

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0008613
Insp Area: 1

Site Address: 2730 C ST SAC
Parcel No: 003-0102-026

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

CONTRACTOR

OWNER

ARCHITECT

MARTIN CHARLES A AND ASSOCIATES
2718 C ST
SACRAMENTO CA 958160

KIRK BRAINERD

Nature of Work: INT. OFFICE REMODEL & RESTRIPE PARKING LOT

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 9/6/00 Owner Signature [Signature] for Charles A Martin

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 9/6/00 Applicant/Agent Signature [Signature] for Charles Martin

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 _____ 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 9/6/00 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 # 00.08613	Insp. Area 1L
---	---

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2730 C Street, Sacramento, CA 95816 Suite _____
 PARCEL # 003-0102-026-0000

<p style="text-align: center;">CONTACT</p> Name <u>Charles A. Martin</u> Street Address <u>2018 P Street</u> City/State/Zip <u>Sacramento, CA 95814</u> Phone <u>916-442-0416</u> FAX <u>916-442-1309</u> E-mail: <u>CAMAElec@aol.com</u>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> Name <u>to be determined later</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER C18406</p> Name <u>Kirk Brunerd</u> Address <u>3025 Sacramento Street</u> City/State/Zip <u>Placerville, CA 95667</u> Phone <u>530-626-1810</u> FAX <u>530-626-1931</u> E-mail: <u>295-0452</u>	<p style="text-align: center;">OWNER</p> Name <u>Charles A. Martin</u> Address <u>2018 P Street</u> City/State/Zip <u>Sacramento, CA 95814</u> Phone <u>916-442-0416</u> FAX <u>916-442-1309</u> 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: ~~Tenant Improvements~~ RESTRIPE PARKING LOT AND INT. OFFICE REMODEL

DBA:

OCCUPANT/TENANT: Charles A. Martin & Associates VALUATION: \$50,000.00

FLOOD STATUS: <u>NR</u>		S.C.A.T. <u>X11 X12</u>								
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<u>BLDG</u>	<u>MECH</u>	<u>PLUMB</u>	<u>ELEC</u>	<u>SITE</u>	<u>FIRE</u>			
# Stories	Ist flrArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y (N)	Fed Code	Vio. File		
		<u>3850</u>		<u>B</u>	<u>VN</u>	<u>N</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>	PW	UTIL	
						<u>RSB</u>				

COMMENTS: _____

1308
4/1/00

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

OWNER-BUILDER VERIFICATION

ATTENTION PROPERTY OWNERS

An owner-builder building permit has been applied for in your name and bearing your signature.

Please complete and return this information in the envelope provided at your earliest opportunity to avoid unnecessary delay in processing and issuing your building permit. No building permit will be issued until this verification is received.

1. I personally plan to provide the major labor and materials for construction of the proposed Improvement (yes or no) _____
2. I (have) have not) _____ signed an application for A building permit for the proposed work.

3. I have contracted with the following person (firm) to provide the proposed construction:

Name TBD Address _____
City _____ Telephone _____
Contractors License No. _____

4. I plan to provide portions of the work, but I have hired the following person to coordinate, Supervise, and provide the major work.

Name _____ Address _____
City _____ Telephone _____
Contractors License No. _____

5. I will provide some of the work but I have contracted (hired) the following to provide the Work indicated:

Name	Address	Phone	Type of work

Signed Dean A. Smith

Job Address 2730 C Street

Permit No: 00-08613

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: Charles A Martin & Assoc. Phone: 442-0416
 Site Address: 2730 C Street Suite: _____
(Street) (Zip)
 Business Owner/Representative: Charles A. Martin Phone: 442-0416
 Nature of Business: Electrical Engineering
 Property Owner: Charles A. Martin Phone: 442-0416
 Address: 2018 P Street Suite: _____
(Street)
Sacramento CA 95817
(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: _____
(Print)

(Signature) (Date)

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

C STREET

SB JOB NO. _____
 SECTION _____ PAGE _____
 DATE _____

FAN & OUTLET TEST SHEET

AREA SERVED MAIN Rm, WORKROOM, STORAGE UNIT AC-1

MOTOR NAMEPLATE DATA

MFG CARRIER FR 48
 HP 1/2 V 115 FLA 7.9
 PH 1 SF - RPM 1075

SHEAVE DATA:

DIA _____ SHAFT _____
 ADJ % FIXED _____

FAN NAMEPLATE DATA

MFG CARRIER
 MODEL SBVXA080-1-16
 TYPE DIRECT DRIVE
 SIZE 11X10

SHEAVE DATA:

DIA _____ SHAFT _____
 BELTS _____

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS			
AMPS			
BHP			
RPM			
SP -			
SP +			
TSP			
FILTER SP			
CFM TOTAL			
CFM RA			
CFM OA			

CFM _____ SP _____ RPM _____ BHP _____

FAN DESIGN DATA

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
MAIN		SA	24x24			200-250		175		190		
MAIN		SA	24x24			200-250		175		190		
MAIN		SA	24x24			200-250		175		195		
STORAGE		SA	10x10			200-250		200		200		
STORAGE		SA	10x10			200-250		200		205		
WORKRM		SA	24x24			200-250		100		175		
WORKRM		SA	24x24			200-250		110		175		
MAIN		RA	20x30			1100		900		1100		

REMARKS: _____

FAN & OUTLET TEST SHEET

AREA SERVED OFFICE, CONFERENCE, RECEPTION, MAIN UNIT AC-3

MOTOR NAMEPLATE DATA

MFG GE FR 48V
 HP 3/4 V 115 FLA 11.1
 PH 1 SF - RPM 1075

SHEAVE DATA:

DIA _____ SHAFT _____
 ADJ 1/2 FIXED _____

FAN NAMEPLATE DATA

MFG CARRIER
 MODEL 52MXA100-1-20
 TYPE DIRECT DRIVE
 SIZE _____ 11X10

SHEAVE DATA:

DIA _____ SHAFT _____
 BELTS _____

DATA ITEM	TEST 1	TEST 2	TEST 3
VOLTS			
AMPS			
BHP			
RPM			
SP -			
SP +			
TSP			
FILTER SP			
CFM TOTAL			
CFM RA			
CFM OA			

FAN DESIGN DATA

CFM _____ SP _____ BPM _____ BHP _____

ROOM	OPENING			FAC TOR	DESIGN		TEST 1		TEST 2		TEST 3	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	EPM	CFM	FPM	CFM
RECEPT		SA	24x24			200-250		180		200		
RECEPT		SA	24x24			200-250		170		190		
RECEPT		RA	24x24			200-250		205		250		
CONF		SA	14x10			200-250		150		175		
CONF		SA	14x10			200-250		145		180		
CONF		RA	24x24			200-250		205		235		
MAIN		SA	24x24			200-250		155		175		
MAIN		SA	24x24			200-250		175		205		
MAIN		SA	24x24			200-250		150		175		
MAIN		RA	24x24			600-750		600		625		
MAIN		RA	24x24			300-400		280		315		
OFFICE		SA	24x24			200-250		155		175		
OFF		SA	24x24			200-250		145		165		
OFF		RA	24x24			300-400		230		250		
KITCHEN		SA	14x10			200-250		170		190		

REMARKS: _____

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 2730 S ST Permit No. 00-08613

Building Use OFFICE & PARKING LOT Occupancy: B

Building Owner CHARLES MARTIN & ASSOC Construction Type: _____

Owner Address: 2718 C ST SACRAMENTO Sprinkled? [Y] Yes [] No

Portion of Building Occupied OFFICE Area: _____ Sq. Ft.

1-30-01 Willie Harris
Date By Print

Sign

DENNIS RICHARDSON
CITY BUILDING OFFICIAL

Issued By: DEPT. OF WATER UTIL.

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 amended per Title 15 of the Sacramento City Code for the ground and division of occupancy and use for which the proposed occupancy is requested. 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 purporting 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 City Building Official. No change shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE