

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0008598

Insp Area: 1

Site Address: 400 R ST SAC

Parcel No: 009-0053-013

400 R ST #4070 & 4090

Sub-Type: TI

Housing (Y/N): N

CONTRACTOR

CMNR INC DBA HUNTINGTON CONST.
2277 WALT AVE B 100
SACTO CA

OWNER

3600 AMERICAN RIVER DR
SACRAMENTO CA 95864-5921

ARCHITECT

DUKE SGR

Nature of Work: T/I : DEMO OF NON-STRUCTURAL WALLS ,ELECTRICAL, NEW WALLS
(NON STRUCTURAL WALLS), REDUCT HVAC, RELOCATE FIRE
SPRINKLERS

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 768052 Date 8/07/00 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 [Signature]

PLANNING AND DEVELOPMENT SERVICES

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 8/07/00 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 SAFCO INS CO OF AMERICA

Policy Number WC8486206

Exp Date 01/01/2001

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 8/07/00 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.

**CITY OF SACRAMENTO
APPLICATION FOR COMMERCIAL BUILDING PERMIT**

DEVELOPMENT SERVICES DIVISION
PERMIT SERVICES SECTION

1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0008598 Insp. Area 16

Applicant MUST complete ALL Unshaded areas

ADDRESS 400 R Street Suite 4070 & 4090
PARCEL # 009 0053 013

CONTACT Name <u>Gerhardt N. Olsen</u> Address <u>2277 Watt Ave., # B-100</u> Phone <u>485-2500</u> FAX <u>485-2511</u> E-mail <u>gerhardt_olsen@colliers.com</u>		LICENSED CONTRACTOR Lic No. # <u>768052</u> Name <u>Huntington Construction</u> Address <u>2277 Watt Ave., # B-100</u> Phone <u>485-2500</u> FAX <u>485-2511</u> E-mail <u>gerhardt_olsen@colliers.com</u>	
ARCHITECT/ENGINEER Name <u>Braghi + Patterson</u> Address <u>914 Douglas Blvd., Roseville</u> Phone <u>773-6000</u> FAX <u>77306006</u> E-mail		OWNER Name <u>Curci SCE c/o Transpacific Develop</u> Address <u>1610 Arden Way # 242, Sacto, CA</u> Phone <u>648-2000</u> FAX <u>481-3383</u> E-mail	

Will permittees have any employees on the jobsite? No Yes INSURANCE CO: Safeco Ins Co of America
 WORKER'S COMPENSATION POLICY # WC8486206 EXPIRATION DATE 01/01/2001

NATURE OF WORK IN DETAIL: Demo of non-structural walls, electrical, new walls (non-structural), raduct HVAC, sprinkler relocation

OCCUPANT/TENANT boards of Pharmacy, Optometry VALUATION: \$196,000.00

FLOOD STATUS: <u>None</u>		S.C.A.T.								
JOB DESCRIPTION		BLDG	SHELL	APT	TI(✓)	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		(BLDG)	(MECP)	(PLUMB)	(ELEC)	(SITE)	(FIRE)			
# Stories	sq ft Area	Total Area	Use Zone	Occp Group	Const type	Fire Req () / N	Fed Code	Vic. File [H] [Quad]		
<u>CB</u>	<u>CD</u>	<u>P</u>	<u>(M)</u>	<u>(E)</u>	<u>(F)</u>	<u>(SPR)</u> <u>(ALARM)</u>	<u>D</u>	<u>PW</u>	<u>UTL</u>	
			<u>IS NOW</u>							

COMMENTS: OK FOR EXPRESS HAVE BRICK / ELEC
CELESTINE
CEN-DRA-ARCHITECT

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

Office of the State Fire Marshal Fire Safety Correction Notice



File No: _____

STATE LEASED

Name: Department of Consumer Affairs

Address: 400 R Street Suite 4070 & 4090
Sacramento, CA 95814

The California Health and Safety Code and the State Fire Marshal's regulations require the following fire safety deficiencies be corrected.

On November 7, 2000, I was accompanied by Roy Ahlheim (Huntington Construction) to conduct a final inspection of suite 4090 (permit # 0008598) at the above facility. No deficiencies were found at the time of the inspection. Tenant improvement was conducted as per approved (Sacramento Fire Department) plans. Final approval for suite 4090 is granted.

The above deficiencies are to be corrected within 2 days. When ALL deficiencies have been corrected, sign and return the certification on the opposite side of this form. If you have any questions, contact the Office of the State Fire Marshal at (916) 445-8314.

ISSUED BY (Deputy State Fire Marshal) <i>Vickie Sakamoto</i>	RECEIVED BY <i>[Signature]</i>	DATE <i>11/7/00</i>
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AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Lane
Sacramento, CA 95827

Microfilm

AIR OUTLET TEST REPORT

PROJECT Dept. of consumer affairs

SYSTEM 4th Floor

OUTLET MANUFACTURER

TEST APPARATUS

AREA SERVED	OUTLET				DESIGN		PRELIMINARY			FINAL CFM		NOTE
	No.	Type	Size	AK	Max	Min	Vel or CFM	Vel or CFM	Vel or CFM	MAX	MIN	
VAV 4-22	1		8		195						200	
	2		8		195						205	
	3		8		215						215	
	4		8		215						215	
	5		8		165						170	
	6		10		285						275	
					1270						1380	
* VAV 4-39	1		10		260						265	
* VAV 4-40	1		12		375		250				365	
	2		12		375		255				365	
					750						730	
VAV 4-20	1		10		370		400				365	
	2		10		370		340				365	
	3		6		100		150				100	
	4		10		410		340				395	
	5		10		410		315				390	
					1660						1615	

REMARKS:

Test Date:

Reading By:
