

CITY OF SACRAMENTO  
1231 I Street, Sacramento, CA 95814

Permit No: 9810461  
Insp Area: 4

Site Address: 1600 TRIBUTE RD SAC

Parcel No: 277-0285-007

ADDRESS CORRECTION .B.L.

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

**CONTRACTOR**

ORLANDO ELECTRIC  
2505 CASTINE CT  
SACRAMENTO CA 95826

**OWNER**

TEACHERS INSURANCE & ANNUITY ASSOCIATION  
2180 HARVARD ST #475  
SACRAMENTO CA 95815

**ARCHITECT**

Nature of Work: CUT IN WINDOWS, FILL IN LOADING DOCK, REMOVE CHAIN LINK FENCE. RESTRIPE FOR ADDITIONAL 3 PARKING SPACES.

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

License Class \_\_\_\_\_ License Number \_\_\_\_\_ Date \_\_\_\_\_ Contractor 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 3-21-01 Owner Signature Steph Owen

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 3-21-01 Applicant/Agent Signature Steph Owen

**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 LEGION INSURCO Policy Number WC 11582952 Exp Date 09/30/2001

(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 3-21-01 Applicant Signature Steph Owen

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.

51 I Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

Applicant **MUST** complete ALL Unshaded areas  
 this page only

ADDRESS ~~2500~~ TRIBUTE RD (Dennis Bldg) Suite \_\_\_\_\_  
 PARCEL # 277-0285-007

**CONTACT**

Name TONY ORLANDO  
 Address 2500 Castine Ct  
Sac Ca Zip 95828  
 Phone 916 870-7545 FAX 916 870-7545

**LICENSED CONTRACTOR** Lic No. # 305384

Name ORLANDO ELECTRIC  
 Address 2500 Castine Ct  
Sac Ca Zip 95828  
 Phone 916 870-7545 FAX \_\_\_\_\_

**ARCHITECT/ENGINEER** 302 1380

Name CHMD  
 Address 2150 Capitol Ave  
Sac Ca Zip 95816  
 Phone 416-7741 FAX 416-0457

**OWNER** [Redacted]

Name RPI  
 Address 10351 SANTA MONICA BLVD  
Suite 410 LA Zip 90225  
 Phone (310) 557-1311 FAX \_\_\_\_\_

→ Will the permittee have any employees on the jobsite?  Yes  No

→ If yes, WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_

NATURE OF WORK IN DETAIL: cut in windows (stone block) demolition  
REMOVE CHAIN LINK FENCE

DBA: \_\_\_\_\_ VALUATION: 15,000

| FLOOD STATUS:     |              | S.C.A.T.    |          |            |            |               |           |           |          |
|-------------------|--------------|-------------|----------|------------|------------|---------------|-----------|-----------|----------|
| JOB DESCRIPTION   | BLDG         | SHEL        | APT      | TI( )      | REM(✓)     | SW            | FIRE      | ADD       | OTH      |
| INSP. DISCIPLINES |              | <u>BLDG</u> | MECH     | PLUMB      | ELEC       | SITE          | FIRE      |           |          |
| # Stories         | 1st flr Area | Total Area  | Use Zone | Occp Group | Const type | Fire Req. Y/N | Fed Code  | Vio. File |          |
| <u>B</u>          | <u>L</u>     | <u>P</u>    | <u>M</u> | <u>B</u>   | <u>III</u> | Spr Alarm     | <u>15</u> |           | <u>R</u> |

COMMENTS: have done  
O.K. TO REMOVE CHAIN LINK FENCE / CPL 10-2-98 Sign off plans  
Must have planning approval WINDOWS

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No

City of Sacramento Development Services Division  
Planning and Zoning Information Request

Project Address: 1600 1700, 1770 Tribute Rd  
Assessor's Parcel Number: 277-0285-007  
Current Land Use: Office 7  
Description of Request/Proposed Use: Int. office  
remodels w/ site work (incl. new  
shade trees w/ planters + trash encl.)  
Zoning Designation: OB R (PC)  
Prior Applications for Project Site(P#,Z#,DRPB#): \_\_\_\_\_

Comments: Minor site work revisions  
OK - no planning reqs.  
Send plans through site cond.  
Work NOT TO INCLUDE WINDOWS.  
OR REMOVAL OF LOADING DOCK

Are There Any Planning Issues?: (Circle One) YES  NO   
Site Plan Check Required? (Circle One) YES  NO   
Design Review/ Preservation Required?: (Circle One) YES  NO

Planning Review by/Date: W J Gour 10/8/88

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

CITY OF SACRAMENTO  
APPLICATION FOR ~~REVISION~~ BUILDING PERMIT

WITHDRAWN  
~~PERMIT~~

DEVELOPMENT SERVICES DIVISION  
PERMIT SERVICES SECTION

1231 I Street, Rm. 200  
Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # ~~1600~~ Insp. Area 4

Applicant MUST complete ALL Unshaded areas  
this page only

ADDRESS ~~1725~~ 1600 ~~1725~~ R.D. (Dance Blvd.) Suite \_\_\_\_\_

PARCEL # 277-0285-007

|   |  |   |  |
|---|--|---|--|
| <b>CONTACT</b><br>Name <u>Tony</u><br>Address <u>2520</u><br>Phone <u>916</u> FAX <u>916</u>              |  | <b>LICENSED CONTRACTOR</b> Lic No. # <u>305887</u><br>Name <u>Orlando</u><br>Address <u>2520</u><br>Phone <u>916</u> FAX <u>916</u> |  |
| <b>ARCHITECT/ENGINEER</b><br>Name <u>H.M.D.</u><br>Address <u>2152</u><br>Phone <u>916</u> FAX <u>916</u> |  | <b>OWNER</b><br>Name <u>R.P.D.</u><br>Address <u>10351 SANTA MONICA BLVD</u><br>Phone <u>(310) 557 1311</u> FAX <u>1311</u>         |  |

→ Will the permittee have any employees on the jobsite?  Yes  No

→ If yes, WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_

NATURE OF WORK IN DETAIL: cut in windows (structural) demolished  
fill in loading dock REMOVE CHAIN LINK FENCE

DBA: \_\_\_\_\_ VALUATION: 15,000

|                   |              |            |          |            |            |               |           |           |          |     |
|-------------------|--------------|------------|----------|------------|------------|---------------|-----------|-----------|----------|-----|
| FLOOD STATUS:     |              |            | S.C.A.T. |            |            |               |           |           |          |     |
| JOB DESCRIPTION   |              | BLDG       | SHEL     | APT        | TI( )      | REM( )        | SW        | FIRE      | ADD      | OTH |
| INSP. DISCIPLINES |              | BLDG       | MECH     | PLUMB      | ELEC       | SITE          | FIRE      |           |          |     |
| # Stories         | 1st flr Area | Total Area | Use Zone | Occp Group | Const type | Fire Req. Y/N | Fed Code  | Vio. File |          |     |
|                   |              |            |          |            |            | Spr Alarm     | 15        |           |          |     |
| <u>B</u>          | <u>1</u>     | <u>P</u>   | <u>M</u> | <u>E</u>   | <u>F</u>   | <u>15</u>     | <u>15</u> | <u>D</u>  | <u>R</u> |     |

COMMENTS:  
O.K. To REMOVE CHAIN LINK FENCE / G/L 10-8-98  
Must have planning approval WINDOWS  
have done sign off plans

REGIONAL SANITATION FEES?  Yes  No HEALTH DEPARTMENT?  Yes  No



# Field Report

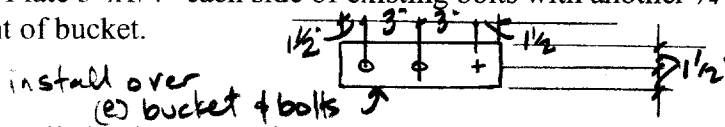
**Date:** 3/21/01      **Project Name:** 1650 Tribute Rd.  
**Attn.:** Stephen Ovian      **B&B Job No.:** S01-027.00  
**Company:** RPD      **Location:** Sacramento, CA  
**Address:**      **Weather:** Clear

**Contractor:**      **Present at site:** Steve: RPD  
**Owner:**      **Present at site:**

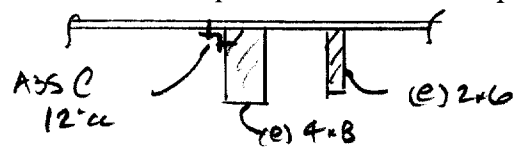
### THE FOLLOWING WAS NOTED:

We were requested to visit the above referenced jobsite to observe installed condition of tube steel columns and purlin ties.

1. 4x8 member was installed in bucket with insufficient end distance on 3/4" thru bolt. Solution: Install Plate 3"x1/4" each side of existing bolts with another 3/4" thru bolt 3" spaced in front of bucket.



2. A35 clips were installed only on one side of 4x8 because of insufficient installation clearance on opposite side. Solution: Install specified number of clips on one side only. (@12"cc)



3. Repair missing bolt to concrete panel using SSK-1 detail attached.

Submitted by:

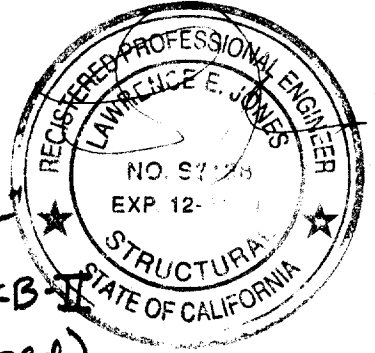
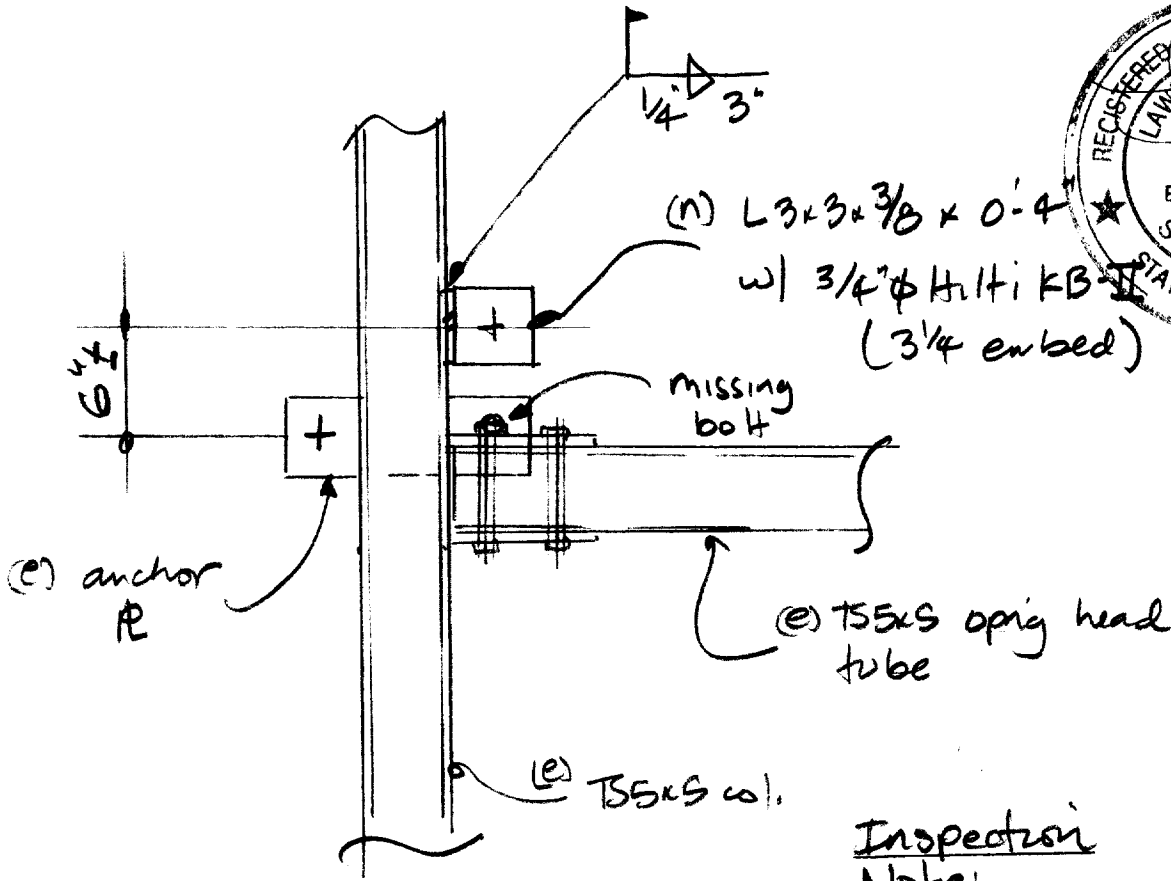
Lawrence E. Jones  
(Typed)

(Signature)



cc:

# Repair for Missing Anchor @ wall oping Frame



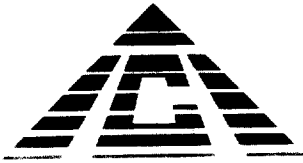
Elevation

### Inspection Note:

Independent testing lab to inspect installation per ICBO # ER-4627 (150 ft/lbs torque)

### Note:

Other punch list items to be completed per original structural details



# INSPECTION CONSULTANTS, LP

a division of INSPECTION CONSULTANTS, INC.

Revised March 22, 2001  
January 18, 2001

Mr. Steve Ovian  
RPD Properties  
1901 Avenue of The Stars  
Los Angeles, CA 90067

**Reference:** **FINAL REPORT "SPECIAL INSPECTION"**  
**1600 Tribute Road**  
**1700 Tribute Road**  
**Sacramento, California**  
**ICI File No.: 991-009**  
**Bldg. Permit No.: 9810161,9810002,9812003**

**Dear Mr. Ovian:**

This report is to verify that in accordance with Chapter 17 of the 1997 Uniform Building Code, representatives of our firm provided Special Inspection and Testing Services from January 26, 1999 through February 17, 1999 during construction of the referenced building. The following items were inspected.

**Test :**

- ◆ Fill Compaction
- ◆ Reinforcing Steel
- ◆ Concrete
- ◆ Structural Steel
- ◆ Epoxy & Expansion Anchors

**Inspections:**

- ◆ Footing Excavation
- ◆ Reinforcement Placement
- ◆ Concrete Placement
- ◆ Shop Welding
- ◆ Field Welding
- ◆ High Strength Bolting
- ◆ Epoxy & Expansion Anchors

Based both upon the inspections performed and substantiating documentation, it is our opinion that the inspected work was performed, to the best of our knowledge, in general accordance with the approved project plans, specifications and revisions provided by Orlando Electric of Sacramento, California. This summary letter concludes our work on this project.

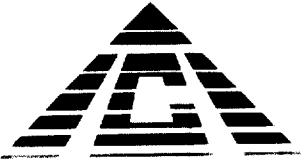
Should you have any questions or require additional information, please contact our office. Thank you for this opportunity to be of service.

**Respectfully Submitted,**  
**INSPECTION CONSULTANTS, LP**

**Robert L. Halk, P.E.**  
**Engineering Manager**

File: Report Letter 991-009





# INSPECTION CONSULTANTS, LP

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**INSPECTION CONSULTANTS, LP**

**Robert L. Halk, P.E.**  
**Engineering Manager**

File: Report Letter 991-009







# INSPECTION CONSULTANTS, LP

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January 18, 2001

**Mr. Steve Ovian**

**RPD Properties**

1901 Avenue Of The Stars

Los Angeles, CA 90067

**Reference: FINAL REPORT "SPECIAL INSPECTION"  
1600 Tribute Road  
Sacramento, California**

**ICI File No.: 991-009**

**Bldg. Permit No.: 9810461**

**Dear Mr. Ovian:**

This report is to verify that in accordance with Chapter 17 of the 1994 Uniform Building Code, representatives of our firm provided Special Inspection and Testing Services from January 26, 1999 through February 17, 1999 during construction of the referenced building. The following items were inspected.

- ◆ Concrete
- ◆ Reinforcing Steel
- ◆ Structural Steel
- ◆ Epoxy Dowells
- ◆ Earthwork
- ◆ Epoxy Anchors/Load Tests

Based both upon the inspections performed and substantiating documentation, it is our opinion that the inspected work was performed, to the best of our knowledge, in general accordance with the approved project plans, specifications and revisions provided by Orlando Electric of Sacramento, California. This summary letter concludes our work on this project.

Should you have any questions or require additional information, please contact our office. Thank you for this opportunity to be of service.

**Respectfully Submitted,**  
INSPECTION CONSULTANTS, LP

Robert L. Halk, P.E.  
Engineering Manager



File: Reports Letter 991-009



**INSPECTION CONSULTANTS, LP**  
a division of INSPECTION CONSULTANTS, INC.

**January 18, 2001**

**Mr. Steve Ovian**  
**RPD Properties**  
1901 Avenue Of The Stars  
Los Angeles, CA 90067

**Reference: FINAL REPORT "SPECIAL INSPECTION"**  
**1600 Tribute Road**  
**Sacramento, California**

**ICI File No.: 991-009**  
**Bldg. Permit No.: 9810461**

**Dear Mr. Ovian:**

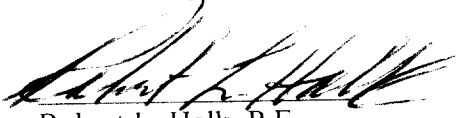
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**Respectfully Submitted,**  
INSPECTION CONSULTANTS, LP

  
Robert L. Halk, P.E.  
Engineering Manager



File: RPD-9910461-009

**BUEHLER & BUEHLER ASSOCIATES  
STRUCTURAL ENGINEERS, INC.**

7300 Folsom Blvd. Suite 103  
SACRAMENTO, CALIFORNIA 95826

JOB 1650 Tribute

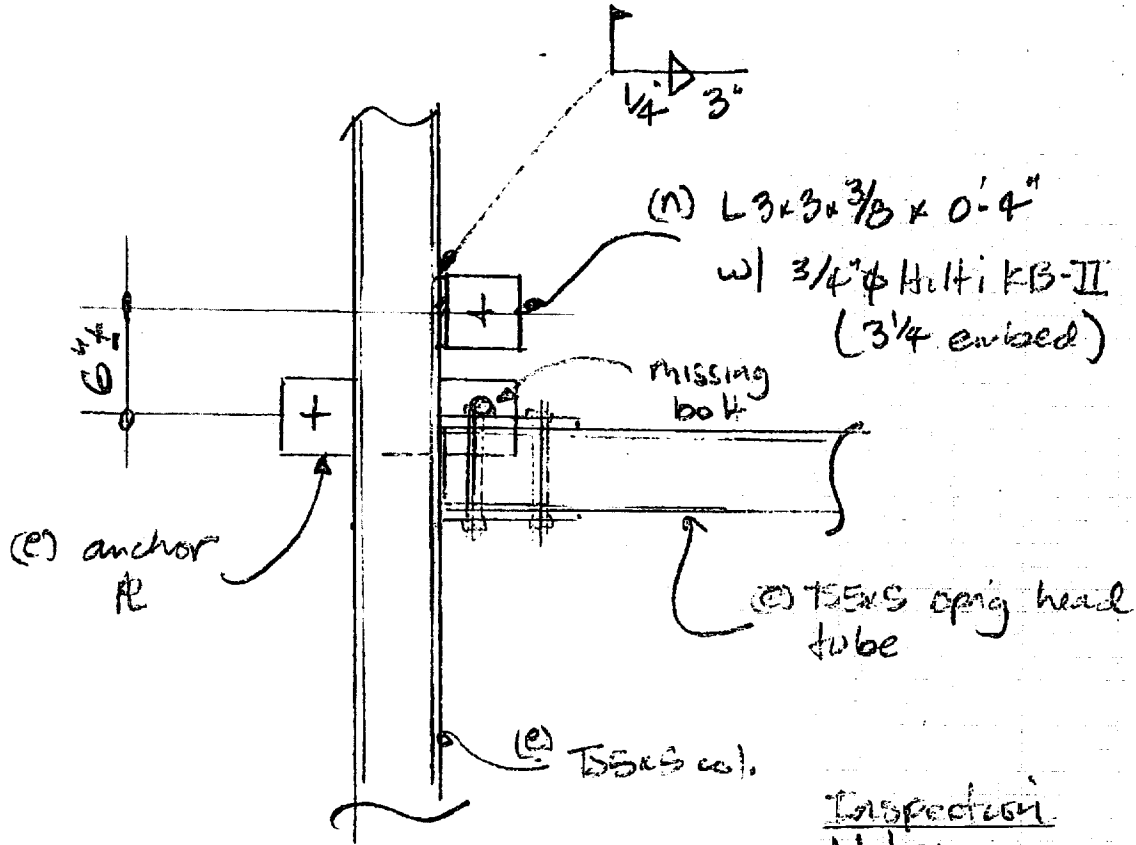
JOB NO. 98206

DATE 2/6/01

CLIENT RPD BY LJ

SHEET NO. SSK-1

# Repair for Missing Anchor @ wall oping frame



Elevation

Inspection Note:

Independent testing  
lab to inspect installation  
per ICBO # ER-4627  
(150 ft/lbs torque)

Note:

Other punch list items to be  
completed per original structural details



# INSPECTION CONSULTANTS, LP

a division of INSPECTION CONSULTANTS, INC.

Project Number:

011-028

|  |  |  |
|--|--|--|
| Project Name: <b>INNOVENTRY</b>  |  | Date/Day of the Week: <b>3-10-01 SAT</b> |
| Project Address: <b>1650 TRIBUTE RD.</b>                                     |  | City: <b>SACRAMENTO</b>                  |
| Contractor: <b>MARKET ONE</b>  | Superintendent: <b>STEVE DVIAN</b>               |  |
| Sub-Contractor:  | Engineer of Record: <b>BUEHLER &amp; BUEHLER</b> | Permit No.:                              |
| Material Description: (type, grade, source) <b>ASTM A36, 34" HILTI KB-II</b> |  |  |
| Technician/Inspector: <b>STEVEN RUSSELL</b>                                  | Page: <b>ONE OF ONE</b>                          |  |

**Comments:** DETAIL REF: REPAIR FOR MISSING ANCH.  
@ WALL OPENING FRAME # 22.  
PERFORMED ANCHOR INSTALLATION  
INSPECTION FOR 34 x 4 1/2 HILTI KB II BOLTS IN  
ACCORDANCE W/ ICBD ER-4627 AT 6 LOCATIONS  
ALONG THE INSIDE OF THE NORTH WALL.  
ALSO PERFORMED VISUAL INSPECTIONS OF  
COMPLETED FIELD WELDING OF L 3x3x3/8 ANCH.  
CLIPS (USED W/ ANCH. BOLTS) TO EXISTING T.S.  
COLUMNS @ SAME LOCATIONS.  
TOTAL OF 12 LOCATIONS ALONG NORTH  
WALL ARE COMPLETED IN GENERAL COMPLIANCE  
WITH PLANS (ATTACHED) AND APPLICABLE  
GOVERNING CODES.

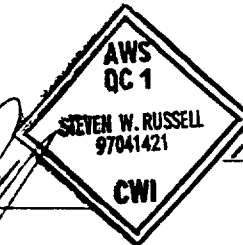
### STATEMENT OF COMPLIANCE

I hereby state that I have inspected all of the above reported work unless otherwise noted. I have found this work, to the best of my knowledge, to generally comply with the approved plans, specifications, and applicable sections of the governing building codes. Non-Compliance conditions noted were brought to the attention of

Compliance

Yes  No

*Steven W. Russell*  
 ICI Inspector



*Man Hock*  
 Acknowledgement



# INSPECTION CONSULTANTS, LP

a division of INSPECTION CONSULTANTS, INC.

Project Number:

011-028

|   |                                    |   |
|---|------------------------------------|---|
| Project Name: <b>INNOVENTRY</b>   |                                    | Date/Day of the Week: <b>3-9-01 FRI</b> |
| Project Address: <b>1050 TRIBUTE RD.</b>                                      |                                    | City: <b>SACRAMENTO</b>                 |
| Contractor: <b>MARKET ONE INC</b>   | Superintendent: <b>STEVE DVIAN</b> |   |
| Sub-Contractor:   | Engineer of Record:                | Permit No.:                             |
| Material Description: (type, grade, source) <b>ASTM A36, 3/4" HILTI KB-II</b> |                                    |   |
| Technician/Inspector:   |                                    | Page: <b>ONE OF ONE</b>                 |

**Comments:** PERFORMED VISUAL INSPECTIONS OF COMPLETED FIELD WELDINGS OF L3x3x3/8 ANCHOR CLIP TO EXISTING T.S. COL. @ 6 LOCATIONS ALONG THE NORTH WALL.

PERFORMED ANCHOR INSTALLATION INSPECTION IN ACCORDANCE W/ ICBO ER-4627 (150 Ft/lbs TORQUE) @ 6 CLIP TO COL. LOCATIONS ALONG THE NORTH WALL.

REF: REPAIR FOR MISSING ANCHOR @ WALL OPENING FRAME # 22

NOTE: 6 OF 12 LOCATIONS ALONG NORTH WALL ARE COMPLETED AND IN GENERAL COMPLIANCE W/ PLANS (BUEHLER & BUEHLER # 98206) ATTACHED - AND AULS. D.I. STRUCTURAL WELDING CODE - 2000 \* REVIEWED WELDER QUALIFICATION RECORD FOR ROBERT WALLACE ID# 527-47-9006 (ATTACHED)

### STATEMENT OF COMPLIANCE

I hereby state that I have inspected all of the above reported work unless otherwise noted. I have found this work, to the best of my knowledge, to generally comply with the approved plans, specifications, and applicable sections of the governing building codes. Non-Compliance conditions noted were brought to the attention of

Compliance

Yes  No

ICI Inspector

Acknowledgement

1515 NORTH C STREET, SACRAMENTO, CALIFORNIA 95814 ♦ (916) 321-5580 ♦ (916) 321-5590 FAX  
 844 66th AVENUE ♦ OAKLAND, CALIFORNIA 94621-2716 ♦ (510) 635-9211 ♦ (510) 635-0988 FAX