

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0600888

Insp Area: 4

Thos Bros: 277B1

PAID CITY OF SACRAMENTO

MAR 08 2006

Site Address: 4170 TRUXEL RD SAC St: SUITE C  
Parcel No: 225-1250-038 SUITE C

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

CONTRACTOR  
ASSOCIATED BUILDERS, INC.  
4802 SECOND ST.  
BENICIA, CA 94510

OWNER NEIGHBORHOODS PLANNING AND DEVELOPMENT SERVICES  
ARIL (ALEXANDER) HORTON  
555 LORAL AVE., STE 130  
SAN MATEO, CA 94401

ARCHITECT

Nature of Work: 1ST TIME TI FOR "DR. HEIR ORAL SURGERY"; 2365 SF; SPRINKLERED

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 773353 Date 03/08/2006 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date 03/08/2006 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.

[Signature] 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 EXEMPT 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 these provisions.

Date 03/08/2006 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

**CERTIFICATE OF OCCUPANCY**

For Information Contact (916) 808-5716

Building Address: 4170 TRUXEL ROAD, SUITE #C Permit No.: 0600888  
Building Use: OFFICE DBA: DR HEIR ORAL SURGERY Occupancy: \_\_\_\_\_  
Building Owner: ALEKSANDER SHTURMAN Construction Type: 11-N  
Owner Address: SAN MATEO, CALIF 94401 Sprinkled?  Yes  No  
Portion of Building Occupied: ENTIRE SUITE #C Area: 2365 Sq. Ft.  
05/12/2006 James Tedford CARL HEFNER  
Date By: (Print) Sign ASSISTANT BUILDING OFFICIAL

[ Finaled By: DSP, GDS, RLB, MCM, MJG ]

*This Certificate, issued pursuant to the requirements of Section 109 of the Uniform Building Code, certifies that at time of issuance the described portion of the building has been inspected for compliance with the Uniform Building Code, as adopted per Title 15 of the Sacramento City Code for the group and division of occupancy and use for which the proposed occupancy is classified. Issuance of this certificate shall not be construed as an approval of a violation of any Codes, or Federal, State and City Laws or Ordinances. Certificates presuming to give authority to such violation shall not be valid. This certificate shall be posted in a conspicuous place on the premises and shall not be removed except by the Chief Building Official. No changes shall be made in the character of occupancy or use without approval of the Chief Building Official.*

**POST IN A CONSPICUOUS PLACE**

PERMIT NO.  
0600999

AREA NO.  
4C

WHEN CORRECTIONS HAVE BEEN MADE, CALL 808-7622 FOR REINSPECTION OF WORK

JOB LOCATION 4170 TRUXEL RD #C

INSPECTION REQUESTED Final

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:

- 1) PROVIDE ACCESS TO ELECTRICAL RECEPTION (RECEPTION ROOM 103.)
- 2) INSTALL WIRE SEWERS & DOWNLIGHTS.
- 3) INSTALL POWER SEWERPAGES.
- 4) INSTALL PIPING & WIRING TO SURGICAL LIGHTS
- 5) INSTALL GFCI'S IN LAB ROOM 119 & ROOM 113
- 6. INSTALL 209V RECEPT. IN 112. CLEAN ROOM 112
- 7. INSTALL Ground wire to TRAP. 201-5406

INSPECTOR John Lindahl DATE 5/1/06

BUILDING INSPECTIONS 808-5716

INSPECTOR'S COPY

PERMIT NO.

0600998

CITY OF SACRAMENTO  
2101 ARENA BLVD, #200  
BUILDING INSPECTIONS DIVISION

AREA NO.

2C

WHEN CORRECTIONS HAVE BEEN MADE, CALL 808-7622 FOR REINSPECTION OF WORK.

JOB LOCATION 4170 TRUXER RD

INSPECTION REQUESTED Rough Wires

THE UNDERSIGNED

BUILDING

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:

1) OK TO COVER PARTIAL WIRES  
FRONT WIRE OF BUILDING

INSPECTOR *John Jordan*

DATE 3/24/66

BUILDING INSPECTIONS 808-5716

INSPECTOR'S COPY

PERMIT NO.  
0600988

CITY OF SACRAMENTO  
2101 ARENA BLVD, #200  
BUILDING INSPECTIONS DIVISION

AREA NO.  
42

WHEN CORRECTIONS HAVE BEEN MADE, CALL 808-7622 FOR REINSPECTION OF WORK.

JOB LOCATION 4170 TRAXER

INSPECTION REQUESTED CEILING

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:

- 1) Ceiling wires must be identified and tied to grid.
- 2) Support 2" LxM7 beam main PANNER.
- 3) REVISE DRAWING FOR 1 LINE DRAWING SHOWING MAIN WIRE AND 300 WAF MAIN.

INSPECTOR *John Lindahl* 201-5406 DATE 4/20/06

BUILDING INSPECTIONS 808-5716

INSPECTOR'S COPY

**CERTIFIED**

377 W. Fallbrook Avenue, Ste. 208

**MEDICAL**

FRESNO, CALIFORNIA 93711

**TESTING**

800 243-5427

a Division of Risk Solutions, Ltd

To: DR HEIN'S OFFICE  
4170 TRUXEL RD STE C  
SACRAMENTO CA 95834

JOB NO.	_____
PROJECT/LOCATION	<u>4170 TRUXEL STE C</u> <u>SACRAMENTO</u>

Construction or Preventive Maintenance Testing has been performed in specific areas of the Medical Gas System as described herein. The testing procedures utilized conform with and are capable of determining functional results which meet the requirements set forth in C.C.R. Titles 22/24, JCAH, CGA, and NFPA.

The functional integrity of the Medical Gas Piping system at DR HEIN'S ORAL SURGERY OFFICE FACILITY WITH

(FACILITY)

LEVEL III

(SPECIFIC AREA)

Meets  Fails to meet / the minimum above referenced criteria.  
(SEE DETAILS UNDER "IMMEDIATE ACTION REQUIRED")

Medical Gas System	% O2 Present ( Purity )	Pressure Test Results	Flowrate Test Results	Temp. Test Results
<u>Oxygen</u>	<u>&gt; 99%</u>	<u>56 PSIG</u>	<u>260 LPM</u>	<u>N/A</u>
<u>NITROUS OXIDE</u>	<u>&lt; 1%</u>	<u>52 PSIG</u>	<u>240 LPM</u>	<u>N/A</u>
<u>VACUUM</u>	<u>N/A</u>	<u>20 IN HG</u>	<u>110 LPM</u>	<u>N/A</u>

**IMMEDIATE ACTION REQUIRED** DETAILED REPORT TO FOLLOW

J. P. Clark  
(TESTING TECHNICIAN)

5/1/06  
(DATE)

\_\_\_\_\_  
(SIGNED)



Test Sheet Air Balance Report



Start Up Date:	5/3/2006	Unit Mfg:	York AC #1
Job No:	2006.0024	Model #	D1NH048N06525
Project:	Associated Builders	Serial #	NOA6832905

Fan or Room #	Outlet #	Design or Size	Design CFM	Flow Hood Direct CFM Readings				Final
				1	2	3	4	
Lab/Storage	1	6	50	48				48
Hallway	2	6	50	56				56
Dirty	3	6	50	48				48
Clean	4	6	50	47				47
Procedure 2	5	10	275	247				247
Major	6	10	270	289				289
	7	10	270	267				267
Procedure 1	8	10	275	261				261
Nurse	9	6	40	35				35
X-ray	10	6	40	39				39
Exam 1	11	8	90	82				82
Hallway 2	12	6	50	55				55
Total			1510	1474				1474
		Design	Actual					
Supply Temp			41.8					
Return Temp			64.5					
Return static								
Supply static								
Total static			0.7					
Fan Horsepower			1					
Fan voltage			208					
Fan current			3.55					





2530 Warren Drive  
Rocklin, CA 95677

(916) 624-6090-Phone  
(916) 624-6069-Fax  
[www.Thermalair.com](http://www.Thermalair.com)

**Fax Transmittal Form**

To:

From: *Jon Houde*

Name: *Larry*

Organization Name:

*Associated*

Thermal Aire Heating & Air Conditioning

Date Sent:

*5/10/06*

Fax number: *419-4582*

Number Of Pages Including Cover: *3*

Message:

*Air Balance Reports to Dr. Office on  
Tunnel.*

If you receive this fax in error, please contact Thermal Aire at (916) 624-6090