

**CITY OF SACRAMENTO**

1231 I Street, Sacramento, CA 95814

Permit No: 0114057

Insp Area: 4

Thos Bros:

Sub-Type: TI

Housing (Y/N): N

Site Address: 2870 GATEWAY OAKS DR SAC

Parcel No: 225-0230-093 STE 230

CONTRACTOR

BROWNING CONSTRUCTION INC  
9050 RANCHVIEW CT  
SACRAMENTO CA 95624

OWNER

BTV CROWN EQUITIES  
400 CAPITOL MALL STE 2340  
SACRAMENTO CA 95814

ARCHITECT

Nature of Work: FIRST TIME T.I. FOR STE 230

**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 461321 Date 12-13-01 Contractor Signature Shirley 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 12-13-01 Applicant/Agent Signature Shirley 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.

DB 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 713016444 Exp Date 10/01/2002

(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 12-13-01 Applicant Signature Shirley 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 # 0114057

Insp. Area 4C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2870 Gateway Oaks DR Suite 230  
 PARCEL # 225.0230.093

<p style="text-align: center;"><b>CONTACT</b></p> <p>Name <u>Darrell Browning</u>                  Street Address <u>9050 Ranchview Ct.</u>                  City/State/Zip <u>Elk Grove CA 95624</u>                  Phone <u>423-1105</u> FAX <u>685-5835</u>                  E-mail:</p>	<p style="text-align: center;"><b>LICENSED CONTRACTOR</b> Lic No. # <u>461321</u></p> <p>Name <u>Browning Construction Inc.</u>                  Address <u>9050 Ranchview Ct.</u>                  City/State/Zip <u>Elk Grove, CA 95624</u>                  Phone <u>423-1105</u> FAX <u>685-5835</u>                  E-mail:</p>
<p style="text-align: center;"><b>ARCHITECT/ENGINEER</b></p> <p>Name <u>Nielsen + Assoc.</u>                  Address <u>550 Howe Ave</u>                  City/State/Zip <u>Sacramento CA 95825</u>                  Phone <u>925 0333</u> FAX                  E-mail:</p>	<p style="text-align: center;"><b>OWNER</b></p> <p>Name <u>BTU Crown Equities</u>                  Address <u>2870 Gateway Oaks #120</u>                  City/State/Zip <u>Sacramento, CA 95833</u>                  Phone <u>569-1900</u> FAX <u>569-1944</u>                  E-mail:</p>

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: State Comp  
 → WORKER'S COMPENSATION POLICY # 713 06444 EXPIRATION DATE: 10-01-02

NATURE OF WORK IN DETAIL: 1st time TI OFFICE

OCCUPANT/TENANT: UNISYS VALUATION: \$116,000<sup>00</sup>

FLOOD STATUS:		S.C.A.T. <u>yes see computer 200</u>								
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. Y/N	Fed Code	Vio. File		
<u>3</u>		<u>6612</u>		<u>B</u>	<u>11-1HP</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<u>15</u>	[H]	[Quad]	
						<input checked="" type="checkbox"/> SPRV <input type="checkbox"/> ALARM				
<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	<input type="checkbox"/> S	<input checked="" type="checkbox"/> D	PW	UTIL	

COMMENTS:

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



**air systems**  
of sacramento, inc.

**air systems of sacramento, inc.**

3850 Happy Lane  
Sacramento, CA 95827

Report #7

**DOUBLE DUCT VAV DISTRIBUTION REPORT**

FH# 7

PROJECT: UNISYS

NAME: LANCE  
JOB#: 1125.10

SYSTEM: \_\_\_\_\_

DATE: 1-10-02

VAV NUMBER	OUTLET			DESIGN			PRELIMINARY			FINAL			NOTE
	No.	Type	Size	H Max	C Min	C Max	H Max	C Min	C Max	H Max	C Min	C Max	
2-13													
	1	SZ	10"φ			320			330			345	
	2	↓	↓			230			230			240	
				/	/	/			/	/	/	/	
				220	150	550			560	240	160	585	
2-14													
	1	SZ	10"φ			230						245	
				/	/	/			/	/	/	/	
				120	120	230				115	125	245	
2-15													
	1	SZ	8"φ			180			200			190	
	2	↓	↓			130			145			135	
	3	↓	↓			115			120			110	
	4	↓	↓			170			170			190	
				/	/	/			/	/	/	/	
				245	95	615			655	275	⊖	625	"

REMARKS:

*Brook Chiu*



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of sacramento, inc.

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FH#7

PROJECT: UNISYS

NAME: LANCE

JOB#: 1125.10

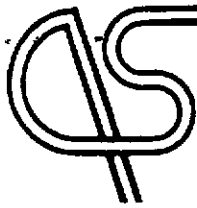
SYSTEM:

DATE: 1-10-02

VAV NUMBER	OUTLET			DESIGN			PRELIMINARY			FINAL			NOTE
	No.	Type	Size	H Max	C Min	C Max	H Max	C Min	C Max	H Max	C Min	C Max	
2-16													
	1	SZ	8"φ			125			120			140	
	2	↓	↓			180			185			190	
	3	↓	↓			185			185			185	
	4	↓	10"φ			235			215			225	
	5	↓	↓			235			225			235	
				/	/	/			/	/	/	/	
				385	140	960			930	420	130	970	
2-17													
	1	SZ	10"φ			380			380			380	
	2	↓	8"φ			145			140			140	
	3	↓	10"φ			255			240			240	
	4	S1	10"φ			85			75			75	
	5	↓	↓			85			80			80	
	6	↓	↓			60			NA			60	
	7	SZ	↓			40			50			40	
	8	S1	↓			60			55			55	
				/	/	/			/	/	/	/	
				N/A	200	1110			N/A	200	1070		

REMARKS:

*Brand Cross*



**air systems**  
of sacramento, inc.

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3850 Happy Lane  
Sacramento, CA 95827

Report #7

**DOUBLE DUCT VAV DISTRIBUTION REPORT**

PROJECT: LN1SYS

NAME: LANCE  
JOB#: 1125110

SYSTEM:

DATE: 1-10-02

VAV NUMBER	OUTLET			DESIGN			PRELIMINARY			FINAL			NOTE
	No.	Type	Size	H Max	C Min	C Max	H Max	C Min	C Max	H Max	C Min	C Max	
218													
	1	S1	8"φ			160			170			175	
	2	S2	10"φ			380			370			410	
	3	↓	↓			380			370			410	
	4	↓	↓			385			370			360	
	5	↓	8"φ			155			160			170	
	6	↓	6"φ			105			110			105	
	7	S1	7"φ			105			110			100	
	8	↓	8"φ			115			115			110	
	9	↓	↓			160			155			170	
				/	/	/			/	/	/	/	
				N/A	390	1940			1930	N/A	380	2010	

REMARKS:

*Brad Cl...*