

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0505925

Insp Area: 2

Thos Bros: 338C6

Site Address: 8118 TIMBERLAKE WY SAC

Parcel No: 117-0181-005

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR
ACF CONSTRUCTION
PO BOX 163622
SACRAMENTO CA 95816

OWNER
L ROBERT/HELENE D CONNELLY 1994 TRUST AG
35 ALAMO OAKS LN
ALAMO, CA 94507

ARCHITECT

Nature of Work: MEDICAL 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 B License Number 511900 Date 07-07-05 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

PAID
CITY OF SACRAMENTO
JUL 07 2005

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 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 07-07-05 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.

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 6073-2004 Exp Date 10/01/2005

(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 07-07-05 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
APPLICATION FOR COMMERCIAL BUILDING PERMIT 0505925

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

ACTIVITY #	Insp. Area
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Applicant MUST complete ALL Unshaded areas

ADDRESS 8118 Timberlake Way, Suite 110, Sacramento Suite _____
 PARCEL # _____

CONTACT Name <u>Skie Camp/ ACF Construction</u> Address <u>7005 Luther Dr., #11, Sac, CA 95823</u> Phone <u>392-5076</u> FAX <u>392-0734</u> E-mail <u>skie@acconstruction.com</u>		LICENSED CONTRACTOR Lic No. # <u>511900</u> Name <u>ACF Construction Sac, CA</u> Address <u>7005 Luther Dr., # 11, 95823</u> Phone <u>392-5076</u> FAX <u>392-0734</u> E-mail <u>skie@acconstruction.com</u>	
ARCHITECT/ENGINEER Name <u>Boulder Associates Boulder, CO</u> Address <u>210 4747 Table Mesa Dr., Suite 102,</u> Phone <u>303 499 7795</u> FAX <u>303 499 7767</u> E-mail _____		OWNER Name <u>Bob Connolly</u> Address _____ Phone _____ FAX _____ E-mail _____	

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: State Fund
 → WORKER'S COMPENSATION POLICY # 0016073-04 EXPIRATION DATE: 10/05

NATURE OF WORK IN DETAIL: medical office remodel

OCCUPANT/TENANT: Radiological Associates VALUATION: \$ 160,000.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI()	REM()	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			BLDG	MECH	PLUMB	ELEC	SITE	FIRE		
# Stories	1st fl Area	Total Area	Use Zone	Occp Group	Const type	Fire Req <u>Y</u> <u>N</u>	Fed Code	Vio. File		
				<u>B</u>		SPR <u>X</u> ALARM	<u>15</u>	[H]	[Quad]	
<u>B</u>	<u>L</u>	<u>P</u>	<u>M</u>	<u>E</u>	<u>F</u>	S	D	PW	UTIL	

COMMENTS: FIRE SPRINKLER PLANS ARE REQUIRED TO BE SUBMITTED AT THE SAME TIME WITH THE TENANT IMP. PLANS. PLEASE PROVIDE.

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



INSPECTION CONSULTANTS, LP

a division of INSPECTION CONSULTANTS, INC.

September 27, 2005

ACF Construction
7005 Luther Drive, Suite No. 11
Sacramento, CA 95823

Reference: **FINAL REPORT "SPECIAL INSPECTION"**
8118 Timber Lake Way
Suite 110
Elk Grove, California

Permit No.: 0501454
ICI File No.: 041-005

Dear Sir or Madam:

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 20, 2004 through September 17, 2005, during construction of the referenced project. The following items were inspected:

- ◆ Reinforcing Steel
- ◆ Epoxy Dowels
- ◆ Concrete
- ◆ Epoxy 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. This summary letter concludes our work on the project.

If 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, PE
Engineering Manager



AIR BALANCING WORKSHEET
DIFFUSER READINGS

 JOB NAME: South Area Imaging SYSTEM: A/C 1 3-ton Tran

1 ROOM LOCATION OR DIFFUSER NO.	2 SUPPLY OR RETURN MODEL SIZE	3 FLOW FACTORS OR NET CORE AREA Ft ²	4 DESIGN AIR FLOW CFM	5 DESIGN OUTLET VELOCITY FPM	6 MEASURED AVERAGE VELOCITY READING - FPM	7 MEASURED AIR FLOW CFM	8 REMARKS
CT 101	12 ^S		325			325	
//	12 ^S		325			325	
	14 ^R		588			588	
Control 106	10 ^S		500			495	
	10 ^R		500			480	OSA set @ 85 CFM

 INSTRUMENT: Alnor Balometer BY: Sam Dence LNC
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