

**CITY OF SACRAMENTO**  
1231 I Street, Sacramento, CA 95814

**Permit No: 0102650**  
**Insp Area: 4**

**Site Address: 2400 VENTURE OAKS WY SAC**  
Parcel No: 274-0320-017 1ST FLOOR

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

CONTRACTOR  
HMH BUILDERS INC  
8589 THYS CT  
SAC 95828

OWNER  
PRENTIS PROPERTIES  
2485 NA TOMAS #350  
SAC CA

ARCHITECT

**Nature of Work:** REMODEL INTERIOR OFFICE 1ST FLOOR. FIRE SPRINKLERS TO BE CHECKED BY STATE FIRE MARSHALL.

**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 701909 Date 3-5-01 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 \_\_\_\_\_

**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 3-15-01 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 INS CO OF THE STATE OF PA Policy Number 7083206/07 Exp Date 08/01/2003

(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 3-15-01 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.**

DEVELOPMENT SERVICES DIVISION  
 PERMIT SERVICES SECTION

2315 Street, Rm. 200  
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0102650 Insp. Area 4C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2400 Venture Oaks WY. Suite 1st Floor  
 PARCEL # 274-320-017-0000

<b>CONTACT</b> Name <u>Bill Corbett</u> Address <u>1585 Gould Dr</u> Phone <u>916-340-1500</u> FAX <u>916-340-1500</u> E-mail <u>bill@quadrant.com</u>		<b>LICENSED CONTRACTOR</b> Lic No. # <u>280934</u> Name <u>PHIT</u> Address <u>3589 Tully Ct.</u> Phone <u>388-9176</u> FAX <u>388-9195</u> E-mail _____	
<b>ARCHITECT/ENGINEER</b> Name <u>Stafford</u> Address <u>1585 Gould Dr</u> Phone <u>916-340-1500</u> FAX <u>916-340-1500</u> E-mail <u>bill@quadrant.com</u>		<b>OWNER</b> Name <u>Plentiss Properties</u> Address <u>2485 Natomas Park Dr # 350</u> Phone <u>3646-0700</u> FAX <u>646-3245</u> E-mail _____	

→ Will permittee have any employees on the jobsite?  No  Yes → INSURANCE CO: \_\_\_\_\_  
 → WORKER'S COMPENSATION POLICY # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NATURE OF WORK IN DETAIL: interior remodel 1ST FLOOR

OCCUPANT/TENANT: COJIAB VALUATION: \$ 70,000.00

FLOOD STATUS:				S.C.A.T.						
JOB DESCRIPTION		BLDG	SHELL	APT	TI( )	REM( )	SW	FIRE	ADD	OTH
INSPECTION DISCIPLINES			<u>BLDG</u>	<u>MECH</u>	PLUMB	<u>ELEC</u>	SITE	FIRE		
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. <u>Y</u> /N		Fed Code	Vio. File	
			<u>13 JUT</u>	<u>E</u>	<u>JL, N</u>	SPR <u>Y</u>	ALARM	<u>15</u>	[H]	[Quad]
<u>B</u>	<u>L</u>	P	<u>M</u>	<u>E</u>	F	S		<u>D</u>	PW	UTIL
<u>13 ST</u>	<u>13 ST</u>		<u>3 JUT</u>	<u>1ST L.M.</u>				<u>2 E.B.</u>		

COMMENTS: Provide Title 24 Ventilation calc's, provide S/FD in rated corridor  
Provide TBY calc's for new HVAC systems. Provide modifications for  
HVAC systems at new rated Waiting Area.

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

# Office of the State Fire Marshal Fire Safety Correction Notice



File No: \_\_\_\_\_  
\_\_\_\_\_

STATE LEASED  
[Redacted]

Name: CLIFF

Address: [Redacted] 2400 Venture Oaks  
Sacramento CA

The California Health and Safety Code and the State Fire Marshal's regulations require the following fire safety deficiencies be corrected.

On April 1, 2001, I was accompanied by Bob Welch (HMM) to conduct a final remodel inspection on 177 units at the above facility. No deficiencies were found at the time of the inspection. All work was completed as per approved plans. [Redacted]

Final OK

The above deficiencies are to be corrected within 0 days. When ALL deficiencies have been corrected, sign and return the certification on the opposite side of this form. If you have any questions, contact the Office of the State Fire Marshal at (916) 445-8314.

ISSUED BY (Deputy State Fire Marshal) <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>	DATE <u>4/9/01</u>
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# AIR SYSTEMS of SACRAMENTO, INC

3850 Happy Ln  
Sacramento, CA 95827

## VAV AIR DISTRIBUTION REPORT

PROJECT CUIAB

141.1

SYSTEM: 15 FLOOR EAST

DATE: 4-3-01

AREA SERVED:

VAV NUMBER	OUTLET		DESIGN		PRELIMINARY		FINAL		NOTE	
	NO.	TYPE	SIZE	MIN	MAX	MIN	MAX	MIN		MAX
VAV 1-15	1		8		210		240		220	
Low .05	2		8		210		190		215	
High .15										
				25	420			* 270	435	
VAV 1-16	1		10		450		370		460	
Low .05	2		10		450		355		465	
High .28										
				270	900		725	315	925	
VAV 1-17	1		10		450		460		465	
Low .04	2		10		450		390		460	
High .26										
				270	900		850	320	925	
VAV 1-18	1		10		430		500		425	
Low .06	2		10		430		420		440	
High .55	3		10		430		400		420	
				390	1260			410	1285	

REMARKS:

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