

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0314036

Insp Area: 4

Thos Bros: 277 C6

Site Address: 1755 CREEKSIDE OAKS DR SAC

Parcel No: 274-0410-011

STE 240

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR

HMH BUILDERS INC
20 BUSINESS PARKWAY
SACRAMENTO, CA 95828

OWNER

LUM YIP KEE LIMITED
80 NORTH KING ST
HONOLULU HI 96817

ARCHITECT

Nature of Work: INTERIOR 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 780999 Date X 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 _____ 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 herby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

Date X 9.17.03 Applicant/Agent Signature X Nicole Shepard

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.

112 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 ZURICH AMERICAN INSU. CO. Policy Number 3696719-00 Exp Date 08/01/2004

(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 X 9.17.03 Applicant Signature X Nicole Shepard

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.



AIR BALANCE REPORT

Job Name: Ryland Homes

Job Num 20.0089

Date 10-22-03

Tech: JULIAN

Section: _____

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UNIT	OUTLET	OPENING			FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
		NO.	TYPE	SIZE(in)		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
VAV 1	1			12"		300		620	no data	340		340	
VAV 2	1			6"		80		130		110		95	
	2			6"		80		110		60		90	
	3			10"		300		305		315		325	
	4			8"		200		210		215		215	
VAV 3	1			8"		100		200		170		120	
	2			8"		100		80		100		110	
	3			8"		145		170		150		205	
	4			8"		100		140		115		115	
VAV 4	1			9"		200		90		60		200	
	2			9"		280		100		190		190	
	3			10"		230		245	no data	190		190	
VAV 5	1			9"				110		125		125	
	2			9"				125		130		125	
	3			9"				130		110		125	
VAV 6	1			12"		300		380		435		425	
	2			10"		245		360		380		380	
	3			10"		200		280		200		200	
VAV 7	1			12"		400		395		395		395	
VAV 10	1			10"		280		550		250	conv	275	
	2			12"		375		610		260		275	
VAV 11	1			10"		300		320		240		310	

REMARKS

VAV's 5, 8 & 9 NO CFM shown on plans. 12" Hi Side duct to VAV 5 is leaking. tried to use masking tape to repair. 12" Hi side duct to VAV 7 is leaking. NEED TO REPLACE WITH AF

VAV-1 NEEDS CFM ADJUSTING
 VAV-4
 VAV-6



AIR BALANCE REPORT

Job Name: Ryland Homes

Job Num 20.0089

Date 10.23.03

Tech: Julian

Section: _____

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UNIT	OUTLET	NO.	OPENING		FACTOR	DESIGN		TEST 1		TEST 2		TEST 3	
			TYPE	SIZE(in)		FPM	CFM	FPM	CFM	FPM	CFM	FPM	CFM
VAV 8	1			9			230	210		175		150	
↓	2			9			90	120		140		180	
VAV 9	1			8				100		100		180	
↓	2			8				80		80		80	
↓	3			8				80		80		80	

REMARKS VAV 9 NEED to OVERRIDE computer not calling for AIR

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO BUILDING DIVISION

PERMIT SERVICES SECTION

NORTH OFFICE: 2101 Arena Blvd., Ste. 200
Sacramento, CA 95834 (916) 808-2534 FAX 808-7046
CENTRAL CITY: 1231 I Street, Rm. 200
Sacramento, CA 95814 (916) 808-2534 FAX 264-5987

ACTIVITY #

Insp. Area

03.14036



Applicant MUST complete ALL Unshaded areas

ADDRESS 1755 Creekside Oaks Dr.

Suite 240

PARCEL # 274 0410 011

CONTACT
Name Caitlin Chu - Stafford Space
Street Address 3565 Taylor Rd # D. Planning
City/State/Zip Loomis CA 95650
Phone 916.652.1621 FAX 916.652.7805
E-mail: SSP@quiknet.com

LICENSED CONTRACTOR
Name HMT Lic No.# 780999
Address 20 Business Park Way,
City/State/Zip Sacramento, CA 95828
Phone 916.383.4825 FAX 916.388.9195
E-mail:

ARCHITECT/ENGINEER
Name Stafford Space Planning
Address same as above
City/State/Zip _____
Phone _____ FAX _____
E-mail: _____

OWNER
Name Prentiss Properties
Address 2485 Natomas Park Dr # 350
City/State/Zip Sacramento, CA 95833
Phone 916.646.0760 FAX 916.646.3245
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 office

OCCUPANT/TENANT: _____

VALUATION: \$ 105,000

FLOOD STATUS: _____

S.C.A.T. _____

JOB DESCRIPTION		BLDG	SHELL	APT	TI	REM	SW	FIRE	ADD	OTH
# Stories	1st flr Area	Total Area	Use Zone	Occp Group	Const type	Fire Req. Y/N		Fed Code	Fire	
						SPR	ALARM		[H]	[Quad]
<u>(B)</u>	<u>(L)</u>	<u>6284</u>	<u>(P)</u>	<u>(M)</u>	<u>(E)</u>	<u>(F)</u>	<u>S</u>	<u>D</u>	<u>PW</u>	<u>UTIL</u>
<u>13 ST</u>	<u>13 ST</u>	<u>804-13</u>	<u>13 T.L.M</u>	<u>13 G.M</u>						

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No

HEALTH DEPARTMENT? Yes No

WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed