

CITY OF SACRAMENTO

1231 I Street, Sacramento, CA 95814

Permit No: 0506490

Insp Area: 4

Thos Bros: 298A1

Site Address: 1515 RIVER PARK DR SAC

Parcel No: 277-0286-020

Sub-Type: REM

Housing (Y/N): N

CONTRACTOR
CARLISLE CONSTRUCTION
4731 JUBILEE TRAIL
SHINGLE SPRINGS, CA 95682

OWNER
JSSB PARTNERS L P
11211 GOLD COUNTRY BL
GOLD RIVER, CA 95670

ARCHITECT

Nature of Work: INTERIOR REMODEL OF 5,273 SF OF EXIST. OFFICE SPACE

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 743717 Date 6/20/05 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
JUN 21 2005
BUILDING PERMIT

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.

X Date 6/20/05 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.

OR 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 0002153-2004 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.

X Date 6/20/05 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.

[Handwritten signature]

0506490

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 # 0506490 Insp. Area 4

Applicant MUST complete ALL Unshaded areas

ADDRESS 1515 River Park Dr., Sac CA Suite 150
PARCEL # 277-0286-020

CONTACT: Name David Carlisle, Street Address 4731 Jubilee Trail, City/State/Zip Shingale Springs, CA 95682
LICENSED CONTRACTOR: Name Carlisle Construction, Inc., Address 4731 Jubilee Trail, City/State/Zip Shingale Springs, CA 95682
ARCHITECT/ENGINEER: Name Nielsen and Associates Architects, Address 1731 East Roseville Parkway, City/State/Zip Roseville CA 95661
OWNER: Name The Heller Company, Address 11211 Gold Country Blvd. #104, City/State/Zip Gold River, CA 95670

Will permittee have any employees on the jobsite? No Yes INSURANCE CO: State Fund
WORKER'S COMPENSATION POLICY # 0002 153-2004 EXPIRATION DATE: 10-1-2005

NATURE OF WORK IN DETAIL: Interior Remodel, Remove walls, Doors, Cabinets and Flooring, Construct new walls, Relocate electrical, HVAC and Plumbing, Repair Ceiling, install new doors, cabinets and Flooring, office to office

OCCUPANT/TENANT: Countrywide Home Loans VALUATION: \$ 48,260.00

Table with columns: FLOOD STATUS, S.C.A.T., JOB DESCRIPTION, BLDG, SHELL, APT, TI, REM, SW, FIRE, ADD, OTH. Includes inspection disciplines and fire requirements.

COMMENTS:

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



AIR OUTLET TEST REPORT

AIRCO COMMERCIAL SERVICES, INC

PROJECT: COUNTRYWIDE PROJECT NUMBER P5367
 PROJECT ADDRESS 1515 Riverpark SUITE NUMBER 150
 OUTLET MANUFACTURER TITUS TEST APPARATUS SHORTRIDGE

Area Served	Outlet			Design	Actual	Notes
	No.	Face / Neck Size	Type	CFM	CFM	
VAV 12	1	10	PERF	300	320	
	2	10	PERF	250	300	
	3	10	PERF	250	290	
	4	10	PERF	250	255	
VAV 13	1	10	PERF	250	255	
OFFICE 302	2	10	PERF	250	245	
VAV 19	1	10	PERF	230	240	
OFFICE 310	2	10	PERF	230	220	
308309	3	10	PERF	250	235	
VAV 18	1	10	PERF	250	265	
	2	10	PERF	450	500	
	3	10	PERF	450	450	

Remarks:

OSA IS SET BY ROOFTOP UNIT

TEST DATE 6-25-05

Roger Kame
PROJECT TECHNICIAN

PROJECT MANAGER



AIR OUTLET TEST REPORT

AIRCO COMMERCIAL SERVICES, INC

PROJECT: COUNTRYWIDE

PROJECT NUMBER P5367

PROJECT ADDRESS RIVERPARK

SUITE NUMBER 150

OUTLET MANUFACTURE TITUS

TEST APPARATUS SHORTRIDGE

Area Served	Outlet			Design	Actual	Notes
	No.	Face / Neck Size	Type	CFM	CFM	
VAV 17	1	10	PERF	380	385	
OFFICE 313	2	10	PERF	250	250	
VAV 20	1	12	PERF	560	570	
OFFICE 314						
VAV 15	1	10	PERF	280	275	
COMMON AREA	2	10	PERF	280	270	
	3	6	PERF	120	125	
	4	8	PERF	150	150	
	5	8	PERF	150	150	
RECEPTION	6	6	PERF	90	85	
	7	10	PERF	280	285	
VAV 12	1	8	PERF	280	280	
	2	6	PERF	120	120	
	3	6	PERF	120	115	

Remarks:

OSA SET BY ROOFTOP UNIT

TEST DATE 6-25-05

Regan Kame
PROJECT TECHNICIAN

PROJECT MANAGER