

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0004869
Insp Area: 4

Site Address: 3711 TRUXEL RD SAC
Parcel No: 225-1040-009

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

CONTRACTOR
PACIFIC RIM CONSTRUCTION

OWNER
DONAHUE SCHRIBER REALTY GROUP
3501 Jamboree Rd
Newport Beach Ca 92660

ARCHITECT
DARRYL CHINN
2612 J ST
SAC CA 95816

Nature of Work: COSTRUCT A 1600SF TENANT IMP. FOR OPTOMETRIST

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.

X License Class B-1 License Number 772337 Date 7/5/00 Contractor Signature James A. John

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 _____

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.

X Date 7/5/00 Applicant/Agent Signature James A. John

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 issued for the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to be 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.

X Date 7/5/00 Applicant Signature James A. John

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 # 0004269	Insp. Area 4
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 3711 Trvxel Road Suite 102
 PARCEL # 225-1040-009

CONTACT <i>9/0 Arch.</i> Name <u>Dan Fong (Tenant)</u> Street Address <u>5301 Freeport Blvd #200</u> City/State/Zip <u>87C 95822</u> Phone <u>451-4494</u> FAX <u>451-4229</u> E-mail: _____	LICENSED CONTRACTOR Lic No. # _____ Name <u>TBD</u> Address _____ City/State/Zip _____ Phone _____ FAX _____ E-mail: _____
ARCHITECT/ENGINEER Name <u>Damyl Chinn</u> Address <u>2612 J Street #2</u> City/State/Zip <u>87C, CA 95816</u> Phone <u>446-1293</u> FAX <u>446-2690</u> E-mail: <u>DChinnArch@aol.com</u>	OWNER Name <u>Donahve Scherber</u> Address <u>1451 River Park Dr. #299</u> City/State/Zip <u>87C</u> Phone <u>920-5555</u> FAX <u>920-4265</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: Int. Construct a 1,600 sf tenant improvement for optometrist

OCCUPANT/TENANT: Dr. Dan Fong O.D VALUATION: \$ 32,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI(<input checked="" type="checkbox"/>)	REM()	SW	FIRE(<input checked="" type="checkbox"/>)	ADD	OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input checked="" type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	SITE		<input checked="" type="checkbox"/> FIRE		
# Stories	1st flrArea.	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y / N		Fed Code	Vio. File	
<u>1</u>				<u>B</u>	<u>U-N</u>	<input checked="" type="checkbox"/> SPR	<input type="checkbox"/> ALARM		[H]	[Quad]
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	<input checked="" type="checkbox"/> P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	S		<input checked="" type="checkbox"/> D	PW	UTIL

COMMENTS: _____

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

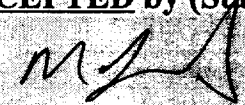
CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
5/26/00	/ /	/ /	/ /	/ /	/ /

PLAN CHECK # 0004269
 ADDRESS: 3711 TRUCELL RD.
 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	5/31/00						
STRUCTURAL	13	JT	"						
MECHANICAL/PLUMBING	13	JMT	5/31/00						
ELECTRICAL	13	TLM	5/31/00						
FIRE									
PLANNING									

STAFF COMMENTS: FIRE DEPT. REVIEWING PLANS TO FIRE DEPT.

PERMIT NO.
4869

CITY OF SACRAMENTO
1231 I ST. ROOM 200
BUILDING INSPECTIONS DIVISION

AREA NO.
4-C

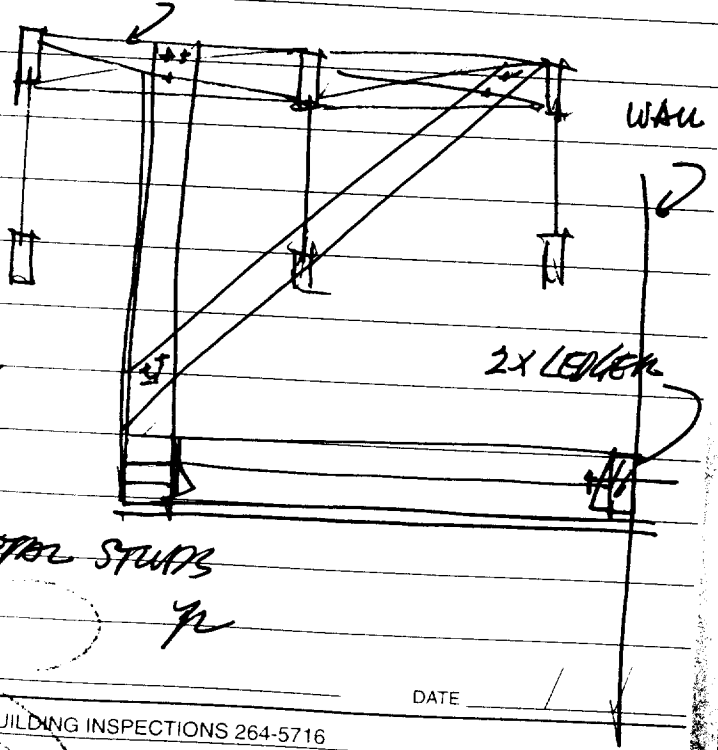
WHEN CORRECTIONS HAVE BEEN MADE, CALL 264-5191 FOR REINSPECTION OF WORK.

JOB LOCATION 3711 Truxel

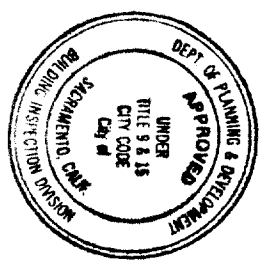
INSPECTION REQUESTED frame

THE UNDERSIGNED BUILDING PLUMBING MECHANICAL ELECTRICAL
INSPECTOR THIS DAY INSPECTED THIS STRUCTURE FOR THE REQUESTED INSPECTION AND FOUND THE
FOLLOWING VIOLATIONS OF CITY AND/OR STATE LAWS GOVERNING SAME:

Provide submittal per detail
using metal studs or have
building dept approval for changes
2x BLK @ 8/0



APPROVED
PER SKETCH
~~WALL~~
LUMBER TO
REPLACE METAL STUDS
Y



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.
The approval of this plan and specification SHALL NOT be held to permit or approve the violation of any City Ordinance or State Law.

INSPECTOR _____ DATE _____

BUILDING INSPECTIONS 264-5716

JOB COPY

ISSUED

AUG 22 2000

Sacramento Building Division

Y

Duct Diagnostic Summary

11/27/00 prepared for

Dan Fong
3711 Truxell rd. #102
Sacramento, CA 95834
(916)451-4494

AARON'S COOLING & HEATING

4111 82nd St.
Sacramento, CA 95826
PHONE: 916-422-8824
FAX: 916-457-1817

Unit #1

Room Air Flow Test



Room	Size	Measured Flow CFM	Industry Standard	Your % of Standard
register #1	350	820		
register#2	410	830		
register#3	250	175		
register#4	75	85		
register#5	85	80		
register#6	100	90		
register#7	250	185		
return#1	900	1050		
return#2	600	430		

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Diagnostic Summary

Your total Register Flow: 1865 CFM

Flow recommended for your equipment @ 400cfm* per ton:

2000 CFM

0% Reduction in System Flow

Low supply register flows indicate:

- Excessive duct leakage
- Restricted return air ducts or grille openings
- Crimped or improperly designed supply air ductwork
- Dirty coils in older systems
- Incorrect fan speed setting

*cubic feet per minute.