

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0108886

Insp Area: 1

Thos Bros: 297C4

Site Address: 555 CAPITOL ML SAC

Parcel No: 006-0145-025 SUITE 1500

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

HMH BUILDERS INC
8589 THYS CT
SAC 95828

OWNER

DOWNTOWN PLAZA TOWERS ASSOCIATES
555 CAPITOL ML
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: INTERIOR OFFICE TI REMODEL 12,098 SQ FT.

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 AB+C8 License Number 780999 Date 08-21-01 Contractor Signature Roberto Marquez

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.

X Date 08-21-01 Applicant/Agent Signature Roberto Marquez

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 RM 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 INS CO OF TH STATE OF PA Policy Number 7083206/07 Exp Date 08/01/2003

_____, (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 08-21-01 Applicant Signature Roberto Marquez

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>0108886</u>	Insp. Area <u>1C</u>
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Applicant MUST complete ALL Unshaded areas

ADDRESS 555 CAPITOL MALL Suite 1500
 PARCEL # 006-0145-025

<p align="center">CONTACT</p> Name <u>JUDY WATSON (COMSTOCK-JOHNSON)</u> Street Address <u>10304 PLACER LN. #A</u> City/State/Zip <u>SACRAMENTO 95827</u> Phone <u>362-6303</u> FAX <u>362-5841</u> E-mail: <u>JUDY@CGA-ARCHITECTS.COM</u>		<p align="center">LICENSED CONTRACTOR Lic No. # _____</p> Name _____ Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____	
<p align="center">ARCHITECT/ENGINEER (DAN ERIKSSON)</p> Name <u>COMSTOCK JOHNSON ARCHITECTS, INC.</u> Address <u>10304 PLACER LN. #A</u> City/State/Zip <u>SACRAMENTO 95827</u> Phone <u>362-6303</u> FAX <u>362-5841</u> E-mail: <u>DAN@CGA-ARCHITECTS.COM</u>		<p align="center">DOWNTOWN OWNER</p> Name <u>PLAZA TRUSTERS ASSOC. #240</u> Address <u>555 CAPITOL MALL</u> City/State/Zip <u>SACRAMENTO 95814</u> Phone <u>444-2000</u> FAX _____ E-mail: _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____
 → WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: INTERIOR OFFICE T.I Remodel
12,098 S.F.

OCCUPANT/TENANT: BOOTH, DENTINO, GIBSON, ETAL VALUATION: \$ 302,450

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	SITE		<u>FIRE</u>	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req <u>Y</u> <u>N</u>		Fed Code	Vio. File	
				<u>B</u>	<u>1 FL.</u>	<u>SPR</u>	<u>ALARM</u>	<u>15</u>	[H]	[Quad]
<u>B</u>	<u>D</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>ALL</u>	PW	UTIL

COMMENTS: _____

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: Downtown Plaza Towers ASSOCIATES Phone: 916-444-2000
 Site Address: 555 CAPITOL MALL Suite: 1500
(Street) (Zip)
 Business Owner/Representative: Plaza Towers Phone: 916-444-2000
 Nature of Business: Property Management
 Property Owner: Downtown Plaza Towers Associates Phone: 916-444-2000
 Address: 555 Capitol Mall, Suite 240 Suite: 240
(Street)
Sacramento, CA 95814
(City) (State) (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: PATRICIA SCHLIX
(Print)
Patricia Schlix 7/23/01
(Signature) (Date)

BID Use Only: Plan Ck# <u>0108886</u> Permit # <u>0108886</u>	
OK to issue prmt? <u>08/21/01</u>	F.D. Appr Req'd? <u>(Yes)</u> No
<small>init date</small>	
Hold on Certificate of Occupancy? <u>(Yes)</u> No	
Fire Dept. Use Only:	
OK to issue permit? init _____ date _____	
OK to issue Certificate of Occupancy? init _____ date _____	

File
Routin
T1



Cal-State Mechanical

Consultants, Inc.

Air Conditioning Heating
Refrigeration

- Design
- Installation
- Service

Commercial & Residential

AIR BALANCE REPORT
Boutin, Dentino, Gibson
#1500, 555 Capitol Mall

Mixing Box Number	Register Number	Register Size	Design CFM	Actual CFM	Comments
#1	#1	8X8	160f	160f	
	#2	"	"	"	
#2	#1	"	"	165f	
	#2	"	"	"	
#3	#1	10X10	230f	240f	
	#2	8X8	140fr	150f	
#4	#1	"	190f	185f	
	#2	"	"	190f	
	#3	"	140f	145f	
#5	#1	10X10	260f	220f	
#6	#1	"	260f	240f	
	#2	"	220f	200f	
#7	#1	8X8	160f	150f	
	#2	"	160f	160f	
#8	#1	"	170f	160f	
	#2	"	"	165f	
	#3	"	"	170f	
#9	#1	"	180f	170f	
	#2	"	"	175f	
	#3	"	"	170f	
#10	#1	10X10	190f	185f	
	#2	"	240f	230f	
	#3	"	190f	190f	
	#4	"	190f	205f	
	#5	"	190f	200f	

M. K. Dentino



Cal-State Mechanical

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Air Conditioning Heating
Refrigeration

- ◆ Design
- ◆ Installation
- ◆ Service

Commercial & Residential

AIR BALANCE REPORT

Boutin, Dentino, Gibson

Mixing Box Number	Register Number	Register Size	Design CFM	Actual CFM	Comments
#11	#1	8X8	160f	150f	
	#2	"	160f	155f	
	#3	"	160f	165f	
#12	#1	10X10	260f	260f	
	#2	"	"	260f	
#13	#1	10X10	250f	230f	
	#2	"	140f	120f	
	#3	6X6	70f	60f	
#14	#1	10X10	250f	240f	
	#2	"	180f	175f	

Perimeter Induction Units are preset - Conditioning of the individual space is controlled by the number of units in each office and the thermostat.