

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0306498

Insp Area: 1

Thos Bros: 297 C4

Site Address: 400 CAPITOL ML SAC St: #1600

Parcel No: 006-0144-029

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

THE SANDSTROM CO
1431 22ND ST
SAC CA 95816

OWNER

EQUITY OFFICE PROPERTIES
400 CAPITOL MALL
SACTO, CA 95814

ARCHITECT

Nature of Work: REMODEL OFFICE, 4905 SF SUITE 1600

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 296493 Date 5/15/03 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 3-15-03 Owner Signature [Signature]

PAID
CITY OF SACRAMENTO
MAY 15 2003
BUILDING PERMIT CENTER

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 _____

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 FUND Policy Number 1536656-01 Exp Date 10/01/2003

(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.

Date 3-15-03 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.



0306498

Air Conditioning Company, Inc.

1700 Industrial Road
San Carlos, CA 94070
Tel: (650) 631-3900
Fax: (650) 654-0425
Contractors Lic#120696

TEST AND BALANCE ANALYSIS REPORT

Job Name: **Wells Fargo 16 th flr T I**

ACCO Job #: **831067**

Contractor: **Sandstorm Co.**

Engineer: **Whitney**

AIR DISTRIBUTION SYSTEM HAS BEEN COMPLETELY BALANCED
AS PER REQUIREMENTS OF SPECIFICATIONS AND RESULTS OF
TESTS HEREIN LISTED.

Date: 7/16/2003
Technician: Calloway



AIR CONDITIONING COMPANY INC.

1700 Industrial Road, San Carlos, CA. 94070
 (415) 594-0182 • (415) 594-4915 • License # 120696

AIR OUTLET TEST REPORT

DATE: 7/16/2003
 PAGE: 1

PROJECT Wells Fargo 16 th flr T I
 SYSTEM NO. 16 th flr A H TEST APPARATUS Flow Hood
 AREA SERVED 16 th flr N OUTLET MANUFACTURER Titus PSS

SUB-SYSTEM IDENTIFIER	OUTLET				DESIGN (CFM)			FINAL			DEVIATION	
	NO.	TYPE	SIZE	Ak	COOL	VENT	HEAT	COOL	VENT	HEAT	VENT	HEAT
C-12	1	CD	8		150		NA	165			10.0%	
	2	CD	8		150		NA	160			6.7%	
Total	-	-	-	-	300	0	0	325	0	0	8.3%	
C-13	1	CD	8		150		NA	150			0.0%	
	2	CD	8		250		NA	265			6.0%	
Total	-	-	-	-	400	0	0	415	0	0	3.8%	
C-8	1	CD	8		205		NA	205			0.0%	
	2	CD	8		140		NA	150			7.1%	
	3	CD	8		140		NA	150			7.1%	
Total	-	-	-	-	485	0	0	505	0	0	4.1%	
DD-14	1	CD	8		165		65	175		80	6.1%	23.1%
	2	CD	10		300		120	305		118	1.7%	-1.7%
	3	CD	8		175		80	180		80	2.9%	0.0%
	4	CD	8		175		80	180		75	2.9%	-6.3%
Total	-	-	-	-	815	0	345	840	0	353	3.1%	2.3%
DD-13	1	CD	8		165		65	175		60	6.1%	-7.7%
	2	CD	10		360		140	365		150	1.4%	7.1%
Total	-	-	-	-	525	0	205	540	0	210	2.9%	2.4%

REMARKS:

BALANCE TECH: _____

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 400 CAPITOL MALL #1600 Permit No.: 0306498
Building Use: OFFICE Occupancy: B
Building Owner: EQUITY OFFICE PROPERTIES Construction Type: UNKNOWN
Owner Address: P O BOX 3879 CHICAGO, IL. 60654 Sprinkled? Yes No
Portion of Building Occupied: ENTIRE Area: 4905 Sq. Ft.
09-02-03
Date By: (Print) [Signature] Sign DENNIS RICHARDSON
CHIEF BUILDING OFFICIAL

[Finaled By: KR,DP,DJP, ROBLES]

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

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO BUILDING DIVISION PERMIT SERVICES SECTION

NORTH OFFICE: 2101 Arena Blvd., Ste. 200
Sacramento, CA 95834 (916) 808-2534 FAX 808-7046
CENTRAL CITY: 1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 808-2534 FAX 264-5987

ACTIVITY #

Insp. Area

0306498



Applicant **MUST** complete
ALL Unshaded areas

ADDRESS 400 Capitol Mall
PARCEL # 006-0144-029

State 1600

CONTACT		LICENSED CONTRACTOR	
Name <u>Stafford Space Planning</u>		Name <u>Sandstrom Co.</u>	
Street Address <u>3565 Taylor Rd #10</u>		Address <u>431 22nd St.</u>	
City/State/Zip <u>Loomis Ca 95650</u>		City/State/Zip <u>Sacramento Ca 95816</u>	
Phone <u>(916) 652-3400</u> FAX <u>(916) 652-7805</u>		Phone <u>442-2800</u> FAX <u>452-5142</u>	
E-mail: _____		E-mail: _____	
ARCHITECT/ENGINEER		OWNER	
Name <u>Stafford Space Planning</u>		Name <u>Equity Office</u>	
Address <u>3565 Taylor Rd #10</u>		Address <u>400 Capitol Mall, Ste. 670</u>	
City/State/Zip <u>Loomis Ca 95650</u>		City/State/Zip <u>Sacramento Ca 95814</u>	
Phone <u>(916) 652-3400</u> FAX <u>(916) 652-7805</u>		Phone <u>448-0400</u> FAX <u>448-4440</u>	
E-mail: _____		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: demo, new int. partitions, new pit, new location for lights, hvac grills & fire sprinklers

OCCUPANT/TENANT: Best Best + Kreiger Exp. VALUATION: \$ 45,000.00

FLOOD STATUS:				S.C.A.T.					
JOB DESCRIPTION		BLDG	SHELL	APT	TI	REM(SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		BLDG	MECH	PLUMB	ELEC	SITE		FIRE	
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Vlo. File
<u>33</u>		<u>4905</u>		<u>B</u>	<u>I</u>	SPR Y	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>RTFB 3487 03 1000</u>									

COMMENTS: fire alarm drawings, with sprinklers
→ 13 JRM
Panel schedule
Shard Case

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