

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0015012
Insp Area: 4

Site Address: 2890 GATEWAY OAKS DR SAC
Parcel No: 225-0230-083 SUITE 250

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

CONTRACTOR
BROWNING CONSTRUCTION INC
9050 RANCHVIEW CT
SACRAMENTO CA 95624

OWNER
BTY CROWN EQUITIES INC
2710 GATEWAY OAKS N 100
SACRAMENTO CA 95833

ARCHITECT

Nature of Work: 1ST TIME T.I.

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 N/A 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 461521 Date 01-24-01 Contractor Signature Samuel Browning

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 3 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.

Date 01-24-01 Applicant/Agent Signature Samuel Browning

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 policy number is: _____

Carrier STATE FUND Policy Number 00-6444 Exp Date 10/01/2001

(This section need not be completed if the permit is for less than 100 sq ft.) 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 01-24-01 Applicant Signature Samuel Browning

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 #	Insp. Area
0015012	4

Applicant MUST complete ALL Unshaded areas

ADDRESS 2890 Gateway Oaks Dr. Suite 250
 PARCEL # 225-0230-083

<p style="text-align: center;">CONTACT</p> <p>Name <u>Darrell Browning</u> Street Address <u>9052 Ranchview Ct</u> City/State/Zip <u>Elk Grove CA 95624</u> Phone <u>423-1103</u> FAX <u>685-5835</u> E-mail:</p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # <u>461321</u></p> <p>Name <u>Browning Construction Inc</u> Address <u>9650 Ranchview Ct</u> City/State/Zip <u>Elk Grove</u> Phone <u>423-1105</u> FAX <u>685-5835</u> E-mail:</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Waelson + ASSC</u> Address <u>550 Howe Ave</u> City/State/Zip <u>Sacto 95825</u> Phone <u>925-0333</u> FAX E-mail:</p>	<p style="text-align: center;">OWNER</p> <p>Name <u>BTU Crown Equities</u> Address <u>2870 Gateway Oaks</u> City/State/Zip <u>Sacto 95833</u> Phone <u>659-1900</u> FAX E-mail:</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Comp
 → WORKER'S COMPENSATION POLICY # 713-00-6444 EXPIRATION DATE: 10-21-01

NATURE OF WORK IN DETAIL: FF 1st x 2nd
type - office remodel

OCCUPANT/TENANT: VIERRA MOORE VALUATION: \$ 85,600.00

FLOOD STATUS:			S.C.A.T.							
JOB DESCRIPTION		BLDG	SHELL	APT	TI(<input checked="" type="checkbox"/>)	REM()	SW	FIRE	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 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>7275</u>		<u>B</u>	<u>II 1HR</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	<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	
<u>SMS</u>										

COMMENTS:

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

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

Business Name: MEVIA MOBILE Phone: 569-1900

Site Address: 2890 Gateway Ctr Suite: 250
(Street) (Zip)

Business Owner/Representative: Ron Russell Phone: 569-1900

Nature of Business: Office (Lease)

Property Owner: BDO Crown Counties Inc Phone: 569-1900

Address: 2870 Gateway Ctr Suite: 110
(Street) (City) (State) (Zip)

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: [Signature]
(Print)

[Signature] (Signature) [Date] (Date)

BID Use Only: Plan Ck# <u>0015012</u> Permit # <u>0015012</u> OK to issue prmt? <u>[Signature]</u> <u>1/24/01</u> F.D. Appr Req'd? <u>(Yes)</u> No <small>init date</small>	
Hold on Certificate of Occupancy? <u>(Yes)</u> No	
Fire Dept. Use Only: OK to issue permit? ini' _____ date _____ OK to issue Certificate of Occupancy? init _____ date _____	

AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln
Sacramento, CA 95827

VAV AIR DISTRIBUTION REPORT

PROJECT Green Mountain 148.00

SYSTEM: _____ DATE: 2-12-01

AREA SERVED:

VAV NUMBER	OUTLET			DESIGN		PRELIMINARY		FINAL		NOTE
	NO.	TYPE	SIZE	MIN	MAX	MIN	MAX	MIN	MAX	
21			10		290		330		290	
	1		8		290		305		290	
					/		/			
22					530		535		530	
	1		10		225		335		250	
	2				225		185		200	
23	3		10		225		240		225	
					/		/			
					735		730		730	
24	1		10		225		225		225	
	2		10		225		100		300	
	3		10		225		200		300	
					/		/			
					825		825		825	
24	1		10		215		70		210	
	2		10		240		29		240	
	3		10		220		230		225	
	4		10		290		35		290	
					965		1100		965	

REMARKS: _____

AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln
Sacramento, CA 95827

VAV AIR DISTRIBUTION REPORT

PROJECT Vicente Moore 148.10

SYSTEM: _____ DATE: 2-12-01

AREA SERVED:

VAV NUMBER	OUTLET NO.	OUTLET TYPE	OUTLET SIZE	DESIGN		PRELIMINARY		FINAL		NOTE
				MIN	MAX	MIN	MAX	MIN	MAX	
18	1		6		100		100		100	
	2		6		165		165		165	
					200		205		205	
29	1		8		210		290		200	
	2		10		275		440		275	
	3		8		120		145		120	
	4		6		80		100		85	
	5		8		155		90		155	
	6		8		155		100		155	
					1200		1165		1195	

REMARKS: _____

AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln
Sacramento, CA 95827

VAV AIR DISTRIBUTION REPORT

PROJECT Victoria Mall 198.10

SYSTEM: _____ DATE: 2-12-01

AREA SERVED:

VAV NUMBER	OUTLET		DESIGN		PRELIMINARY		FINAL		NOTE	
	NO.	TYPE	SIZE	MIN	MAX	MIN	MAX	MIN		MAX
3	1				210		200		210	
	2				230		230		210	
					210		200		210	
					420					
16	1		14		660		660		660	
	2		10		320		300		310	
	3		10		290		300		290	
					210		200		210	
					1260					
27	1		6		105		90		105	
	2		6		100		90		105	
	3		10		280		230		250	
	4		10		280		230		280	
	5		10		280		230		280	
	6		10		280		230		270	
	7		10		280		230		280	
	8		6		105		100		105	
				105		115		105		
				210		200		210		
				1815		1740		1850		

REMARKS: _____

