

CITY OF SACRAMENTO

Permit No: 0404988

1231 I Street, Sacramento, CA 95814

Insp Area: 4

Site Address: 3645 NORTHGATE BL SAC

Thos Bros:

Parcel No: 250-0010-105

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

S D DEACON
7745 GREENBACK LN #250
CITRUS HEIGHTS CA 95610

OWNER

BETH WALTER/MCNELLIS PARTNERS.LLC
7423 WINDING WAY
FAIR OAKS, CA 95628

ARCHITECT

Nature of Work: THREE TI SHELLS, STE., D, E1, E2

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 760475 Date 4-28-04 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: PAID

Date Owner Signature [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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 4-28-04 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.

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 AMERICAN ZURICH INS CO Policy Number WC350459101 Exp Date 06/01/2004

(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 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 4-28-04 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

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 264-5716

Building Address: 3645 NORTHGATE BL Permit No.: 0404988  
Building Use: RETAIL Occupancy: M/B  
Building Owner: BETH WALTER/MCNELLIS PARTNERS, LLC Construction Type: \_\_\_\_\_  
Owner Address: FAIR OAKS, CA Sprinkled?  Yes  No  
Portion of Building Occupied: SUITE D, E1, E2 Area: 3678 Sq. Ft.  
5/24/04 LESLIE WINTHOLM *Leslie Wintholm* **DENNIS RICHARDSON**  
Date By: (Print) Sign CHIEF BUILDING OFFICIAL

[ Finaled ByDPB,DJP, AWC,JW

*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**

*J.R. Putman, Inc.*

HEATING & AIR CONDITIONING

3169-FITZGERALD RD.  
 RANCHO CORDOVA, CALIFORNIA 95742-6801  
 (916) 638-2442 FAX (916) 638-2577  
 E-Mail: irputman@cs.net

SB JOB NO.

*NATOMAS GARDENS*

SECTION

PAGE

FAN AND OUTLET TEST SHEET

DATE

*5-19-04*

UNIT

*E1*

AREA SERVED

*SUITE E1*

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	Supply	12			350		405		360		
	2	"	10			300		350		310		
	3	"	10			300		450		320		
	4	"	12			350		420		370		
					TOTAL	1300		1625		1360		
	1	RETURN	18			450		1335		1010		
	1	OSA				350		290		350		
<p><i>OSA CALLING FOR 25% OF CFM</i></p>												

*REMOVED UNIT  
 OPERATOR OSA*

REMARKS:

*J.R. Putman, Inc.*

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SECTION

PAGE

FAN AND OUTLET TEST SHEET

DATE

*5-19-04*

AREA SERVED

*SUITE E2*

UNIT

*E2*

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	<i>Supply</i>	12		350		240		340			
	2	"	12		350		270		340			
	3	"	10		250		170		220			
	4	"	10		250		160		220			
	5	"	10		250		160		230			
	6	"	10		250		210		230			
	7	"	10		250		200		220			
	8	"	10		300		230		270			
					TOTAL	2250		1640		2070		
	1	<i>RETURN</i>	20		TOTAL	1770		1280		1620		
	1	<i>OSA</i>			TOTAL	480		3.60		450		
		<i>OSA = 22% OF TOTAL CFM</i>										

*Blower Motor  
 2000 RPM*

REMARKS:

<p><b>J.R. Putman, Inc.</b>                  HEATING &amp; AIR CONDITIONING                  3169-FITZGERALD RD.                  RANCHO CORDOVA, CALIFORNIA 95742-6801                  (916) 638-2442 FAX (916) 638-2577                  E-Mail: jrputman@ns.net</p>		SB JOB NO. <b>NATOMAS GARDENS</b>	
		SECTION	PAGE
FAN AND OUTLET TEST SHEET		DATE <b>5-19-04</b>	

AREA SERVED **SUITE D** UNIT **D**

ROOM	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
	1	SUPPLY	12			300		210		280		
	2	"	12			300		230		280		
	3	"	10			300		200		265		
	4	"	10			300		215		220		
	5	"	10			250		170		225		
	6	"	10			250		170		230		
	7	"	10			250		140		230		
	8	"	10			250		150		225		
						<b>TOTAL</b>	<b>2200</b>		<b>1485</b>		<b>2005</b>	
		RETURN					1720		1160		1580	
		OSA					480		325		425	
		OSA = 22% OF TOTAL CFM										

MAKEA BLOWER MOTOR SUPPLY

REMARKS: