

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0109730

Insp Area: 1

Thos Bros:

Sub-Type: REM

Housing (Y/N): N

Site Address: 1215 K ST SAC

Parcel No: 006-011-012

2ND FLOOR

CONTRACTOR
MARKET ONE BUILDERS INC
1200 N MARKET BL #1
SACRAMENTO CA 95834

OWNER
ESQUIRE PARTNERS LLC
1100 ZINI ANDEI DR #160
RANCHO CORDOVA, CA 95670

ARCHITECT

Nature of Work: TELCO 2ND FLOOR

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. Code)

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: 77694 Date: 7/7/01 Contractor Signature: Karl Schuber

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors license law for the following reason (Sec. 7031.7, 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 or her own employees, provided that such improvements are not intended or offered for sale. 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 & P. of 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: 7/7/01 Applicant Agent Signature: Karl Schuber

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: STATE FUND Policy Number: 692-99 0002229 Exp Date: 10/01/2001

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: 7/7/01 Applicant Signature: Karl Schuber

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) 264-5716

Building Address: 1215 K ST 12TH FL Permit No. 0109730

Building Use: OFFICE Occupancy: B

Building Owner: ESQUIRE PARTNERS L.L.C. Construction Type: _____

Owner Address: 3100 ZINFANDEL DR #160 R.C. Sprinkled? [] Yes [] No

Portion of Building Occupied: 12TH FL T.I. Area: _____ Sq. Ft.

10/12/01 WJR DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By:DP,WJR,RDH,CP]

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 City Building Official. No changes shall be made in the character of occupancy or use without approval of the City Building Official.

POST IN A CONSPICUOUS PLACE

APPLICATION FOR [REDACTED] BUILDING PERMIT

DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION
 1231 I Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

PLAN CHECK # [REDACTED] Insp. Area [REDACTED]

0109730 12
 Applicant **MUST** complete **ALL Unshaded** areas on this page only

ADDRESS 1215 K ST Suite 12TH FLOOR
 PARCEL # _____

CONTACT
 Name TOM FORD
 Address 1419 N. MARKET BLVD #1
SACRAMENTO CA Zip 95834
 Phone 928-7474 FAX 928-7475

LICENSED CONTRACTOR Lic No. 737694
 Name MARKETONE BUILDERS
 Address 1419 N. MARKET BLVD #1
SAC CA Zip 95834
 Phone 928-7474 FAX 928-7475

ARCHITECT/ENGINEER
 Name WILLIAMS & PADDON
 Address 2237 DOUGLAS BLVD #160
ROSEVILLE CA Zip 95661
 Phone 786-8178 FAX 786-2175

OWNER
 Name DAVID S. TAYLOR INTERESTS
 Address 1701 K ST # 1840
SAC CA Zip 95814
 Phone 556-1715 FAX 556-1706

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

→ If yes, WORKER'S COMPENSATION POLICY # 692-222900 EXPIRATION DATE: 10/01/01

NAME OF INSURANCE COMPANY: STATE COMPENSATION INS. FUND

NATURE OF WORK IN DETAIL: TI TO EXISTING SHELL

DBA: _____ VALUATION: 29350

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	SI()	REM()	SW	FIRE	ADD	OTH
INSP. DISCIPLINES		BLDG	MECH	PLUMB	FLEC	SITE	FIRE			
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <input checked="" type="checkbox"/>	Fed Code	Vio. File		
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>B</u>	<u>1 PR</u>	<u>YD</u>	<u>15</u>			
<u>13 ft</u>	<u>13 ft</u>	<u>13 ft</u>	<u>13</u>	<u>SPM</u>	<u>03</u>	<u>SA</u>	<u>D</u>	<u>R</u>		

COMMENTS: Provide an additional Alarm/shock speaker in conference room. Provide revised battery cables and voltage drop cables. Provide SPMS utility sheets and a complete material information package.

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

BLDGFRM. (REV 05/98) WATER FLOW TEST FOR NEW BLDGS OR ADDITIONS Yes No

CIRCO System Balance, Inc.

Contractor License #624117

AIR - HYDRONIC - TEMPERATURE - SOUND - SYSTEM SURVEY

4100 FLORIN-PERKINS RD.

SACRAMENTO, CA. 95826

(916) 387-5100

FAX (916) 387-5101

OCTOBER 01, 2001

901-7877-B1

AIR BALANCE REPORT

ESQUIRE PLAZA
12TH FLOOR CH2 MHILL
FMB# T-3226
SACRAMENTO, CALIFORNIA

CONTRACTOR:

FM BOOTH

TEST PERFORMED BY:

JOHN CHOVANETZ

REPORT CHECKED BY:


JEFF WOONING



CHARTER MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

TABLE OF CONTENTS

SECTION	DESCRIPTION
1	REMARKS CONCERNING BALANCING PROCEDURES
2	(E) AHU, VAV'S DATA



AABC

CHARTER MEMBER OF ASSOCIATED AIR BALANCE COUNCIL

SECTION ONE

1. THE TOTAL AIR DELIVERY OF EACH FAN WAS ESTABLISHED BY OUTLET TOTAL AND DOES NOT INCLUDE POSSIBLE DUCT LEAKAGE
2. ALL BALANCE FACTORS WERE OBTAINED FROM THE MANUFACTURER'S DATA AND APPLIED ACCORDING TO THEIR SUGGESTED METHOD.
3. INLET AND OUTLET AIR QUANTITIES, WITH PERFORATED PLATES, WERE MEASURED BY SPECIAL AIR SCOOP. SEE DATA SHEET THIS SECTION.
4. FOLLOWING THIS SHEET ARE:
 1. SYMBOL SHEET
 2. FLOWHOOD DATA

CIRCO System Balance, Inc.

SYMBOL SHEET

SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION
CFM	CUBIC FEET PER MINUTE	ΔT	DIFFERENTIAL TEMPERATURE
FPM	FEET PER MINUTE	ΔP	DIFFERENTIAL PRESSURE
FACTOR	BALANCE FACTOR-SQUARE FEET	P.D.	PRESSURE DROP
CSD	CEILING SUPPLY DIFFUSER	H.D.	HEAD-FEET OF WATER
RG	RETURN GRILLE	W.G.	WATER GAUGE
CRR	CEILING RETURN REGISTER	W.C.	WATER COLUMN
WR	WALL REGISTER	CHW	CHILLED WATER
LT	LIGHT TROFFER	C.W.	CONDENSER WATER
LSD	LINEAR SLOT DIFFUSER	H.W.	HEATING WATER
VAV	VARIABLE AIR VOLUME BOX	E.W.T.	ENTERING WATER TEMPERATURE
T-STAT	THERMOSTAT	L.W.T.	LEAVING WATER TEMPERATURE
D.A.	DIRECT ACTING	CC	COOLING COIL
R.A.	REVERSE ACTING	SC	STEAM COIL
D.D.C.	DIRECT DIGITAL CONTROL	P.HC	PREHEAT COIL
N/I	NOT INSTALLED	H.C.	HEATING COIL
N/L	NOT LISTED	R.H.C.	REHEAT COIL
N/A	NOT ACCESSIBLE	E.D.H.	ELECTRIC DUCT HEATER
F.L.A.	FULL LOAD AMPS @ NAMEPLATE	P.P.	PETES PLUG
V	VOLTS	O.A.T.	OUTSIDE AIR TEMPERATURE
PH	PHASE	R.A.T.	RETURN AIR TEMPERATURE
HP	HORSEPOWER	M.A.T.	MIXED AIR TEMPERATURES
BHP	BRAKE HORSEPOWER	O.A.T.-DB	D.B. OUTSIDE AIR TEMP-DRY BULB
SP-	NEGATIVE STATIC PRESSURE	E.A.T.-DB	ENTERING AIR TEMP-DRY BULB
SP+	POSITIVE STATIC PRESSURE	L.A.T.-DB	LEAVING AIR TEMP-DRY BLUB
T.S.P.	TOTAL STATIC PRESSURE	E.A.T.-WB	ENTERING AIR TEMP-WET BLUB
E.T.S.P.	EXTERNAL TOTAL STATIC PRESSURE	L.A.T.-WB	LEAVING AIR TEMP-WET BULB
V.P.	VELOCITY PRESSURE	N.A.	NOT AVAILABLE
OSA	OUTSIDE AIR		
RA	RETURN AIR		
T.G.	TRANSFER GRILLE		

CIRCO System Balance, Inc.

4100 Florin Perkins Rd.
 Sacramento, Ca. 95826
 (916) 387 - 5100

John

Calibration Data Sheet

FLOWHOOD DATA	
SERIAL #	13097
MODEL #	6461

DATE TESTED:	7-7-01			
TESTED BY:	John Charat			
TEST DATA READ IN:	CFM	FPM	VP	SP

FLOWHOOD RANGE	CALIBRATED FLOW READING	FLOWHOOD ACTUAL READING	CALIBRATED HOOD READING
800/2000	10.0 = 1550	1575	1575
	9.2 = 1450	1475	1475
	7.0 = 1300	1300	1300
400/1000	2.6 = 790	795	795
	1.9 = 675	680	690
	.92 = 465	455	455
100/500	.92 = 465	470	470
	.68 = 400	405	405
	.40 = 310	315	315
	.10 = 150	135	145
0/250 With low flow plate installed	.23 = 230	225	225
	.18 = 210	210	210
	.10 = 150	145	145
	.04 = 98	95	95
	.02 = 69	70	70

THE CALIBRATION TEST DATA WAS ESTABLISHED BY AN IN HOUSE CALIBRATED 8" ORIFICE PLATE AND FLOW CURVE CHARTS. AS RECOMMENDED BY A A B C STANDARDS IT WILL BE RECHECKED BY MEANS OF DUCT TRAVERSE IN THE FIELD. THIS EQUIPMENT HAS BEEN CALIBRATED USING STANDARDS WHOSE ACCURACIES ARE TRACEABLE TO A CALIBRATED ORIFICE PLATE .



CIRCO System Balance, Inc.

SB JOB# 7877
 SECTION 2 PAGE 1
 DATE September 28, 2001

TEST SHEET

AREA SERVED 12TH FLOOR CH2MHILL-ESQUIRE PLAZA UNIT (E) AHU

ROOM	OPENING			FACTOR	DESIGN		TEST #1		MAX		MIN	
	NO.	TYPE	SIZE		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
						V12-9	325/150					
	1	CD	6"Ø	1.0		125		115		130		
	2	CD	8"Ø	1.0		200		225		205		
						---		---		---		---
						325		340		335		160
						V12-10	800/240					
	3	CD	10"Ø	1.0		400		420		400		
	4	CD	10"Ø	1.0		400		480		410		
						---		---		---		---
						800		900		810		250
						VH12-19	775/300					
	5	CD	10"Ø	1.0		250		120		255		
	6	CD	10"Ø	1.0		250		100		240		
	7	CD	10"Ø	1.0		275		130		280		
						---		---		---		---
						775		350		775		315

REMARKS: VH 12-19 = GRISWOLD VALVE .SCV, 20 PSI = .8 GPM.



MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 9.19.01

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

1215 K St

Has been conducted by Inspector

Pack

On

12.17.00

0109730
Permit Number

0
Square Footage

F.A.
Type of Inspection

They system is acceptable by this department.

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

01-174
F.D. Reference Number

