

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0010205**  
**Insp Area: 1**

**Site Address: 777 CAMPUS COMMONS RD SAC**  
Parcel No: 295-0390-007 # 160

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

CONTRACTOR  
EARL CONSTRUCTION COMPANY  
POB 2280  
WEST SACRAMENTO CA 95691

OWNER  
MONTGOMARY WATSON  
777 CAMPUS COMMONSRD  
SACRAMENTO CA 95814

ARCHITECT

**Nature of Work: INTERIOR OFFICE REMODEL**

**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 62124 Date 7/20/00 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 \_\_\_\_\_

**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 7/20/00 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.

A 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 ST. PAUL FIRE & MARINE Policy Number WVK 8300313 Exp Date 10/01/2000

\_\_\_\_ (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 7/20/00 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 # <span style="font-size: 1.5em; font-family: cursive;">001020S</span>	Insp. Area <span style="font-size: 1.5em; font-family: cursive;">1C</span>
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Applicant **MUST** complete ALL Unshaded areas

ADDRESS 777 CAMPUS COMMONS SAC CA Suite 160  
 PARCEL # 295.0390.007

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name _____                  Street Address _____                  City/State/Zip _____                  Phone _____ FAX _____                  E-mail: _____</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No # <u>677321</u></p> <p>Name <u>EARL CONSTRUCTION</u>                  Address <u>3940 INDUSTRIAL BLVD</u>                  City/State/Zip <u>WEST SAC CA 95691</u>                  Phone <u>371-4100</u> FAX <u>371-2468</u>                  E-mail: _____</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>TEZUSAGE</u>                  Address <u>1765 CHALLENGE WAY</u>                  City/State/Zip <u>SAC CA</u>                  Phone <u>565-0888</u> FAX <u>565-0480</u>                  E-mail: _____</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>MONTGOMERY WATSON</u>                  Address <u>777 CAMPUS COMMONS</u>                  City/State/Zip <u>SAC CA</u>                  Phone <u>922-9122</u> FAX _____                  E-mail: _____</p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: ST. PAUL FIRE & MARINE  
 → WORKER'S COMPENSATION POLICY # WUK 8300313 EXPIRATION DATE: 11/00

NATURE OF WORK IN DETAIL: INTERIOR FF remodel / office

OCCUPANT/TENANT: MONTGOMERY WATSON VALUATION: \$ 53,000

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		
		<u>2500</u>		<u>B</u>	<u>VN</u>	<input checked="" type="checkbox"/> SPR <input type="checkbox"/> ALARM	<u>15</u>	[H]	[Quad]	
<input checked="" type="checkbox"/> B	<input checked="" type="checkbox"/> L	P	<input checked="" type="checkbox"/> M	<input checked="" type="checkbox"/> E	<input checked="" type="checkbox"/> F	S	D	PW	UTIL	
<u>NONE</u>	<u>15 Yr</u>	<u>N/A</u>	<u>13 Yr</u>	<u>3 TLM</u>	<u>15 SHC</u>	<u>00</u>	<u>15</u>			

COMMENTS: waiting for Fire Sp info

OTC APPROVAL 09.20.00

REGIONAL SANITATION FEES?  Yes  No      HEALTH DEPARTMENT?  Yes  No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS?  Provided  Faxed

# AIRTEX

Job No: 70

Area Served: Open Office Area

Date: 7-1-82

Page: 1 of 1

Unit No: VAV-3+3A+11

MIN MAX

Room	Opening			Factor	Design		Test 1		Test 2		Test 3	
	No.	Type	Size		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
[REDACTED]	8	S	12X12			350		405		340		
VAV-3	9	S	12X12			350		565		340		
VAV-3	10	S	12X12			350		360		355		
VAV-3	11	S	12X12			350		260		355		
[REDACTED]				1.2	450	[REDACTED]		1590		[REDACTED]		
[REDACTED]	12	S	14X14			[REDACTED]		500	4.3VDC	[REDACTED]	MAX	MIN
[REDACTED]	1	S	12X12		MIN	MAX		MAX		MAX		MIN
[REDACTED]	2	S	12X12			335		265		340		105
[REDACTED]	3	S	12X12			240		235		230		65
[REDACTED]	4	S	12X12			240		125		235		65
[REDACTED]	5	S	12X12			240		170		240		65
[REDACTED]	6	S	12X12			240		155		250		70
[REDACTED]	7	S	12X12			240		175		245		70
[REDACTED]						215		155		220		60
[REDACTED]						[REDACTED]	5.1VDC	1280	6.0VDC	[REDACTED]	4.12VDC	[REDACTED]

VAV-3  
 Remarks: Filters are dirty recommend filters be replaced. Also recommend replacing filters.