

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 0010344  
Insp Area: 4

Site Address: 1545 RIVER PARK DR SAC  
Parcel No: 277-0286-029 MALMGREN GROUP STE 210

Sub-Type: REM  
Housing (Y/N): N

CONTRACTOR  
BROWNING CONSTRUCTION INC  
9050 RANCHVIEW CT  
SACRAMENTO CA 95624

OWNER  
PAULSEN PETER H  
4000 MOORPARK AV 106  
SAN JOSE CN CA 95117

ARCHITECT

Nature of Work: INTERIOR REMODEL 2900 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.

License Class B License Number 461321 Date 09-12-00 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 09-12-00 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 CALIFORNIA INDEMNITY Policy Number N5045290B Exp Date 10/21/2000

(This section need not be completed if the permit is for \$100,000 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 09-12-00 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.**

# 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>0010344</u>	Insp. Area <u>4C</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1545 River Park Dr Suite 210  
 PARCEL # 277 0286 029

<p style="text-align: center;"><b>CONTACT</b></p> Name <u>BARNETT Browning</u> Street Address <u>9050 Ranchview Ct</u> City/State/Zip <u>616 Grove</u> Phone <u>423-1105</u> FAX <u>685-5835</u> E-mail: _____	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>461321</u></p> Name <u>Browning Construction Inc</u> Address <u>9050 Ranchview Ct</u> City/State/Zip <u>616 Grove</u> Phone <u>423-1105</u> FAX <u>685-5835</u> E-mail: _____
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> Name <u>Nielsen + ASSC.</u> Address <u>530 Howe Ave</u> City/State/Zip <u>Sacto</u> Phone <del>423-1105</del> <u>925-0333</u> FAX _____ E-mail: _____	<p style="text-align: center;"><b>OWNER</b></p> Name <u>Spieler Properties</u> Address <u>1610 Arden way #288</u> City/State/Zip <u>Sacto</u> Phone _____ FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: Calif Indemnity Ins Co  
 → WORKER'S COMPENSATION POLICY # N5045284 H EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: TI Remodel

OCCUPANT/TENANT: MALMGREN GROUP VALUATION: \$ 29700<sup>e</sup>

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>	PLUMB	<u>ELEC</u>	SITE	<u>FIRE</u>				
# Stories	1st flrArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fed Code	Vio. File			
<u>5</u>		<u>2900</u>		<u>B</u>	<u>II-1Hh</u>	<u>SPR</u>   ALARM		[H]	[Quad]		
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>S</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>		
<u>NONE</u>	<u>13 yd</u>	<u>NA</u>	<u>13-1/4W</u>								

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

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed



**AIRCO Commercial Services, Inc.**

5700 Alder Avenue, Sacramento, CA 95828  
 Sacramento: 916/381-4526  
 Santa Rosa: 707/576-7644  
 San Jose 408/436-7770

Fax: 916/381-1629  
 License #: 572243

**AIR OUTLET TEST REPORT**

PROJECT 1245 SYSTEM VAV  
 OUTLET MANUFACTURER \_\_\_\_\_ TEST APPARATUS F-100

AREA SERVED	OUTLET				DESIGN CFM		PRELIMINARY				FINAL CFM		REMARKS
	NO.	TYPE	SIZE	AK	MAX	MIN	VEL OR CFM	VEL OR CFM			MAX	MIN	
2-2	1	12	12		560		970	790	525	565	565	100%	
2-3					635	535	473				473		
2-4		14			630		970	759	602	637	637	101%	
2-5					535						533		
2-6		2			275		305	301			301	104%	
	2				275		305	302			302	102%	
	3				440		305	417			417	101%	
2-7	1	10			275		505	421	301	306	306	104%	
	2	2			540		763	677	502	564	564	104%	
2-8		PEB	13		240			242			242	100%	
	2	PEB	2		155			153			153	100%	
	3	PEB	2		160			163			163	101%	
	4	PEB	2		35		305	321			321	101%	
2-9					400		2	397			397	99%	
	2				275			235			235	101%	
	3				275		130	249			249	89%	
	4				100			131			131	100%	

REMARKS:

TEST DATE \_\_\_\_\_

READINGS BY [Signature]

**MEMORANDUM**

**SACRAMENTO FIRE DEPARTMENT**

**TO:** BUILDING DEPARTMENT

**DATE:** 12 OCT 00

**FROM:** Troy Malaspino  
Fire Marshal

**SUBJECT: FIRE SYSTEM INSPECTION**

A final inspection of the newly installed fire system at:

1545 RIVER PARK DR. #210

Has been conducted by Inspector

A LEAVITT

On

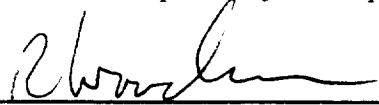
10.6.00

00-10344<sup>199</sup><sub>194</sub>  
Permit Number

-  
Square Footage

O.H. / FINAL  
Type of Inspection

They system is acceptable by this department.

  
By: Ross L. Woodman,  
Fire Prevention Officer II

TI-711  
F.D. Reference Number

✓