

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0600698

Insp Area: 4

Thos Bros:

Sub-Type: TI

Housing (Y/N): N

Site Address: 4324 PINELL ST SAC

Parcel No: 238-0130-040

BLDG 11

CONTRACTOR
OWNER BUILDER
1568 GREY OWL CR
ROSEVILLE, CA 95661

OWNER
LYNN BRAD & KAREN
1568 GREY OWL CIR
ROSEVILLE, CA 95661

ARCHITECT
COMSTOCK JOHNSON ARCHITECT, INC
10304 PLACER LN
SACRAMENTO, CA 95827

Nature of Work: FIRST TIME TENANT IMPROVEMENT

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 _____

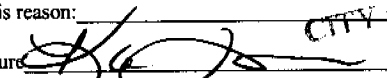
LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

License Class _____ License Number 0 _____ 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 2/21/06 Owner Signature 

PAID
CITY OF SACRAMENTO
FEB 21 2006
BUILDING
AND DEVELOPMENT

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 above mentioned property for inspection purposes.


Date 2/21/06 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 _____ 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 2/21/06 Applicant 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.



AIRCO MECHANICAL, INC.
CONTRACTORS & ENGINEERS
5720 Alder Avenue, Sacramento, CA 95828
Contractors License Number 311454
p. 916-381-4523 f. 916-381-1749

Air Outlet Test Report

Project: BM Lynn Painting
Job Number: 259687-00-03
System: AC-1, EF-1

Test Date: 5-17-06
Readings By: E.T.
Test Apparatus: Flowhood

Area Design	No.	Type	Area	Design		Test			Final		
				Req CFM	CFM Cl. Min	CFM	CFM	CFM	Req CFM	Cl. Min CFM	Cl. Max CFM
AC-1	1	SA ↓				440			320		440
	2				125			200		130	
	3				120			170		120	
	4				260			215		255	
	5				440			440		420	
	6				50			65		60	
	7				50			40		50	
	8				215			125		215	
	9				80			50		100	
	10				170			25		170	
	11				50			75		60	
						1880		1725	<u>2020</u>		
AC-1	1	RA ↓				140					240
	2				80					100	
	3				190					210	
	4				665					720	
	5				80					200	
	6				245					230	
						1400			<u>1700</u>		
									<u>320</u>		
EF-1	1					100			120		120
	2					100			110		110
						200			130		<u>130</u>

CITY OF SACRAMENTO

30 DAY TEMPORARY
Certificate of Occupancy

For Information Contact (916) 808-5716

Building Address: 4324 PINELL ST BLD 11 Permit No.: 0600698
Building Use: OFFICE Occupancy: B
Building Owner: LYNN BRAD & KAREN Construction Type: VN
Owner Address: ROSEVILLE, CA Sprinkled? Yes No
Portion of Building Occupied: ENTIRE Area: 1,306 Sq. Ft.

Specific purpose for temporary occupancy and/or conditions/limitations of temporary occupancy:

05/19/06 Carolyn Cooper CARL HEFNER
Date By: (Print) Sign ASSISTANT BUILDING OFFICIAL

[TCO approvals:: DSP,JET,GS,MCM,GS]

CBC 109.4 TEMPORARY CERTIFICATE

If the Chief Building Official finds that no substantial hazard will result from occupancy of any building or portion thereof before the same is completed, a temporary Certificate of Occupancy may be issued for the use of a portion or portions of a building or structure prior to the completion for the entire building or structure.

POST IN A CONSPICUOUS PLACE



OWNER BUILDER VERIFICATION

1. Check one below - I or my immediate family (parent, spouse, or child) will perform:

- A - all the work authorized by this permit.
- B - a portion of the work.
- C - none of the work.

If B or C is checked, complete 2 or 3 below.

2. A State licensed contractor (*) will be hired to do:

- all of the authorized work.
- a portion of the authorized work.

Name Guzman Phone 386-1249
 Address 4200 82nd St., Suite G, Sacramento
 Type of Work Electric

Name System Tech. Phone 332-1264
 Address 5037 College Oak Drive, Suite H, Sacramento
 Type of Work Sprinkles

Name _____ Phone _____
 Address _____
 Type of Work _____

Name _____ Phone _____
 Address _____
 Type of Work _____

3. I will utilize unlicensed person(s) other than my immediate family to perform all or portions of the authorized work. A Certificate of Workers Compensation must be on file at this office.

I declare under penalty of perjury that the above is true and correct. I have read and understand the owner-builder information on the reverse side of this form.

Signed: Property Owner Karen Lynn [Signature]
 (Printed name) (Signature)
 Date 2/21/06 Case No. _____ Permit No. 0600698
 Job Address 4324 Pinell St., SAC, CA

Note: * Information regarding unknown contractors or change in subcontractors shall be submitted to the Building Inspection field office.

APPLICATION FOR COMMERCIAL BUILDING PERMIT

**CITY OF SACRAMENTO
PLANNING & BUILDING DIVISION
PERMIT SERVICES SECTION**
(916) 808-2534 FAX: (916) 808-7046

ACTIVITY # 0600698	Insp. Area 4
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Applicant **MUST** complete ALL Unshaded Areas

ADDRESS: 4324 Pinell St., Sacramento, CA 95838 Suite: _____

PARCEL #: 238-0130-029⁰⁴⁰ aka Parcel 11 Bell Pinell

<p style="text-align: center;">CONTACT</p> <p>Name: <u>Brad Lynn</u> Street Address: <u>1568 Grey Owl Circle</u> City/State/Zip: <u>Roseville, CA 95661</u> Phone: <u>916-825-5682</u> E-Mail: <u>L510918@earthlink.net</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name: <u>Owner / Builder Brad Lynn</u> Street Address: <u>1568 Grey Owl Circle</u> City/State/Zip: <u>Roseville, CA 95661</u> Phone: <u>916-781-2028</u> E-Mail: <u>L510918@earthlink.net</u></p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name: <u>Comstock Johnson</u> Street Address: <u>10304 Placer Lane, #A</u> City/State/Zip: <u>Sacramento, CA 95827</u> Phone: <u>916-362-6300</u> E-Mail: <u>don@cja-architects.com</u></p>	<p style="text-align: center;">OWNER</p> <p>Name: <u>Brad / Karen Lynn</u> Street Address: <u>1568 Grey Owl Circle</u> City/State/Zip: <u>Roseville, CA 95661</u> Phone: <u>916-825-5682</u> E-Mail: <u>L510918@earthlink.net</u></p>

⇒ Will permittee have any employees on the jobsite? No Yes ⇒ Insurance Co.: _____

⇒ WORKER'S COMPANSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: Tenant Improvement - building 1250 sq ft office inside of existing cold shell

OCCUPANT/TENANT: B.M. Lynn Painting, Inc. VALUATION: _____

FLOOD STATUS:			S.C.A.T.						
JOB DISCRIPTION	BLDG	SHELL	APT	TI ()	REM ()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC		FIRE	
# Services	1 st Flr Area	2 nd Flr Area	Use Type	Occp Group	Const type	Fire Req.	ALARM	Red Code	File [Quad]
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	<u>SPR</u>	<u>ALARM</u>	<u>10</u>	<u>UTL</u>
						<u>S</u>		<u>D</u>	<u>PW</u>

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT: Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

City of Sacramento
Development Services Department
PLANNING REVIEW FOR BUILDING PERMIT SUBMITTAL

ADDRESS: 4324 Pinell Street	APN: 238-0130-040 (formerly 238-0130-029)
DRPB AREA / PUD / SPD: Exp. No. d.r.d. & Parker Homes Interim Ordinance Area	ZONING: M1
EXISTING LAND USE: Warehouse complex consisting of 12 buildings, each on separate parcels, and one common lot. This building, 4324 Pinell, is 5,000 sq. ft.	
PROPOSED USE: First T.I. create 1,250 square feet office area within existing 5,000 sq. ft. shell for "B.M. Lynn Painting, Inc."	
PLANNING STAFF WILL CHECK ONE OR MORE OF THE ITEMS BELOW:	
<input type="checkbox"/>	Planning review is NOT required.
<input type="checkbox"/>	Use is NOT allowed; applicant CANNOT submit for plan check.
<input type="checkbox"/>	Requires APPLICATION(s): PC ZA IR ER DR PB Required Planning application must be approved <i>before</i> project can be submitted for plan check
<input type="checkbox"/>	Application(s) IN PROGRESS: File Number: Application must be approved before project can be submitted for plan check.
<input checked="" type="checkbox"/>	Application(s) COMPLETED: File Number & approval date: P05-084 & P04-105. Building permit must conform to approved plans and comply with all conditions of approval. Do NOT accept applications for a building permit prior to the end of the 10-day appeal period.
<input checked="" type="checkbox"/>	Plans may be submitted for plan check. Plan checker(s) shall confirm compliance with Zoning Ordinance requirements and all applicable development standards <i>prior to issuance</i> of building permit.
<input type="checkbox"/>	Meets setback & lot coverage requirements as shown on site plan provided.
<input type="checkbox"/>	Plans to be submitted have been stamped/signed by Planning counter staff.
<input type="checkbox"/>	Route to SITE for plan check and inspection.
<input type="checkbox"/>	Route to SITE for inspection only, plan check not required.
<input type="checkbox"/>	Preliminary review ONLY; the information on this form must be reviewed again and confirmed at the time of building permit submittal.
CONDITIONS AND COMMENTS: The use is allowed in the zone. Percentage of office space for this proposal is okay. No changes are being made to the exterior of the building. No need to route to Site.	
DATE: 1/18/2006	BY: Monica May 