

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

**Permit No: 0006215**  
**Insp Area: 4**

**Site Address: 2150 RIVER PLAZA DR SAC**  
Parcel No: 274-0320-068 SUITE 450

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

CONTRACTOR

OWNER

SPIEKER PROPERTIES L P  
2150 RIVER PLAZA DR STE  
SACRAMENTO CA 95833

ARCHITECT

NIELSEN ASSOC  
550 HOWE AV  
SAC CA 95825

**Nature of Work: INTERIOR REMODEL SUITE # 450**

**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 \_\_\_\_\_ License Number \_\_\_\_\_ 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 \_\_\_\_\_ Owner Signature *Carla A. Mello*

**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 \_\_\_\_\_ Applicant/Agent Signature *Carla A. Mello*

**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 *STATE FARM* 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 \_\_\_\_\_ Applicant Signature *Carla A. Mello*

**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.**



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 Gateway Oaks SYSTEM 4th Floor West  
 OUTLET MANUFACTURER \_\_\_\_\_ TEST APPARATUS Flow hood

AREA SERVED	OUTLET				DESIGN CFM		PRELIMINARY		FINAL CFM		REMARKS
	NO.	TYPE	SIZE	AK	MAX	MIN	VEL OR CFM	VEL OR CFM	MAX	MIN	
TUR 2	1				400		425	410			
AD 22	2				120		65	130			
	3				360		270	360			
	4				360		365	350			
					1240		1225	1250			
TUR 30	1				395		410	385			
AD 23	2				395		345	380			
					790						
TUR 20	1				205		155				
AD 24	2	NOV			90		140				
	3				205		210				
	4				210		200				
					710		705				
TUR 3	1				335		215	315	310		
AD 25	2				255		250	260	260		
	3				255		245	260	260		
	4				290		415	325	295		
					1135		1135	1160	1125		

REMARKS:

TEST DATE 7-12-00 READINGS BY S. Christiansen



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AIR OUTLET TEST REPORT

PROJECT Gateway SAKS 1 SYSTEM 4th Floor West  
 OUTLET MANUFACTURER \_\_\_\_\_ TEST APPARATUS Flowhood

AREA SERVED	OUTLET				DESIGN CFM		PRELIMINARY		FINAL CFM		REMARKS
	NO.	TYPE	SIZE	AK	MAX	MIN	VEL OR CFM	VEL OR CFM	MAX	MIN	
TU 23	1				190		195	185			
Ad 26	2				190		210	195			
	3				190		170	185			
	4	NO V/A			85		100	110			
	5				190		170	185			
					345		815	855			
TUR 4	1				315		280	315			
Ad 27	2				315		315	290			
	3				315		305	290			
	4				315		300	285			
					1200		1200	1180			
TUR 5	1				430		365	430			
Ad 28	2				430		415	420			
					860		815	850			
TUR 5	1				550		545				
Ad 29											

REMARKS:

TEST DATE 7-14-00

READINGS BY S. Christensen

CITY OF SACRAMENTO  
DEVELOPMENT SERVICES DIVISION

# EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 000 6-215  
 ADDRESS: 2150 River Plaza Dr  
 Commercial     Residential



ACCEPTED by (Staff):

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
LIFE SAFETY	13	JT	6/9/00						
STRUCTURAL	13	JT	"						
MECHANICAL/PLUMBING									
ELECTRICAL	13	JM	6/9/00						
FIRE									
PLANNING									

STAFF COMMENTS:

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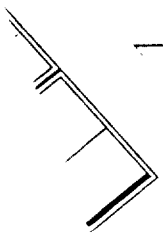
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# APPLICATION FOR COMMERCIAL BUILDING PERMIT

**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>00.06215</u> Insp. Area <u>4L</u>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2150 RIVER PLAZA DR Suite 450  
 PARCEL # 274-0320-068

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>CARRI MELLU / SPIEKER PROP.</u>                  Street Address <u>2150 RIVER PLAZA #160</u>                  City/State/Zip <u>SAC 95833</u>                  Phone <u>922-5600</u> FAX <u>920-5666</u>                  E-mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # _____</p> <p>Name <u>OWNER / BUILDER</u>                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name _____                  Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>SPIEKER PROPERTIES</u>                  Address <u>2150 RIVER PLAZA #160</u>                  City/State/Zip <u>SAC 95833</u>                  Phone <u>922-5600</u> FAX <u>920-5666</u>                  E-mail: _____</p>

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

NATURE OF WORK IN DETAIL: INTERIOR REMODEL

OCCUPANT/TENANT: HEFNER, STARK & MAROIS VALUATION: \$ 81,316

FLOOD STATUS: <u>NR</u>			S.C.A.T.							
JOB DESCRIPTION		BLDG	SHELL	APT	TI(✓)	REM( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<u>BLDO</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. Y/N		Fed Code	Vio. File	
<u>4</u>		<u>7998</u>		<u>B</u>	<u>TL 14</u>	<u>SPF</u>	<u>ALARM</u>	<u>15</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	S		D	PW	UTIL
<u>13 35</u>										

COMMENTS: OK TO EXPRESS per B.J.F.

REGIONAL SANITATION FEES?  Yes  No      HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed



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### AIR OUTLET TEST REPORT

PROJECT Gateway Oaks 1 SYSTEM 4th Floor West  
 OUTLET MANUFACTURER \_\_\_\_\_ TEST APPARATUS Flowhood

AREA SERVED	OUTLET				DESIGN CFM		PRELIMINARY		FINAL CFM		REMARKS
	NO.	TYPE	SIZE	AK	MAX	MIN	VEL OR CFM	VEL OR CFM	MAX	MIN	
TUR 10	1				440		500	455			
AD 38	2				620		540	655			
	3				470		455	465			
					1530		1495	1575			
TUR 11	1				470		465				
AD 39	2				470		455				
					940		920				
TUR 38	1				320		320				
AD 40											
TUR 39	1				300		290				
AD 41											

REMARKS:

TEST DATE 7/17/00 READINGS BY S. Christensen



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 OUTLET MANUFACTURER \_\_\_\_\_ TEST APPARATUS Flowhood

AREA SERVED	OUTLET				DESIGN CFM		PRELIMINARY		FINAL CFM		REMARKS
	NO.	TYPE	SIZE	AK	MAX	MIN	VEL OR CFM	VEL OR CFM	MAX	MIN	
TUR 32	1				465		430	465			
AD 30	2				465		480	455			
					930		910	920			
TUR 6	1				480		490	480			
AD 31	2				480		480	470			
	3				480		455	490			
					1440		1235	1440			
TUR 24	1				230		270	250	245		
TUR 32	2				290		285	275	290		
	3				60		140	65	60		
	4				200		170	195	190		
	5				290		205	285	280		
	6				290		185	295	280		
					1360		1355	1355	1345		
TUR 7	1				720		750	685			
AD 33	2				480		225	485			
	3				480		700	495			
					1680		1675	1665			

REMARKS:

TEST DATE 7-14-00 READINGS BY S. Christensen



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### AIR OUTLET TEST REPORT

PROJECT Gateway Oaks I SYSTEM 4th Floor west  
 OUTLET MANUFACTURER \_\_\_\_\_ TEST APPARATUS Flow hood

AREA SERVED	OUTLET				DESIGN CFM		PRELIMINARY		FINAL CFM		REMARKS
	NO.	TYPE	SIZE	AK	MAX	MIN	VEL OR CFM	VEL OR CFM	MAX	MIN	
TUR 8	1				640		610	620			
AD 34	2				670		725	665			
					1310		335	1285			
TU 33	1				300		1125	310			
AD 35	2				360		250	345			
					660		675	655			
TUR 9	1				610		545	580	570		
AD 36	2				480		490	500	475		
	3				480		455	455	470		
	4				480		540	465	475		
					1550		2030	2000	1990		
TU 25	1				150						
HO 51	2				60						
	3				370						
	4				200						
	5				75						
	6				85						
	7				110						
	8				100						
	9				150						

REMARKS:

1300

TEST DATE 7/17/00

READINGS BY S. Martinez