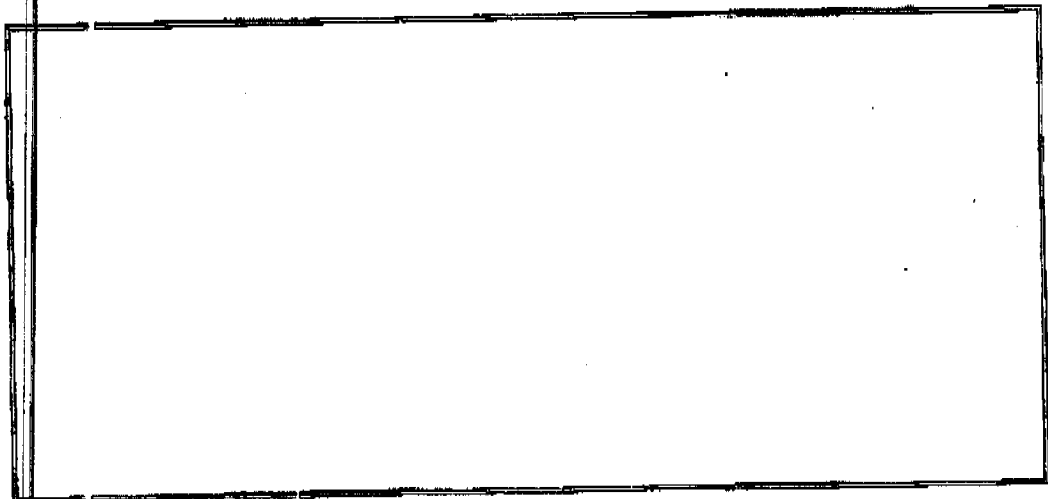
DATA	TEST 1	TEST 2	TEST 3
VOLTS	211	211	
AMPS	8.6/8.6/8.3	9.8/9.6/9.5	
B.H.P.	3.05	3.46	
R.P.M.	1147	11	
S.P. -	.47	.56	
S.P. +	.81	.90	
T.S.P.	1.38	1.46	
FILTER S.P.	.11	.12	
CFM TOTAL	3370	2925	
CFM R.A.	2940	3705	
CFM O.A.	430	720	

### FAN DESIGN DATA

CFM \_\_\_\_\_ SP \_\_\_\_\_ RPM \_\_\_\_\_ BHP \_\_\_\_\_  
 MIN. O.A. \_\_\_\_\_

### REMARKS:

(1) RPM COULD NOT BE TAKEN SAFELY



CHARTER MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

# CIRCO System Balance, Inc.

SB JOB# \_\_\_\_\_  
 SECTION \_\_\_\_\_ PAGE \_\_\_\_\_  
 DATE \_\_\_\_\_

## VAV TEST SHEET

AREA SERVED 1ST FLR SO. UNIT AC-2

ROOM	OPENING		FACTOR	DESIGN		TEST #1		MAX		MIN		FLO CO.
	NO.	TYPE		SIZE	FPM	CFM	FPM	CFM	FPM	CFM	FPM	
						VNT 2-1 840/						
116	24	CD	24X24	1.0	140	95		135				
112	25				100	100		100				
108	26				100	90		100				
126	27				100	90		100				
130	28				100	95		100				
134	29				100	100		100				
138	29A	LD	4'		50	100		60				
138	29B				50	100		60				
137	29C											
						840	870	850			310	
						VNT 2-2 900/						
122	30	CD	24X24	1.0	400	240		390			135	
						VNT 2-3 720/						
124	31	CD	24X24	1.0	180	170		175				
128	32				180	135		175				
132	33				180	140		175				
136	34				180	150		175				
						720	1015	700			240	
						VNT 2-4 900/						
140	35	CD	24X24	1.0	400	300		400			150	

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

# CIRCO System Balance, Inc.

SB JOB# \_\_\_\_\_  
SECTION \_\_\_\_\_ PAGE \_\_\_\_\_  
DATE \_\_\_\_\_

## VAV TEST SHEET

AREA SERVED 1ST FLOOR SD. UNIT AC-2

ROOM	OPENING			FACTOR	DESIGN		TEST #1		MAX		FLO CO.
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	
							VT 2-5	900			
146	31	CD	24X24	1.0	550	500		500	550		
148	32				350	300		300	345		
150	33				100	0		0	600		
					1500	800		800	1410	690	
							VNT 2-6	590			
54	34	CD	24X24	1.0	285	275		275	300		
86	42				295	270		270	295		
					520	545		545	595	210	
SYSTEM TOTAL =					4450	(75%)	3370		4420		

REMARKS: MOTORIZED DAMPER CLOSED TEST #1, 2  
OPENED TO BALANCE LAN ROOM TEST #3  
(2) TOTAL CFM MINUS LAN ROOM



MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

3AV

# CIRCO System Balance, Inc.

## VAV TEST SHEET

SB JOB# \_\_\_\_\_  
 SECTION \_\_\_\_\_ PAGE \_\_\_\_\_  
 DATE \_\_\_\_\_

AREA SERVED 1ST FLOOR SW UNIT AC-2 (RET)

ROOM	OPENING		FACTOR	DESIGN		TEST #1		MAX		MIN		FLO CO.
	NO.	TYPE		SIZE	FPM	CFM	FPM	CFM	FPM	CFM	FPM	
	<u>RET 2A-4</u>											
150	R-10	R-6	24X24	1.0	295	250	290					
152	R-13				295	230	290					
148	R-13				350	240	350					
146	R-13				350	350	535					
140	R-14				300	285	300					
136	R-17				180	170	175					
132	R-18				180	180	180					
128	R-14				180	150	175					
124	R-20				180	130	170					
122	R-21				400	230	400					
120	R-21	5	A		200	120	200					
118	R-21	R-6	24X24		100	110	100					
116	R-21				100	100	100					
114	R-25				100	75	100					
112	R-26				100	120	125					
110	R-27				100	100	100					
108	R-28				100	100	100					
					<u>3150</u>	<u>2900</u>	<u>3700</u>					

REMARKS:

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MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

# CIRCO System Balance, Inc.

SB JOB# \_\_\_\_\_  
 SECTION \_\_\_\_\_ PAGE \_\_\_\_\_  
 DATE \_\_\_\_\_

## FAN & OUTLET TEST SHEET

AREA SERVED LAN ROOM 100 UNIT AC-1

### MOTOR NAMEPLATE DATA

MFG A.O. SMITH FR 42  
 (2) HP 1/2 V 208 FLA 1.9  
 PH 1 SF 1.0 RPM 1380

### SHEAVE DATA:

DIA X SHAFT Y  
 ADJ % \_\_\_\_\_ FIXED \_\_\_\_\_

### FAN NAMEPLATE DATA

MFG Liebert  
 MODEL # DME037E  
 TYPE \_\_\_\_\_  
 SIZE \_\_\_\_\_

### SHEAVE DATA:

DIA X SHAFT X  
 BELTS 2

### FAN DESIGN DATA

DATA	TEST 1	TEST 2	TEST 3
VOLTS	<u>210</u>		
AMPS	<u>3</u>		
B.H.P.			
	<u>HIGH-SPEED</u>		
R.P.M.	<u>DIRECT DRIVE</u>		
S.P. -	<u>N/A</u>		
S.P. +			
T.S.P.	<u>S</u>		
FILTER S.P.			
CFM TOTAL	<u>1352</u>		
CFM R.A.	<u>100%</u>		
CFM O.A.			

CFM 1320 SP .30 RPM \_\_\_\_\_ BHP \_\_\_\_\_  
 MIN. O.A. \_\_\_\_\_

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
<u>100</u>		<u>RC</u>	<u>7'10" X 5'7"</u>	<u>2.20</u>	<u>570</u>	<u>1320</u>	<u>593</u>	<u>1352</u>				

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



MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

# CIRCO System Balance, Inc.

SB JOB# \_\_\_\_\_  
 SECTION \_\_\_\_\_ PAGE \_\_\_\_\_  
 DATE \_\_\_\_\_

## FAN & OUTLET TEST SHEET

AREA SERVED BREAK ROOM 148 UNIT EF-1

### MOTOR NAMEPLATE DATA

MFG N/A FR N/A  
 HP N/A V 20 FLA N/A  
 PH N/A SF \_\_\_\_\_ RPM N/A

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

### FAN NAMEPLATE DATA

MFG LOWEN COOK  
 MODEL # GM-620  
 TYPE INLINE  
 SIZE \_\_\_\_\_

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

### FAN DESIGN DATA

DATA	TEST 1	TEST 2	TEST 3
VOLTS	110		
AMPS			
B.H.P.			
R.P.M. @ DIAMETER			
S.P. -	23		
S.P. +	26		
T.S.P.	29		
FILTER S.P.			
CFM TOTAL	340		
CFM R.A.			
CFM O.A.			

CFM 350 SP 15 RPM \_\_\_\_\_ BHP \_\_\_\_\_  
 MIN. O.A. \_\_\_\_\_

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
148	1	CE	29X24	1.0		350		340				

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



MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

# CIRCO System Balance, Inc.

SB JOB# \_\_\_\_\_  
SECTION \_\_\_\_\_ PAGE \_\_\_\_\_  
DATE \_\_\_\_\_

## FAN & OUTLET TEST SHEET

AREA SERVED LAW ROOM 150 UNIT EF-2

### MOTOR NAMEPLATE DATA

MFG FR  
HP V 120 FLA -  
PH SF RPM -

SHEAVE DATA:  
DIA ✓ SHAFT ✓  
ADJ ✓ FIXED ✓

### FAN NAMEPLATE DATA

MFG LUDON COOK  
MODEL # CON 720  
TYPE INDLINE  
SIZE -

SHEAVE DATA:  
DIA ✓ SHAFT ✓  
BELTS ✓

### FAN DESIGN DATA

DATA	TEST 1	TEST 2	TEST 3
VOLTS	118		
AMPS	-		
B.H.P.	-		
R.P.M. <i>Direct Drive</i>			
S.P. -	36		
S.P. +	27		
T.S.P.	43		
FILTER S.P.	-		
CFM TOTAL	550		
CFM R.A.	-		
CFM O.A.	-		

CFM 600 SP .5 RPM \_\_\_\_\_ BHP \_\_\_\_\_  
MIN. O.A. \_\_\_\_\_

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
150	2	CR 24x24		1.0		600		550				

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

# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO**  
**PLANNING & BUILDING DEPARTMENT**  
 1231 I Street, Suite 200 or 2101 Arena Bl., 200  
 Sacramento, CA 95814 Sacramento, CA 95834  
 (916) 264-5656, 1-866 EZ PERMIT or www.cityofsacramento.org

<b>ACTIVITY #</b> <span style="font-size: 2em; font-family: cursive;">0400288</span>	<b>Insp. Area</b>
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Applicant to complete all areas down to valuation

**ADDRESS** 1740 ARDEN WAY Suite       
**PARCEL #** \_\_\_\_\_

CONTACT	
Name <u>ALAN HOLMBERG</u>	
Street Address <u>100 WEBSTER ST, SUITE 105</u>	
City/State/Zip <u>OAKLAND, CA 94607</u>	
Phone <u>510-208-1781</u> FAX <u>510-208-1790</u>	
E-mail: <u>aholmberg@sbc1.com</u>	
ARCHITECT/ENGINEER	
Name <u>CONSULER</u>	
Address <u>133 FEDERAL STREET, FLOOR 5</u>	
City/State/Zip <u>BOSTON, MA 02110</u>	
Phone <u>617-292-4400</u> FAX <u>617-292-4401</u>	
E-mail: _____	

LICENSED CONTRACTOR		Lic No. # <u>B336974</u>
Name <u>SOUTH BAY CONSTRUCTION INC.</u>		
Address <u>100 WEBSTER ST, SUITE 105</u>		
City/State/Zip <u>OAKLAND, CA 94607</u>		
Phone <u>510-208-1781</u> FAX <u>510-208-1790</u>		
E-mail: <u>aholmberg@sbc1.com</u>		
OWNER		
Name <u>FIDELITY INVESTMENTS</u>		
Address <u>Arden Plaza Associates</u>		
City/State/Zip _____		
Phone <u>641-2084</u> FAX <u>641-2233</u>		
E-mail: _____		

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: REPUBLIC INDEMNITY  
 → WORKER'S COMPENSATION POLICY # 031222-08 EXPIRATION DATE: 3/1/04

**NATURE OF WORK IN DETAIL:**  
INTERIOR TENANT IMPROVEMENT

**OCCUPANT/TENANT:** FIDELITY INVESTMENT **VALUATION:** \$ 400,000

FLOOD STATUS						S.C.A.T.											
JOB DESCRIPTION						<input type="checkbox"/> BLDG <input type="checkbox"/> SHELL <input type="checkbox"/> APT <input type="checkbox"/> TI ( ) <input type="checkbox"/> REM ( ) <input type="checkbox"/> SW <input type="checkbox"/> FIRE <input type="checkbox"/> ADD <input type="checkbox"/> OTHER <input type="checkbox"/>											
INSPECTION DISCIPLINES						BLDG		MECH		PLUMB		ELEC		SITE		FIRE	
# Stories	1 <sup>st</sup> flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. (Y/N)		Fed Code		Vio. File							
<u>B</u>	<u>L</u>	<u>5112</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>(SPR)</u> <u>ALARM</u>		<u>D</u>		<u>PW</u> <u>UTIL</u>							

**COMMENTS:** NO EXTERIOR WORK; OFFICE USE GOING INTO PREVIOUS RETAIL SPACE, REQUIRES LESS PARKING, THEREFORE NO PLANNING ISSUES, DOES NOT NEED SITE. (FILED 12/10/03)

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

owner Peter Daru  
 641-2084  
 Fax 641-2233