

Permit No: 0012717
Insp Area: 1

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

ARCHITECT

OWNER

CAPITAL PACIFIC INVESTORS
680 SUNRISE BLVD
ROSEVILLE, CA 95828

CONTRACTOR
MARKET ONE BUILDERS INC
1419 N MARKET BL #1
SACRAMENTO CA 95834

Site Address: 1411 I ST SAC
Parcel No: 006-0055-007

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Nature of Work: INTERIOR OFFICE REMODEL, EXPAND ELECTRICAL ROOM

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 7 (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 737694 Date 6/1/01 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 Professions 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 above-mentioned property for inspection purposes.

Date 6/1/01 Applicant/Agent Signature [Signature]

WORKERS' 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 do not 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 Exp. Date 10/01/2001

(This section need not be completed if the permit is for \$100 or less.) I affirm 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.

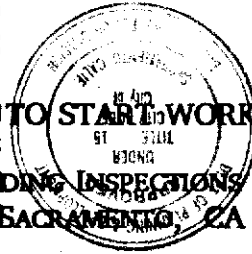
Date 6/1/01 Applicant Signature [Signature]

WARNING: FAILURE TO SECURE WORKERS' 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.



This set of plans and specifications must be approved by the Building Department. No work shall be done until a permit is issued. The City of Sacramento Building Department is not responsible for any errors or omissions in any City Ordinance or State Law.



Insp. Area 16
ISSUED
 MAR 28

AUTHORIZATION TO START WORK
 CITY OF SACRAMENTO BUILDING INSPECTIONS DIVISION
 1231 ST, ROOM 200, SACRAMENTO, CA 95814

Company: Market One Builders PC # 0012717
 Address: 1419 W. Market Blvd, Ste 1 BID App. _____
 Job Phone: 916-825-1390 Office Ph. 916-928-7474 Fee _____
 SUBJECT: Project Address: 1411 I St. Suite # (H)

I request permission to start the following work Framing, Electrical, and mechanical

B: JST M: Kaw E: me

I realize that all work will be at the owner's and contractor's risk without assurance that the permit for the project will be granted. Any code conflicts will be corrected. I agree not to cover or conceal any work or portion thereof. I realize that inspections will not be made on this project until a building permit is issued. All changes required to conform to the approved plans will be completed without dispute. Work affecting the structural integrity of the existing building is not permitted.

I will expedite necessary revisions, corrections and clarifications as required to obtain the building permit.

If it should be determined subsequently by the City that changes in the design of the building are necessary after commencement of the work authorized, I assume full responsibility and all risk of loss which may result by reason of such changes. I agree that the building shall conform to the approved final plans as amended, without regard to the stage of completion.

This authorization is valid for 30 days while the plans are being processed for permit. These state required declarations must be properly executed before this authorization is valid. This authorization is valid when initialed by authorized Building Department personnel and stamped approved. Keep posted on job site at all times.

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 the Business and Professions Code and my license is in full force and effect.

Lic. Class: B Lic. Number: 737694 Market One Bldrs
 _____ SIGNATURE _____ COMPANY NAME
J Russell 3/28/01
 _____ DATE

OWNER-BUILDER DECLARATION

I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Section 703.1, Business and Professions Code: Any city or county which requires a permit to construct, alter, 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 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 Professions 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 or her own employees, provided that such improvement 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 or 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 & P Code for this reason _____

SIGNATURE DATE

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 the work for which this 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 exp. 10/1/01

Policy No.: 692-99 000 2229

I certify under penalty of perjury 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.

[Signature] _____
SIGNATURE DATE 3/28/01

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 FEES.

In issuing this 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 the 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 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, understand and agree to the above conditions. I certify under penalty of perjury that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representatives of this city to enter upon the above mentioned property for inspection purposes.

[Signature] _____
SIGNATURE OF APPLICANT OR AGENT DATE 3/28/01

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 # 0012717	Insp. Area 1C
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 1411 I Street Suite _____
 PARCEL # 006-0055-007

<p style="text-align: center;">CONTACT</p> <p>Name <u>Jim Baynes</u> Street Address <u>1419 North Market Blvd. Ste 1</u> City/State/Zip <u>SACRAMENTO, CA 95834</u> Phone <u>916 825-1085</u> FAX <u>916 928-7475</u> E-mail: _____</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>737694</u></p> <p>Name <u>Market One Builders</u> Address <u>1419 North Market Blvd. Ste #1</u> City/State/Zip <u>SAC. CA 95834</u> Phone <u>916 928 7474</u> FAX <u>916 928 7475</u> E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>GARY Roberts</u> Address <u>1512 14th Street</u> City/State/Zip <u>SACRAMENTO, CA 95812</u> Phone <u>916 498-7900</u> FAX <u>916 498-7909</u> E-mail: _____</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>Thomas Golosna / Capitol Pacific Investors</u> Address <u>680 Sunrise Blvd</u> City/State/Zip <u>Roseville, CA</u> Phone _____ FAX _____ E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Compensation Ins. Fund
 → WORKER'S COMPENSATION POLICY # 692-00 UNIT 0002229 EXPIRATION DATE: 10/01/01

NATURE OF WORK IN DETAIL: DEMO INTERIOR WALLS & EXPAND ELECTRICAL ROOM

OCCUPANT/TENANT: Switch & Data Facilities VALUATION: \$ 50,000

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM(<input checked="" type="checkbox"/>)	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES		<input checked="" type="checkbox"/> BLDG	<input checked="" type="checkbox"/> MECH	<input type="checkbox"/> PLUMB	<input checked="" type="checkbox"/> ELEC	<input type="checkbox"/> SITE	<input checked="" type="checkbox"/> FIRE			
# Stories	1st flr Area.	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Fed Code	Vio. File		
1		21,000		B	V-N	<input checked="" type="checkbox"/> SPR <input type="checkbox"/> ALARM	18	[H]	[Quad]	
B	L	P	M	E	F	S	D	PW	UTIL	

COMMENTS: _____

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

Date of Request: 5-1-01
By: John Russell

CITY OF SACRAMENTO DEVELOPMENT SERVICES DIVISION
PLANNING AND ZONING INFORMATION REQUEST

Project Address: 1411 I Street

Assessor's Parcel Number: 006-0055-007

Previous Use: Data Center - 100%

Description of Request/Proposed Use: Data Center ^{TI} expand electrical room, expand battery room for existing data center (unmanned telecommunications center) interior.

Is This a Change of Use? No

Prior Applications for Project Site(P#, Z#, DRPB#): DR99-122 P98-066
Zoning Designation: C2 - (Arts + Entertainment) (Central City) (Per. Rev.)

Comments: This use is okay in this zone - its not in the C-3 zone, nor in the R-Street Corridor. Note: site plan not available at

- Are There Any Planning Issues?: (circle one) YES NO
- * Staff Site Plan Check Required? (Circle one) YES NO
 - * ~~Field Inspection Required?~~ (Circle one) YES NO
 - * Design Review/Preservation Required?: (Circle one) YES NO

Planning Review by/Date: _____

A list of items that must be reviewed by Planning is provided on the reverse side of this form.

Note: site plan not available at time of these comments.
MICROFILM AFTER FINAL

may 5-01-01-

time of comments. Parking not a concern. No Exterior Changes.

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

ACTIVE PERMIT NO. <u>002229</u>	MAP AREA
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Applicant MUST complete ALL Unshaded areas

ADDRESS 1411 I Street Suite _____
 PARCEL # 006-0055-007

<p style="text-align: center;">CONTACT</p> Name <u>Jim Baynes</u> Street Address <u>1419 North Market Blvd. Ste 1</u> City/State/Zip <u>Sacramento, CA 95834</u> Phone <u>916 825-1035</u> FAX <u>916 928-7475</u> E-mail: _____	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. <u>#737644</u></p> Name <u>Market One Builders</u> Address <u>1419 North Market Blvd. Ste #1</u> City/State/Zip <u>Sac. CA 95834</u> Phone <u>916 928 7474</u> FAX <u>916 928 7475</u> E-mail: _____
<p style="text-align: center;">ARCHITECT/ENGINEER</p> Name <u>Gary Roberts</u> Address <u>1512 14th Street</u> City/State/Zip <u>Sacramento, CA 95812</u> Phone <u>916 498-7900</u> FAX <u>916 498-7909</u> E-mail: _____	<p style="text-align: center;">OWNER</p> Name <u>Thomas Golocina / Capital Pacific Investors</u> Address <u>680 Sunrise Blvd</u> City/State/Zip <u>Roseville, CA</u> Phone _____ FAX _____ E-mail: _____

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Compensation Ins. Fund
 → WORKER'S COMPENSATION POLICY: CA2-00 Unit 002229 EXPIRATION DATE: 10/01/01

NATURE OF WORK IN DETAIL: DEM INTERIOR WALLS & EXPAND ELECTRICAL ROOM
INT. WORK ONLY 999SF

OCCUPANT/TENANT: Switch & Data Facilities VALUATION: \$ 50,000

FLOOD STATUS		S.C.A.T. <u>K1/S1, 100, 200, 207</u>									
JOB DESCRIPTION		BLDG	SHELL	APT	TI	REMC	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	In ft Area	Total Area	Use Zone	Occp Group	Const type	Fire Risk (Y/N)	Fire Equip	Via. File (H) (Quad)			
<u>1</u>		<u>24000</u>		<u>B</u>	<u>V-N</u>	<u>(Y)</u>	<u>ALARM</u>				
						<u>S</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>		

COMMENTS

REGIONAL SANITATION FEES? Yes No

WATER PLUMBING TEST FOR NEW BUILDINGS OR ADDITIONS? Yes No

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	/ /	/ /	/ /	/ /

PROJECT CHECKS: _____
 ADDRESS: _____
 Commercial Residential



COORDINATOR: _____

DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW	
	Staff	Staff	Date	Staff	Staff	Date	Staff	Date
STRUCTURAL	3	JT	10/10/00					
MECHANICAL PLUMBING	13	JT	10/25/00					
ELECTRICAL	13	KW	10/25					
TRUCK	Not an Express Project 10/25/00 KAH							
LANDSCAPE	NOT AN EXPRESS PROJECT 10/25/00 BZF							

STAFF COMMENTS: _____

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: SWITCH AND DATA Phone: _____
 Site Address: 1411 I STREET Suite: _____
 (Street) (Zip)
 Business Owner/Representative: TRUMAN COPE Phone: 554-8490
 Nature of Business: SWITCH AND DATA SERVICES
 Property Owner: CAPITAL PACIFIC INVESTORS Phone: _____
 Address: 680 SUNRISE BLVD Suite: _____
 (Street) (City) (State) (Zip)
ROSEVILLE CA 95

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: GREG BORCHARDT
 (Print)
Greg Borchardt 6/1/01
 (Signature) (Date)

BID Use Only: Plan Ck# <u>0012717</u> Permit # <u>0012717</u>	
OK to issue prmt? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	F.D. Appr Req'd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
init date _____	
Hold on Certificate of Occupancy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Dept. Use Only:	
OK to issue permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	date _____
OK to issue Certificate of Occupancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	init date _____

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT
FROM: Troy Malaspino
Fire Marshal
SUBJECT: FIRE SYSTEM INSPECTION

DATE: 6-28-01

A final inspection of the newly installed fire system at:

1411 I st.

Has been conducted by Inspector

~~Clifford~~ C. Paek

On

6/26/01

00-12717-c
Permit Number

Square Footage

OH - NEW Battery room
Type of Inspection

They system is acceptable by this department.

R. Woodman
By: Ross L. Woodman,
Fire Prevention Officer II

00-563
F.D. Reference Number

✓