

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0101880
Insp Area: 1

Site Address: 2100 Q ST SAC
Parcel No: 007-0324-005 1st floor phase 2c

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

CONTRACTOR
DPR
1451 RIVER PARK DR SUITE 210
SACRAMENTO, CA 95815

OWNER
MC CLATCHY NEWSPAPERS
SACRAMENTO CA
95816

ARCHITECT
LIONAKIS BEAUMONT DESIGN GROUP
1919 19TH ST
SACRAMENTO CA 95814

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.

X License Class B License Number _____ Date 3/13/01 Contractor Signature Ther Scholle

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 & P.C. 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 above mentioned property for inspection purposes.

X Date 3/13/01 Applicant Agent Signature Ther Scholle

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.

X _____, 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 LUMBERMENS MUTUAL CASUALTY CO Policy Number 5ba15998800 Exp Date 02/01/2002

_____, (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.

X Date 3/13/01 Applicant Signature Ther Scholle

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.

RESIDENTIAL SUBDIVISION BUILDING PERMIT APPLICATION

Project Address: 42 Allard Court Assessor Parcel # 201-041-047
Lot Number: 612 Subdivision Northborough Village 2

OWNER INFORMATION:

Legal Property Owner: Morrison Homes Phone# (916) 355-8900
Owner Address: 1130 Iron Point Rd #120 City Folsom State CA Zip 95630

CONTRACTOR INFORMATION:

Contractor: Morrison Homes Lic. # 519465 Phone # 355-8900 Fax 355-0100

PROJECT INFORMATION:

Land Use Zone R1A Occupancy Group R3 Construction Type VN Fed Code 1A
No. of Stories: 2 No. of Rooms: 8 Street Width:
1st Floor Area 917 2nd Floor Area 937 Basement Roof Material
AREA IN SQUARE FOOT OF
Dwelling/Living 1854
Garage/Storage 474
Decks/Balconies 84
Carports
SCOPE OF WORK: New Single Family Dwelling

FOR OFFICE USE ONLY

- Information Above Complete AR Flood Waiver Required Planning Approval
Violation Files Checked Flood Elevation Certificate Required Design Review Approval
Standard Setbacks Water Development Infill Area Special Fee Districts Apply:
County Sewer

THE FOLLOWING MUST BE PROVIDED IN ORDER TO SUBMIT FOR PERMIT

- 2 COMPLETE PLOT PLANS, LEGIBLE & DRAWN TO SCALE
11 X 17 COPY OF FLOOR PLAN WITH FOLLOWING INFORMATION
a) Assessor's Parcel Number c) Owners Name
b) New Floor Area d) Project Address

Date: Received by: (staff) Permit #

EA1501 WHIAS



WesPac

insulation

MASCO Company



809 North Market Blvd., Ste. 11 • Sacramento, CA 95834
(916) 927-7149 • Fax (916) 927-4257
Lic. #487478

Installed Insulation Certificate

We certify that the building insulation listed herein is installed in conformance with current energy conservation regulations, California Administrative Code, Title 24, State of California

RF FACTOR	AREA	TYPE	INCHES/BAGS (BLOWN)
R30	CEILING		
R30	CEILING		
R19	EXT WALL		
R13	DRY WALL		

Certified by Sammy Jimenez

Address or Lot Number _____

Title _____

Date Installed _____

KwikKote

No. 200-002390

Stucco System Installation Card

Job Name: VILLA COLLECTION
Address: 42 ALLARD CT.
 , CA
Lot #: 00066-2

Stucco System Trade Name: KWIK KOTE
Stucco System Manufacturer: KWIK KOTE CORP.

ICBO Evaluation Service, Inc.
Report No. 3607
Date of Job Completion: June 01, 2001

Home Builder: MORRISON HOMES
Address: 1130 IRON POINTE RD #120
 FOLSOM, CA

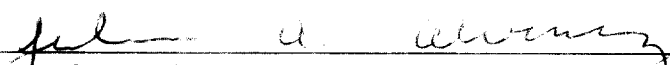
Stucco Contractor: KENYON PLASTERING, INC.
Address: PO BOX 2077
 North Highlands, CA

Telephone Number: 916/349-8191

Approved Contractor Number as
issued by the Stucco Manufacturer: 1001

Card Print Date: 06/27/2001

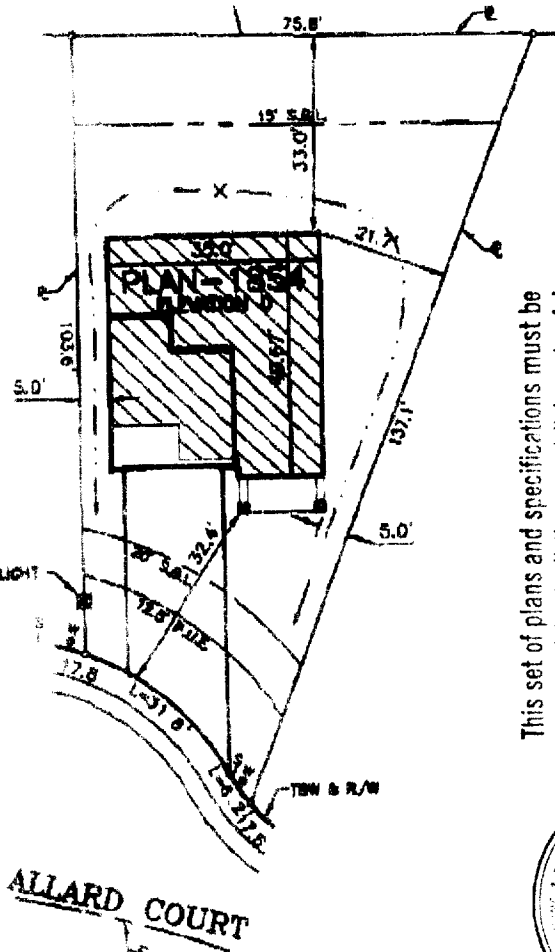
This is to certify that the stucco system on the building exterior at the above address had been installed in accordance with the evaluation report specified above and the manufacturer's instructions.



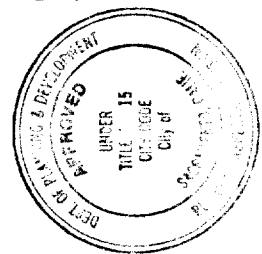
Signature of authorized representative of stucco contractor

6-27-01

Date



This set of plans and specifications must be kept on the job at all times and it is unlawful to make any changes or alterations from the same without written permission from the Building Inspection Division.
 The approval of this plan and specification SHALL NOT be held to account or approve the violation of any City Ordinance or State Law.



NOTE:
 It is understood that the drainage areas, slopes and grades shall not be altered, changed, blocked, modified or in any way be reconstructed by Owner contrary to what is depicted on this Plat Plan. THESE CONDITIONS RUN WITH THE LAND AND ARE BINDING ON ALL SUBSEQUENT OWNERS.

J. Osterman 1/12/01
 Morrison Homes Rep Date
 Owner Date

NOTE:
 All setback dimensions and elevations as shown may be adjusted to fit field conditions.

ELECTRICAL SERVICE ON SIDE OF LOT.
 L
 A.P.N. = 201-041-047
 PAD ELEV = 19.5
 FOOTPRINT = 1,391 SF
 LOT AREA = 6,177 SF
 ALLOWED LOT COVERAGE = 40% = 2,471 SF
 ACTUAL LOT COVERAGE = 23% = 1,391 SF

LOT 68
42 ALLARD COURT

NORTHBOROUGH VILLAGE 2
COUNTY OF SACRAMENTO

APPROVAL:
 MORRISON HOMES Rep Date

REGISTERED CIVIL ENGINEER - CALIFORNIA
 P.E. No. 42427 Exp. 12/31/02
REY ENGINEERS, Inc.
 Civil Engineers / Land Surveyors



JOB NO.	602228
DATE	1/12/01
CHECKED BY	DT
DATE	01-12-01
SCALE	1"=50'

APPLICATION FOR COMMERCIAL BUILDING PERMIT

CITY OF SACRAMENTO
 DEVELOPMENT SERVICES DIVISION
 PERMIT SERVICES SECTION

1231 Street, Rm. 200
 Sacramento, CA 95814 (916) 264-7619 FAX 264-7046

ACTIVITY # 0101880

Insp. Area 1C

Applicant **MUST** complete ALL Unshaded areas

ADDRESS 2100 Q St Suite _____

PARCEL # _____

<p style="text-align: center;">CONTACT</p> <p>Name <u>Darryl Moore - LEADER</u></p> <p>Street Address <u>1919 19th St</u></p> <p>City/State/Zip <u>Sac CA</u></p> <p>Phone <u>(916) 558-1900</u> FAX <u>(916) 558-1919</u></p> <p>E-mail: <u>darryl@lbdg.com</u></p>	<p style="text-align: center;">LICENSED CONTRACTOR Lic No. # _____</p> <p>Name <u>DPR Construction</u></p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>
<p style="text-align: center;">ARCHITECT/ENGINEER</p> <p>Name <u>Lionakis Beaumont Design Group</u></p> <p>Address <u>1919 19th St</u></p> <p>City/State/Zip <u>Sac CA 95814</u></p> <p>Phone <u>(916) 558-1900</u> FAX <u>(916) 558-1919</u></p> <p>E-mail: <u>darryl@lbdg.com</u></p>	<p style="text-align: center;">OWNER</p> <p>Name <u>McClellan News / Sac Bee</u></p> <p>Address <u>2100 Q St</u></p> <p>City/State/Zip <u>Sacramento, CA</u></p> <p>Phone _____ FAX _____</p> <p>E-mail: _____</p>

→ Will permittee have any employees on the jobsite? No Yes → INSURANCE CO: _____

→ WORKER'S COMPENSATION POLICY # _____ EXPIRATION DATE: _____

NATURE OF WORK IN DETAIL: Remodel existing office space.

OCCUPANT/TENANT: Sacramento Bee VALUATION: \$ 125,000.00

FLOOD STATUS:			S.C.A.T.											
JOB DESCRIPTION			<input checked="" type="checkbox"/> BLDG	<input type="checkbox"/> SHELL	<input type="checkbox"/> APT	<input type="checkbox"/> TI()	<input checked="" type="checkbox"/> REM(X)	<input type="checkbox"/> SW	<input type="checkbox"/> FIRE	<input type="checkbox"/> ADD	<input type="checkbox"/> 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 <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Fed Code	Vio. File					
<u>3</u>		<u>241E</u>		<u>B</u>	<u>11</u>	<input checked="" type="checkbox"/> SPR	<input checked="" type="checkbox"/> ALARM	<u>15</u>	[H]	[Quad]				
<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	S		D	PW	UTIL				

COMMENTS: _____

REGIONAL SANITATION FEES? Yes No HEALTH DEPARTMENT? Yes No

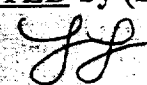
WATER FLOW TEST FOR NEW BUILDINGS OR ADDITIONS? Provided Faxed

CITY OF SACRAMENTO
DEVELOPMENT SERVICES DIVISION

EXPRESS PLAN REVIEW

SUBMITTAL DATES					
First Review		2nd Review		3rd Review	
IN	OUT	IN	OUT	IN	OUT
/ /	/ /	3/6/01	3/6/01	/ /	/ /

PLAN CHECK # 0101880
 ADDRESS: 2100 Q ST
 Commercial Residential

ACCEPTED by (Staff):


DISCIPLINE	1ST REVIEW			2ND REVIEW			3RD REVIEW		
	Status	Staff	Date	Status	Staff	Date	Status	Staff	Date
<u>LIFE SAFETY</u>	3	KL	2/14/01	13	3/5/01				
<u>STRUCTURAL</u>	3	KL	2/14/01	13	3/7/01				
<u>MECHANICAL/PLUMBING</u>	3	JMT	2/14/01						
<u>ELECTRICAL</u>	13	JM	2/14/01						
<u>FIRE</u>		EE	2/14/01						
<u>PLANNING</u>									

STAFF COMMENTS:

CITY OF SACRAMENTO
BUILDING INSPECTION DIVISION
APPLICATION FOR BUILDING PERMIT - HAZARDOUS MATERIAL SURVEY

As Required by Assembly Bill #3205 - A Building Permit Cannot be Approved Without This Completed Form

1. Business Name: Sacramento Bee Phone: _____
 Site Address: 2100 Q St Suite: _____
(Street) (Zip)
 Business Owner/Representative: _____ Phone: _____
 Nature of Business: _____
 Property Owner: _____ Phone: _____
 Address: _____ Suite: _____
(Street) (City) (State) (Zip)

2. Are you developing an undetermined tenant space? Yes ___ No Is this permit for a shell building? Yes ___ No

Notify lessee of the responsibility to coordinate with the Fire Department regarding the use and handling of hazardous materials.

3. Does/Will your business generate hazardous waste? Yes ___ No
 4. Does/Will your business handle, store or transport any solid, liquid, or gaseous chemicals? Yes ___ No

CONSULT THE EPA CHEMICAL LIST LOCATED AT THE BUILDING DIVISION COUNTER FOR HAZARDOUS OR ACUTELY HAZARDOUS MATERIALS TO COMPLETE THE FOLLOWING QUESTIONS.

If you answered "YES" to questions #3 and/or #4 above, continue on to questions 5 - 8.

5. Do you handle, store, or transport 55 gallons, 500 pounds, or 200 cubic feet (at Standard Temperature or Pressure) of a product or formulation containing hazardous materials at any one time? Yes ___ No ___
 6. Do you handle, store or transport any amount of acutely hazardous materials? Yes ___ No ___
 7. Is/Will your business be located within 1,000 feet of a school? Yes ___ No ___

If you answered "yes" to questions #6 and/or #7, complete the RMPP informational sheet.

8. Is/Will your business be located within 1,000 feet of a hospital, and/or long-term healthcare facility? Yes ___ No ___

IF YOU ANSWERED "YES" TO QUESTION #3 AND/OR #4, PLEASE CONTACT THE CITY OF SACRAMENTO FIRE DEPARTMENT LOCATED AT 1231 I STREET, SUITE 401, SACRAMENTO, CA OR CALL 449-5416.

Prior to issuance of a certificate of occupancy, each business owner(s) shall contact the City of Sacramento Fire Department and comply with the Health and Safety Code regarding the use and handling of hazardous materials.

PENALTY: Any business that violates Section 25531-25541 of the Health and Safety Code shall be civilly liable to the administering agency in an amount of not more than two thousand dollars (\$2,000) for each day in which the violation occurs. If the violation results in, or significantly contributes to, an emergency, including a fire, the business shall also be assessed the full cost of the city emergency response, as well as the cost of cleaning up and disposing of the hazardous materials. Additional liability and punishment may be assessed for knowing a violation after reasonable notice of the violation.

Applicant's Name: _____
(Print)

(Signature) (Date) 3/13/01

BID Use Only: Plan Ck# _____ Permit # _____	
OK to issue prmt? Y _____	F.D. Appr Req'd? Yes No
init: date _____	
Hold on Certificate of Occupancy? Yes No	
Fire Dept. Use Only:	
OK to issue permit? ini' _____	date _____
OK to issue Certificate of Occupancy? init _____ date _____	

**RAGLEN
SYSTEM
BALANCE, INC.**

DATE
PAGE
UNIT

VAV DIFFUSER AND GRILLE TEST SHEET

Room No.	Outlet No.	Code	Size	Effective Area	FULL COOL				FULL HEAT	
					Required		Tested		Required	Tested
					FPM Vel	CFM	FPM Vel	CFM	CFM	CFM
119	15	CD	12X12		500					
		12X12	VAV	101		500			150	
121	16	CD	12X12		500		510			
	17					1	500			
		12X12	VAV	95	3,600	1,000		1,010	300	

Remarks

**RAGLEN
SYSTEM
BALANCE, INC.**

DATE
PAGE
UNIT

VAV DIFFUSER AND GRILLE TEST SHEET

Room No.	Outlet No.	Code	Size	Effective Area	FULL COOL				FULL HEAT	
					Required		Tested		Required	Tested
					FPM Vel	CFM	FPM Vel	CFM	CFM	CFM
	1	CD	12x2		300		275			
	2						320			
	3						310			
	4						310			
		TOTAL	VAV	82	2.10	1200		1215	360	375
	5	CD	12x12			300	300			
	6						310			
	7		9x9				295			
		TOTAL	VAV	100	2.10	900		905	270	275
	8	CD	9x9			180	180			
		TOTAL	VAV	113	2.59	180		180	65	70
	9	CD	12x2			270	275			
		TOTAL	VAV	90	2.50	270 (310)		275	95	100
	10	CD	12x2			300	300			
		TOTAL	VAV	92	2.15	300 (290)		300	90	75
	11	CD	9x9			200	200			
		TOTAL	VAV	93	2.92	200		200	65	70
	12	CD	12x2			300	310			
		TOTAL	VAV	114	2.35	300		310	90	95
	13					185				
	14					185				
		TOTAL	VAV	122		370			110	

Remarks

**RAGLEN
SYSTEM
BALANCE, INC.**

DATE 6-21-01
PAGE
UNIT

VAV DIFFUSER AND GRILLE TEST SHEET

Room No.	Outlet No.	Code	Size	Effective Area	FULL COOL				FULL HEAT	
					Required		Tested		Required	Tested
					FPM Vel	CFM	FPM Vel	CFM	CFM	CFM
	1		9x9			185		190		
	2		1					135		
	2.53	TOTAL	1A J 102			370		375	110	115
19	3		12x12			500		500		
	2.35	TOTAL	1A J 101			500		500	150	155

Remarks: HOT WATER NOT BALANCED - CIRCUIT SETTERS OPENED
100%

**RAGLEN
SYSTEM
BALANCE, INC.**

DATE 7/20/01
PAGE 1
UNIT Phase 2C

2D RIP RW

DIFFUSER AND GRILLE TEST SHEET

Room No.	Outlet No.	Code	Size	Effective Area	Required		Tested		
					FPM Vel	CFM	FPM Vel	CFM	
116	1	CD	6x6			125		130	
	2		1					125	
		TOTAL	10.1	82		250		255	
116	3	CR	10x10			250		220	
								220	*
		TOTAL				250		220	*
115	4	CD				820		740	
		TOTAL	Supply			820		740	
115	5	CR				820		700	
		TOTAL				820		700	*

Remarks: + EXISTING

MEMORANDUM

SACRAMENTO FIRE DEPARTMENT

TO: BUILDING DEPARTMENT

DATE: 6.8.01

FROM: Troy Malaspino
Fire Marshal

SUBJECT: FIRE SYSTEM INSPECTION

A final inspection of the newly installed fire system at:

2100 Q St

Has been conducted by Inspector

C. Pack

On

5.31.01

DI-1880
Permit Number

Square Footage

Fire Alarm
Type of Inspection

They system is acceptable by this department.

[Signature]
By: Ross L. Woodman,
Fire Prevention Officer II

DI-97
F.D. Reference Number

✓

CITY OF SACRAMENTO

CERTIFICATE OF OCCUPANCY

For Information Contact (916) 264-5716

Building Address: 2100 Q STREET Permit No. 0101880

Building Use: NEWSPAPER Occupancy: B

Building Owner: THE SACRAMENTO BEE Construction Type: II

Owner Address: 2100 Q STREET Sprinkled? Yes No

Portion of Building Occupied: ENTIRE (1ST FLR PHASE 2C) Area: 3,428 Sq. Ft.

08/27/01 Bryan Nakash For DENNIS RICHARDSON
Date By:Print Sign CITY BUILDING OFFICIAL

[Finaled By: RCY;WJR;JZB;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